# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

#### FORM COR-C/OH

1	Filer ID (Ethics Comm	nission Filers)	2 Total pages filed: 38	OFFICE USE ONLY	
3	CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Cha NICKNAME LAST Wes	SUFFIX	Date Received	
4	ORIGINAL REPORT TYPE	30th day before election 15th app	onoff Other (specify)  seeded \$500 limit ———————————————————————————————————	Date Hand-delivered or Date Postmarked  Receipt # Amount \$	
5	ORIGINAL PERIOD COVERED	Month Day Year  01 / 01 / 2020 TH	Month Day Year HROUGH 06 30 2020	Date Processed  Date Imaged	
6	EXPLANATION OF CO	RRECTION			
	Need to amend the filing to report that the campaign maintains \$24,751.92 in "political contributions maintained"				
7	I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.				
		Check C	DNLY if applicable:		
	Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.				
	Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.				
			* * * Electronically Certified	<b>d</b> * * *	
Signature of Candidate or Officeholder  Sworn to and subscribed before me, by the said Chad West , this the, this the			Officeholder		
			oth, July,		
	20, to certify	which, witness my hand and seal of office	ce.		
_	Signature of officer add	ministering oath Printed	d name of officer administering oath	Title of officer administering oath	
	Remember To Attach Any Part Of The Campaign Finance Report Form  Needed To Report And Explain Corrections				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	auide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 38	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Chad	MI	OFFICE USE ONLY	
TV UVIL	NICKNAME LAST  West	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		eity; state; zip code  Pallas TX 75224		
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 214 ) 509 7555	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$	
NAME	Benny  NICKNAME  LAST		Date Processed	
	Guzman	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 306 S Montreal Ave	Dallas TX 75208	ZIP CODE	
(hesidelice of busiliess)				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 469 ) 616 4558	EXTENSION		
9 REPORT TYPE	January 15 30th day before election 30th day before 20th day before election 30th day before election 30th day before 20th day before 30th day before 30t		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 01 / 01 / 2020	Month THROUGH 06	Day Year / 30 / 2020	
11 ELECTION	Month Day Year Primary General	Runoff  Runoff  Special  ELECTION TYPE  Other Description  July So	emi-Annual	
12 OFFICE	OFFICE HELD (if any) Council District 1	13 OFFICE SOUGHT (if known Council District 1		
GO TO PAGE 2				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 Filer ID (Ethics Commission Filers)
Chad West			
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPI IDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MAL NSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPOR JRES.	DE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITE	
	_	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS	\$ 46150.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 0.00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 23811.51
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA	\$ 0.00
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS ( AY OF THE REPORTING PERIOD	\$ 0.00
18 AFFIDAVIT			of perjury, that the accompanying report is I information required to be reported by me
		***ELECTRONICALL	Y CERTIFIED***
		Signature of 0	Candidate or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE		
Sworn to and subsc	ribed before me, b	by the said Chad West	, this the _13th
day of <u>July</u>	, 20,	to certify which, witness my hand and seal of offi	
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath

# **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

	19 FILER NAME Chad West  20 Filer ID (Ethics Comments)				
21		JLE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT	
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 46,150.00	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00	
4.		SCHEDULE E: LOANS		\$ 0.00	
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 23,811.51	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00	
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$ 0.00	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00	
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$ 0.00	
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ 0.00	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 0.00	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	IONS	\$ 0.00	

## SCHEDULE A1

The	Instruction Guide explains how to complete this t	form.	1 Total pages Schedule A1: 1 of 18
<b>2</b> FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/04/2020	Lee Kleinman  6 Contributor address; City; State;	Zip Code ΓX 75230	7 Amount of contribution (\$) 1000.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 02/07/2020	LUCILO PENA Contributor address; City; State;	Zip Code S, TX 75201	Amount of contribution (\$) 500.00
Principal occup	nation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 02/10/2020	Bobby Abtahi  Contributor address; City; State;	Zip Code ΓX 75203	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 02/10/2020			Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructi	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE A1

The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: 2 of 18
2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/10/2020	Calvert Collins-Bratton  6 Contributor address; City; State;	l l	7 Amount of contribution (\$) 250.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date 02/10/2020	Dustin Marshall  Contributor address; City; State;	Zip Code ΓX 75230	Amount of contribution (\$) 250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 02/10/2020	Bruce Reid  Contributor address; City; State;	Zip Code orest, IL 60045	Amount of contribution (\$) 250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 02/11/2020	Chris Aslam Contributor address; City; State;		Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 3 of 18	
<b>2</b> FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)	
<b>4</b> Date 02/11/2020	Alex Olshansky  6 Contributor address; City; State;	Zip Code n, NY 11201	7 Amount of contribution (\$) 1000.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)	
Date 02/12/2020	Full name of contributor	Zip Code	Amount of contribution (\$) 1000.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date 02/12/2020	Logan Waller Contributor address; City; State;	Zip Code ΓX 75205	Amount of contribution (\$) 250.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date 02/13/2020	Chris Luna Contributor address; City; State;		Amount of contribution (\$) 500.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)	

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### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 4 of 18
2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
4 Date 02/16/2020	Kathy Hewitt  6 Contributor address; City; State;	Zip Code TX 75201	7 Amount of contribution (\$) 500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date 02/16/2020	Ann Margolin  Contributor address; City; State;	(ID#:)  Zip Code  TX 75219	Amount of contribution (\$) 1000.00
Principal occup	nation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 02/18/2020	Benjamin Atkins  Contributor address; City; State;	Zip Code yn, NY 11201	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 02/18/2020	Mark Clayton Contributor address; City; State;		Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)

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## SCHEDULE A1

The	Instruction Guide explains how to complete this form	n. 1 Total pages Schedule A1: 5 of 18			
<b>2</b> FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)			
4 Date 5 Full name of contributor out-of-state PAC (ID#:) Milton Olsoff 6 Contributor address; City; State; Zip Code 45 Main St. Suite 5022 Brooklyn, NY 11201		1000.00			
8 Principal occu	pation / Job title (See Instructions)  9	Employer (See Instructions)			
Date 02/22/2020	Full name of contributor	500.00 Sip Code			
Principal occup	eation / Job title (See Instructions)	Employer (See Instructions)			
Date 02/23/2020	Full name of contributor	1000.00			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)			
Date 02/23/2020	Full name of contributor	1000.00			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)			

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### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 6 of 18		
<b>2</b> FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)		
<b>4</b> Date 02/23/2020	Tim & Melanie Byrne  6 Contributor address; City; State;	Zip Code TX 75205	7 Amount of contribution (\$) 2000.00		
8 Principal occu	pation / Job title (See Instructions)	<b>9</b> Employer (See Instruct	ions)		
Date 02/23/2020	Lynn McBee Contributor address; City; State;	Zip Code TX 75205	Amount of contribution (\$) 250.00		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date 02/23/2020	Michael Veale Contributor address; City; State;	Zip Code TX 75201	Amount of contribution (\$) 1000.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date 02/24/2020	Craig Holcomb  Contributor address;  City; State;	Zip Code TX 75215	Amount of contribution (\$) 250.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)		

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### SCHEDULE A1

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 7 of 18
2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date 02/24/2020	5 Full name of contributor □ out-of-state PAC (ID#:□ Cooper Koch 6 Contributor address; City; State; Zip C 2126 Kessler Pkwy Dallas, TX 752	250.00 Code 208
8 Principal occ	upation / Job title (See Instructions)  9 Emp	ployer (See Instructions)
Date 02/25/2020	Full name of contributor	1000.00 Code
Principal occu	pation / Job title (See Instructions) Emp	oloyer (See Instructions)
Date 02/26/2020	Full name of contributor out-of-state PAC (ID#:  Scott Chase  Contributor address; City; State; Zip C 1700 Pacific Ave. Suite 3700 Dallas, TX 752	500.00
Principal occu	upation / Job title (See Instructions) Emp	ployer (See Instructions)
Date 02/27/2020	Full name of contributor  Wendy Krispin  Contributor address;  528 S. Hall St.  Contributor address;  Dallas, TX 752	250.00 ode
Principal occu	pation / Job title (See Instructions)  Emp	ployer (See Instructions)

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### SCHEDULE A1

The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: 8 of 18
<b>2</b> FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/27/2020	Charles OConnell  6 Contributor address; City; State;		7 Amount of contribution (\$) 1000.00
8 Principal occu	pation / Job title (See Instructions)	<b>9</b> Employer (See Instructi	ions)
Date 02/27/2020	Paul Wingo Contributor address; City; State;	Zip Code	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 02/28/2020	Steve Atkinson  Contributor address; City; State;	Zip Code ΓX 75252	Amount of contribution (\$) 1000.00
Principal occup	aation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 02/28/2020	Daniel Harrell Contributor address; City; State;		Amount of contribution (\$) 250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)

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### SCHEDULE A1

The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: 9 of 18
<b>2</b> FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
4 Date 02/29/2020	Steve Habgood  6 Contributor address; City; State;	Zip Code ΓX 75208	7 Amount of contribution (\$) $1000.00$
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 03/02/2020	Chris Heinbaugh Contributor address; City; State;		Amount of contribution (\$) 100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 03/03/2020	Chris Hamilton Contributor address; City; State;	Zip Code	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 03/03/2020	Jennifer Owen Contributor address; City; State;	Zip Code	Amount of contribution (\$) 250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)

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### SCHEDULE A1

The	Instruction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: 10 of 18
<b>2</b> FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/04/2020	Brent Rodgers  6 Contributor address; City; State;	Zip Code ΓX 75219	7 Amount of contribution (\$) 1000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date 03/04/2020	Travis Rowe Contributor address; City; State;	Zip Code	Amount of contribution (\$) 1000.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 03/05/2020	Apt Assn of Greater Dallas  Contributor address; City; State;	Zip Code ΓX 75240	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 03/05/2020	Full name of contributor out-of-state PAC (I Richard Chesney  Contributor address; City; State; 2911 Turtle Creek Blvd. Suite 820 Dallas, T		Amount of contribution (\$) 250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE A1

The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: 11 of 18
2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/05/2020	5 Full name of contributor ☐ out-of-state PAC (I Dallas Builders Association  6 Contributor address; City; State; 5816 W. Plano Pkwy. Plano, T.		7 Amount of contribution (\$) 500.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 03/05/2020	Ryan Garcia Contributor address; City; State;		Amount of contribution (\$) 50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 03/05/2020	Charles Gearing  Contributor address; City; State;	Zip Code	Amount of contribution (\$) 100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 03/05/2020	Pam Gerber Contributor address; City; State;		Amount of contribution (\$) 100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE A1

The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1: 12 of 18				
<b>2</b> FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)	
4 Date 03/05/2020	Hudson Henley  6 Contributor address; City; State;	Zip Code ΓX 75229	7 Amount of contribution (\$) 1000.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)	
Date 03/05/2020	Scott Lake Contributor address; City; State;	Zip Code ΓX 75214	Amount of contribution (\$) 1000.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date 03/05/2020	Francis Luttmer  Contributor address; City; State;	Zip Code ΓX 75225	Amount of contribution (\$) 250.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date 03/05/2020	Ben Mackey  Contributor address;  City; State;	(ID#:) Zip Code TX 75208	Amount of contribution (\$) 500.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)	

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### SCHEDULE A1

The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: 13 of 18
2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/05/2020	Charles D. Marlett  6 Contributor address; City; State;	Zip Code ΤΧ 75220	7 Amount of contribution (\$) 1000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date 03/05/2020	John Matthews  Contributor address; City; State;	Zip Code Ille, TX 75057	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 03/05/2020	Frank Mihalopoulos  Contributor address; City; State;	Zip Code TX 75205	Amount of contribution (\$) 250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 03/05/2020	Bill Ohland Contributor address; City; State;		Amount of contribution (\$) 1000.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 14 of 18
<b>2</b> FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/05/2020	Jim Pitts 6 Contributor address; City; State;	Zip Code ΓX 75205	7 Amount of contribution (\$) 1000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date 03/05/2020	Andy Smith		Amount of contribution (\$) 250.00
Principal occup	vation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 03/05/2020	Miguel Solis  Contributor address; City; State;	Zip Code ΓX 75204	Amount of contribution (\$) 250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 03/05/2020	Kristian Teleki Contributor address; City; State;	Zip Code TX 76226	Amount of contribution (\$) 500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)

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### SCHEDULE A1

The	Instruction Guide explains how to complete this for	orm.	1 Total pages Schedule A1: 15 of 18
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Chad West			
4 Date	5 Full name of contributor out-of-state PAC (I	D#:)	7 Amount of contribution (\$)
03/05/2020	Leobardo Trevino		1000.00
	6 Contributor address; City; State;	Zip Code	
	1111 W. Mockingbird Ln. Dallas, T	X 75247	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructio	ons)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
03/05/2020	Roger Wedell		250.00
	Contributor address; City; State;		
	1318 Elmwood Blvd. Dallas, T	X 75224	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructio	ns)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
03/05/2020	Joel Williams III		1000.00
	Contributor address; City; State; 4323 Lorraine Ave. Dallas, T		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructio	ons)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
03/05/2020	Ryan Windham	,	500.00
	Contributor address; City; State; 606 Monssen Dr Dallas, T	I	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructio	ons)

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### SCHEDULE A1

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 16 of 18
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/11/2020	<ul> <li>5 Full name of contributor</li> <li>Maureen Milligan</li> <li>6 Contributor address;</li> <li>5918 Williamstown Rd</li> </ul>	City; State	c; Zip Code TX 75230	7 Amount of contribution (\$) 250.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date 03/11/2020	Full name of contributor  Sally West  Contributor address;  735 Marina Village Dr.	City; State	e; Zip Code Rivers, KY 42045	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 03/27/2020	Full name of contributor  Lucy Billingsley  Contributor address;  1722 Routh St.	City; State	; Zip Code , TX 75201	Amount of contribution (\$) 500.00
Principal occup	 pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 03/31/2020	Full name of contributor Barry Hancock Contributor address; 4514 Travis St. Suite 326	City; State	e; Zip Code , TX 75205	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE A1

The	Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A1: 17 of 18
2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/25/2020	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Andy Payne</li> <li>Contributor address; City; State; Z</li> <li>3500 Maple Ave. Suite 1250 Dallas, TX 2</li> </ul>	ip Code	7 Amount of contribution (\$) 1000.00
8 Principal occu	pation / Job title (See Instructions)  9	Employer (See Instruction	ons)
Date 05/27/2020	Full name of contributor	ip Code	Amount of contribution (\$) 100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 06/04/2020	Full name of contributor	ip Code	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 06/05/2020	Full name of contributor	p Code	Amount of contribution (\$) 350.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE A1

The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: 18 of 18
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Chad West			
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID	#:)	7 Amount of contribution (\$)
06/13/2020	Edward Mertic		100.00
00/13/2020	6 Contributor address; City; State;	Zip Code	100.00
	1154 N. Clinton Ave Dallas, TX	X 75208	
O Deire die et e e e	anding ( lab dide (Con landwarding)	Faralassa (Carl Instructi	
8 Principal occu	pation / Job title (See Instructions)  9	Employer (See Instruction	ons)
Date	Full name of contributor	#:)	Amount of contribution (\$)
	Contributor address; City; State;		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	#:)	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor		A
Zuio	Out-of-state PAC (ID	#:)	Amount of contribution (\$)
		7:- 0-1-	
	Contributor address; City; State;	Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NE	EDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
<b>1</b> Total pages Schedule F1: 1 of 17	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/07/2020	5 Payee name Katy Seitzler		
6 Amount (\$) 575.00	7 Payee address; City; State; Zip Code 217 Sycamore Creek Roadllen, TX 75002		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Contract Labor		ntside of Texas. Complete Schedule T. TX, officeholder living expense ng Work and Videos
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 01/13/2020	Payee name Chad West PLLC		
Amount (\$) 30.20	Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense		tside of Texas. Complete Schedule T.  TX, officeholder living expense ement
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 01/14/2020	Payee name Dallas Tax Solutions		
Amount (\$) 162.38	Payee address; City; State; Zip Code 4144 N Central Expresswayl Swit FX475204		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Contract Labor		tside of Texas. Complete Schedule T. , TX, officeholder living expense I of Report
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1: 2 of 17	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/14/2020	5 Payee name Oak Cliff Chamber of Commerce		
6 Amount (\$) 400.00	<b>7</b> Payee address; City; State; Zip Code 1011 N Bishop Avenue Dallas, TX 75208		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense		utside of Texas. Complete Schedule T.
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 01/21/2020	Payee name  Qualigraphics Inc		
Amount (\$) 152.46	Payee address; City; State; Zip Code 934 Stevens Woods CourtDallas, TX 75208		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense  Campaign
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 01/29/2020	Payee name Communities Foundation of Texas		
Amount (\$) 500.00	Payee address; City; State; Zip Code 5500 Caruth Haven LaneDallas, TX 75225		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
<b>1</b> Total pages Schedule F1: 3 of 17	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/29/2020	5 Payee name Chad West PLLC		
6 Amount (\$) 30.20	<b>7</b> Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense		utside of Texas. Complete Schedule T.  n, TX, officeholder living expense sement
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 02/10/2020	Payee name Chad West PLLC		
Amount (\$) 30.20	Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 02/12/2020	Payee name Qualigraphics Inc		
Amount (\$) 132.35	Payee address; City; State; Zip Code 934 Stevens Woods CourtDallas, TX 75208		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense Campaign
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica	al Committee Legal Services Salaries	Wages/Contract Labor	Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how to	complete this form.		
<b>1</b> Total pages Schedule F1: 4 of 17	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)	
<b>4</b> Date 02/12/2020	5 Payee name Qualigraphics Inc			
6 Amount (\$) 1456.53	<b>7</b> Payee address; City; State; Zip Code 934 Stevens Woods CourDallas, TX 75208			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	Check if Austir	utside of Texas. Complete Schedule T.  n, TX, officeholder living expense  eads w/Inline Medallion	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held	
Date 02/12/2020	Payee name  Dallas Youth Sports			
Amount (\$) 250.00	Payee address; City; State; Zip Code 2135 Elmwood Blvd. Dallas, TX 75224			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense		atside of Texas. Complete Schedule T.  1, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date 02/14/2020	Payee name Bishop Dunne Catholic School			
Amount (\$) 250.00	Payee address; City; State; Zip Code 3900 Rugged Drive Dallas, TX 75224			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense		utside of Texas. Complete Schedule T.	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1: 5 of 17	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/17/2020	5 Payee name Chad West		
6 Amount (\$) 1000.00	<b>7</b> Payee address; City; State; Zip Code 810 North Bishop AvenuĐallas, TX 75208		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Contract Labor		ntside of Texas. Complete Schedule T.  I, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 02/17/2020	Payee name Full Moon Design Group Inc		
Amount (\$) 108.25	Payee address; City; State; Zip Code P.O. Box 152020 Austin, TX 78715		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Contract Labor		tside of Texas. Complete Schedule T. TX, officeholder living expense om Social Media
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 02/24/2020	Payee name Katy Seitzler		
Amount (\$) 855.00	Payee address; City; State; Zip Code 217 Sycamore Creek Roallen, TX 75002		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Contract Labor		tside of Texas. Complete Schedule T. , TX, officeholder living expense ng Work and Videos
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
<b>1</b> Total pages Schedule F1: 6 of 17	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/24/2020	5 Payee name Chad West PLLC		
6 Amount (\$) 30.20	<b>7</b> Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense sement
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 02/24/2020	Payee name Edgar Johnson		
Amount (\$) 45.00	Payee address; City; State; Zip Code 3636 West Redbird Lane Statiltes 87K 75237		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Contract Labor		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 02/24/2020	Payee name Keisha Rhodes VOID		
Amount (\$) 45.00	Payee address; City; State; Zip Code 5600 SMU Boulevard SulDelRa33TX 75206		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Contract Labor		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
<b>1</b> Total pages Schedule F1: 7 of 17	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/24/2020	5 Payee name Maureen Swain		
6 Amount (\$) 60.00	7 Payee address; City; State; Zip Code 2201 Spring Mountain Roads Surrealls, TX 77227		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Contract Labor		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 02/26/2020	Payee name Chad West PLLC		
Amount (\$) 40.00	Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Contract Labor		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 02/27/2020	Payee name Chad West PLLC		
Amount (\$) 1000.00	Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense ment
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	outer (outer a satisfierly not noted asserts)
1 Total pages Schedule F1: 8 of 17	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/28/2020	5 Payee name Qualigraphics Inc		
<b>6</b> Amount (\$) 197.02	<b>7</b> Payee address; City; State; Zip Code 934 Stevens Woods CourtDallas, TX 75208		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 03/02/2020	Payee name EcoLatino		
Amount (\$) 500.00	Payee address; City; State; Zip Code 2320 West Davis Street Dallas, TX 75208		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense		ntside of Texas. Complete Schedule T.  TX, officeholder living expense rk Marketing
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 03/04/2020	Payee name Chad West PLLC		
Amount (\$) 141.96	Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75208		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense		ntside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	
<b>1</b> Total pages Schedule F1: 9 of 17	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/05/2020	5 Payee name Carla McKinzie		
6 Amount (\$) 232.50	7 Payee address; City; State; Zip Code 901 Zang Boulevard Suit Dans, TX 75208		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Contract Labor		utside of Texas. Complete Schedule T.
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 03/05/2020	Payee name Katy Seitzler		
Amount (\$) 400.00	Payee address; City; State; Zip Code 217 Sycamore Creek Roallen, TX 75002		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Contract Labor		tside of Texas. Complete Schedule T. , TX, officeholder living expense ing Work and Videos
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 03/05/2020	Payee name DFW Federal Club		
Amount (\$) 120.00	Payee address; City; State; Zip Code P.O. Box 191153 Dallas, TX 75219		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica	al Committee Legal Services Salaries	/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	complete this form.	
<b>1</b> Total pages Schedule F1: 10 of 17	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/09/2020	5 Payee name Carla McKinzie		
6 Amount (\$) 45.00	7 Payee address; City; State; Zip Code 901 Zang Boulevard Suit 2008s, TX 75208		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Contract Labor		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 03/11/2020	Payee name Sylvia Collins		
Amount (\$) 150.00	Payee address; City; State; Zip Code 409 East Ninth Street SuiDallai, TX 75203		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Contract Labor		utside of Texas. Complete Schedule T.  n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 03/12/2020	Payee name The Well Community		
Amount (\$) 300.00	Payee address; City; State; Zip Code 125 Sunset Avenue Dallas, TX 75208		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NE	EDED

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	· I		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/12/2020	5 Payee name Carla McKinzie		
6 Amount (\$) 45.00	7 Payee address; City; State; Zip Code 901 Zang Boulevard Suit 20%, TX 75208		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Contract Labor		utside of Texas. Complete Schedule T.  n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 03/13/2020	Payee name  Dash for the Beads		
Amount (\$) 1000.00	Payee address; City; State; Zip Code P.O. Box 224611 Dallas, TX 75222		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 03/16/2020	Payee name Chad West PLLC		
Amount (\$) 30.20	Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense sement
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
<b>1</b> Total pages Schedule F1: 12 of 17	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/24/2020	5 Payee name Chad West PLLC		
6 Amount (\$) 30.20	<b>7</b> Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense		utside of Texas. Complete Schedule T.  n, TX, officeholder living expense sement
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 04/02/2020	Payee name Katy Seitzler		
Amount (\$) 632.23	Payee address; City; State; Zip Code 217 Sycamore Creek Roadllen, TX 75002		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Contract Labor		tside of Texas. Complete Schedule T. , TX, officeholder living expense ing Work and Videos
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 04/10/2020	Payee name Chad West PLLC		
Amount (\$) 30.20	Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense sement
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica	al Committee Legal Services	Salaries/Wage	es/Contract Labor	Other (enter a category ne	ot listed above)
Credit Card Payment	The Instruction Guid	e explains how to com	plete this form.		
1 Total pages Schedule F1: 13 of 17	2 FILER NAME Chad West			3 Filer ID (Ethics Co	mmission Filers)
<b>4</b> Date 04/22/2020	5 Payee name Anna Casey				
6 Amount (\$) 10000.00		State; Zip Code CX 75233			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the Consulting Expense			iside of Texas. Complete Sched TX, officeholder living expe alary	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	9	Office sought	Off	ice held
Date 04/23/2020	Payee name Oak Cliff Lions Club				
Amount (\$) 105.00		State; Zip Code XX 75208			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the Advertising Expense			side of Texas. Complete Schedu TX, officeholder living expe	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	)	Office sought	Offi	ce held
Date 04/24/2020	Payee name Chad West PLLC				
Amount (\$) 30.20	Payee address; City; § 3606 South Tyler Street Dallas, T	State; Zip Code "X 75208			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the Advertising Expense			side of Texas. Complete Schedu TX, officeholder living expe ement	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder nam	e	Office sought	Of	fice held
	ATTACH ADDITIONAL (	COPIES OF THIS SC	HEDULE AS NEE	DED	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica	al Committee Legal Services Salaries	Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	complete this form.	
<b>1</b> Total pages Schedule F1: 14 of 17	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/12/2020	5 Payee name Chad West PLLC		
6 Amount (\$) 30.20	<b>7</b> Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense		nutside of Texas. Complete Schedule T.  n, TX, officeholder living expense  sement
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date 05/27/2020	Payee name Chad West PLLC		
Amount (\$) 30.20	Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense sement
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 06/01/2020	Payee name Katy Seitzler		
Amount (\$) 275.00	Payee address; City; State; Zip Code 217 Sycamore Creek Roadllen, TX 75002		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Check if Austir	utside of Texas. Complete Schedule T. n, TX, officeholder living expense ling Work and Videos
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (order or extension up to listed above)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 15 of 17	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/08/2020	5 Payee name Enos Pizza Tavern		
6 Amount (\$) 719.86	<b>7</b> Payee address; City; State; Zip Code 407 North Bishop AvenuĐallas, TX 75208		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Contract Labor		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
06/10/2020	Katy Seitzler		
Amount (\$) 592.50	Payee address; City; State; Zip Code 217 Sycamore Creek Roadllen, TX 75002		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense ng Work and Videos
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 06/11/2020	Payee name Chad West PLLC		
Amount (\$) 30.20	Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense ement
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	outer (other a datagety hethological
<b>1</b> Total pages Schedule F1: 16 of 17	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/24/2020	5 Payee name Chad West		
6 Amount (\$) 130.00	7 Payee address; City; State; Zip Code 808 Bishop Avenue Dallas, TX 75208		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Contract Labor		utside of Texas. Complete Schedule T. n, TX, officeholder living expense nb
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 06/25/2020	Payee name Chad West PLLC		
Amount (\$) 30.20	Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense		ntside of Texas. Complete Schedule T. TX, officeholder living expense sement
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 06/25/2020	Payee name Qualigraphics Inc		
Amount (\$) 616.22	Payee address; City; State; Zip Code 934 Stevens Woods CourDallas, TX 75208		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense		ntside of Texas. Complete Schedule T.  TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	
<b>1</b> Total pages Schedule F1: 17 of 17	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 06/25/2020	5 Payee name Chad West PLLC		
6 Amount (\$) 214.85	<b>7</b> Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Contract Labor		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

City Secretary's Office

Supplement Officeholder	tal Report		FOR Cover She	MSR etSR
1. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST MI Chad	2. Total Pages Filed: 36	
	NICKNAME	LAST SUFFIX West	3. Office Held  Council District 1	
4. SUPPLEMENTAL REPORT TYPE	c January 15	c 30th day before election c Runoff	c 15th day after camp treasurer appointmen (officeholder only)	
	<b>☆</b> July 15	c 8th day before election c Exceeded \$500 limit	c Final Report	
5. PERIOD / COVERED		1/1/2020 THROUGH 6/30/2020		
6. ELECTION	Month Day Year	c Primary c Runoff c	General c Spe	ecial 🔉 N/A
7. OFFICE-	CONTRIBUTION	TOTAL OFFICEHOLDER CONTRIBUTIONS OF \$50 OR I	·	
HOLDER	TOTALS	PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$0.00		
		OTHER THAN LEDGES, EGANS, OR GUARANTEES OF EGANS)		\$46,150.00
	EXPENDITURE	3. TOTAL OFFICEHOLDER EXPENDITURES OF \$100 OR L	.ESS, UNLESS ITEMIZED	\$0.00
	TOTALS	4. TOTAL OFFICEHOLDER EXPENDITURES		\$ 0.00
8. POLITICAL	CONTRIBUTION TOTALS	<ol><li>TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE</li></ol>	•	\$0.00
(Campaign)		6. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF L	LOANS)	\$ 0.00
	EXPENDITURE	7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS	UNLESS ITEMIZED	\$ 0.00
	TOTALS	8. TOTAL POLITICAL EXPENDITURES		\$23,811.51
9. OFFICEHOLDER FUN FOR CAMPAIGN PURI		9. TOTAL DOLLAR AMOUNT OF OFFICEHOLDER CONTRIE CAMPAIGN EXPEND: TURES DURING THE REPORTING PE		\$ 0.00
10. AFFIDAVIT		I swear, or affirm, under penalty of per is true and correct and includes all infor me under Title 15, Election code.		
***ELECTRONICALLY CERTIFIED***				
AFFIX NOTARY STAMP / SEAL ABOVE ————————————————————————————————————				
Sworn to and subscribed I	before me, by the saidChac	d West	this the13th	day
of July , 20	0_20, to certify which,	, witness my hand and seal of office.		
Signature of officer ad	Iministering nath	Printed name of officer administering oath	Title of officer add	ministering oath

## SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 1 of 18
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Chad West			
4 Date	5 Full name of contributor out-of-state PAC (II	D#:)	7 Amount of contribution (\$)
02/04/2020	Lee Kleinman		1000.00
Officeholder	<b>6</b> Contributor address; City; State;	Zip Code	
Contribution	7336 Hill Forest Dr Dallas, T	"X 75230	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
02/07/2020	LUCILO PENA		500.00
Officeholder	Contributor address; City; State;	Zip Code	
Contribution	1717 ARTS PLAZA Suite 2311 DALLAS	S, TX 75201	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
02/10/2020	Bobby Abtahi		1000.00
Officeholder Contribution	Contributor address; City; State; 1126 N. Zang Dallas, T		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (II	D#: )	Amount of contribution (\$)
02/10/2020	Tre & Lauren Black		1000.00
Officeholder	Contributor address; City; State;	Zip Code	
Contribution	751 Kessler Lake Dr. Dallas, T		
Principal occur	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	,	, , , , , , , , , , , , , , , , , , , ,	,
	<u> </u>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE A1

The	Instruction Guide explains how to complete this form	m.	1 Total pages Schedule A1: 2 of 18
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Chad West			
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)
02/10/2020	Calvert Collins-Bratton		250.00
Officeholder	6 Contributor address; City; State; 2	Zip Code	
Contribution	4618 Heatherbrook Dr. Dallas, TX	75244	
8 Principal occu	pation / Job title (See Instructions)  9	Employer (See Instruction	ons)
Date	Full name of contributor		Amount of contribution (\$)
02/10/2020	Dustin Marshall		250.00
Officeholder	-	Zip Code	
Contribution	6464 Mimosa Ln. Dallas, TX	75230	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructio	ons)
Date	Full name of contributor	)	Amount of contribution (\$)
02/10/2020	Bruce Reid		250.00
Officeholder Contribution	Contributor address; City; State; Z 1603 612 Spruce Ave. Lake Fores		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor		Amount of contribution (\$)
02/11/2020	Chris Aslam		1000.00
Officeholder Contribution	Contributor address; City; State; Z P.O. Box 496539 Garland, T.	Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)

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## SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 3 of 18
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Chad West			
4 Date	5 Full name of contributor  ut-of-state PAC (ID	D#:)	7 Amount of contribution (\$)
02/11/2020	Alex Olshansky		1000.00
Officeholder	6 Contributor address; City; State;	Zip Code	
Contribution	45 Main St. Suite 502 Brooklyn	, NY 11201	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
02/12/2020	Jimmy OReilly		1000.00
Officeholder	Contributor address; City; State;	Zip Code	
Contribution	3525 Turtle Creek Blvd. Suite 20BC Dallas, T	X 75219	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
02/12/2020	Logan Waller		250.00
Officeholder Contribution	Contributor address; City; State; 5115 McKinney Ave. Suite F Dallas, T.	Zip Code X 75205	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (ID	D#:)	Amount of contribution (\$)
02/13/2020	Chris Luna		500.00
Officeholder Contribution		Zip Code TX 75044	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)

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### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 4 of 18
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Chad West		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
02/16/2020	Kathy Hewitt	500.00
Officeholder	6 Contributor address; City; State; Zip Co	
Contribution	2828 Routh St. Suite 100 Dallas, TX 7520	01
8 Principal occu	pation / Job title (See Instructions)  9 Emp	oloyer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
02/16/2020	Ann Margolin	1000.00
Officeholder	Contributor address; City; State; Zip C	
Contribution	2828 Hood St. Suite 1604 Dallas, TX 752	19
Principal occup	pation / Job title (See Instructions) Emp	loyer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
02/18/2020	Benjamin Atkins	1000.00
Officeholder Contribution	Contributor address; City; State; Zip Co 45 Main St. Suite 502 Brooklyn, NY 1	
Principal occu	pation / Job title (See Instructions) Emp	loyer (See Instructions)
Date 02/18/2020	Full name of contributor	1000.00
Officeholder Contribution	Contributor address; City; State; Zip Co 1500 Marilla St. Suite 5FS Dallas, TX 7520	ode
Principal occu	pation / Job title (See Instructions)  Emp	loyer (See Instructions)

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### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 5 of 18
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Chad West		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
02/18/2020	Milton Olsoff	1000.00
Officeholder	6 Contributor address; City; State; Zip Code	
Contribution	45 Main St. Suite 5022 Brooklyn, NY 11201	
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instru	uctions)
Date	Full name of contributor	Amount of contribution (\$)
02/22/2020	Michael Blackwell	500.00
	Contributor address; City; State; Zip Code	
Officeholder Contribution	8845 Fenchurch Rd. Dallas, TX 75238	
Principal occup	pation / Job title (See Instructions)  Employer (See Instru	ictions)
Date	Full name of contributor	Amount of contribution (\$)
02/23/2020	Mike Ablon	1000.00
Officeholder Contribution	Contributor address; City; State; Zip Code 8222 Douglas Ave. Suite 390 Dallas, TX 75225	
Principal occup	pation / Job title (See Instructions)  Employer (See Instru	uctions)
Date	Full name of contributor	Amount of contribution (\$)
02/23/2020	Mike Anglin	1000.00
Officeholder Contribution	Contributor address; City; State; Zip Code 1414 W. Colorado Blvd. Dallas, TX 75208	
Principal occup	pation / Job title (See Instructions)  Employer (See Instru	uctions)

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### SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 6 of 18
2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (I	ID#:)	7 Amount of contribution (\$)
02/23/2020	Tim & Melanie Byrne		2000.00
Officeholder Contribution	6 Contributor address; City; State; 3720 Miramar Ave. Dallas, T	Zip Code	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
02/23/2020	Lynn McBee		250.00
Officeholder Contribution	Contributor address; City; State; 3912 Miramar Ave. Dallas, T	Zip Code TX 75205	
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
02/23/2020	Michael Veale		1000.00
Officeholder Contribution	Contributor address; City; State; 1717 Arts Plaza Suite 2207 Dallas, T	•	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (I	ID#:)	Amount of contribution (\$)
02/24/2020	Craig Holcomb		250.00
Officeholder Contribution	Contributor address; City; State;	Zip Code TX 75215	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)

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### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 7 of 18
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Chad West		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
02/24/2020	Cooper Koch	250.00
Officeholder	6 Contributor address; City; State; Zip Code	
Contribution	2126 Kessler Pkwy Dallas, TX 75208	
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	nstructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
02/25/2020	Carl Anderson	1000.00
Officeholder	Contributor address; City; State; Zip Code	
Contribution	2929 Carlisle St. Suite 210 Dallas, TX 75204	
Principal occup	Dation / Job title (See Instructions)  Employer (See Instructions)	nstructions)
Date	Full name of contributor	Amount of contribution (\$)
02/26/2020	Scott Chase	500.00
Officeholder Contribution	Contributor address; City; State; Zip Code 1700 Pacific Ave. Suite 3700 Dallas, TX 75201	
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	nstructions)
Date	Full name of contributor	) Amount of contribution (\$)
02/27/2020	Wendy Krispin	250.00
Officeholder Contribution	Contributor address; City; State; Zip Code 528 S. Hall St. Dallas, TX 75226	
Principal occup	pation / Job title (See Instructions) Employer (See In	nstructions)

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## SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 8 of 18
<b>2</b> FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
4 Date 02/27/2020 Officeholder Contribution 8 Principal occur	Charles OConnell  6 Contributor address; City; State; 634 Kessler Reserve Ct. Dallas,	Zip Code TX 75208  9 Employer (See Instruction	7 Amount of contribution (\$) 1000.00 ons)
Date  02/27/2020  Officeholder Contribution  Principal occup	Paul Wingo Contributor address; City; State;	Zip Code TX 75208  Employer (See Instruction	Amount of contribution (\$) 1000.00
Date 02/28/2020 Officeholder Contribution	Steve Atkinson  Contributor address; City; State; 5926 Tree Shadow Trail Dallas,	TX 75252	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 02/28/2020 Officeholder Contribution		,	Amount of contribution (\$) 250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)

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## SCHEDULE A1

The	Instruction Guide explains how to complete this form	m.	1 Total pages Schedule A1: 9 of 18
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Chad West			
4 Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7 Amount of contribution (\$)
02/29/2020	Steve Habgood		1000.00
Officeholder	6 Contributor address; City; State; 2	Zip Code	
Contribution	1544 Eastus Dr. Dallas, TX	75208	
8 Principal occu	pation / Job title (See Instructions)  9	Employer (See Instructio	ons)
Date	Full name of contributor	)	Amount of contribution (\$)
03/02/2020	Chris Heinbaugh		100.00
Officeholder	Contributor address; City; State; Z	Zip Code	
Contribution	1801 Annex Ave. Suite 507 Dallas, TX	75204	
Principal occup	vation / Job title (See Instructions)	Employer (See Instructio	ns)
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of contribution (\$)
03/03/2020	Chris Hamilton		1000.00
Officeholder Contribution	Contributor address; City; State; Z 5521 Swiss Ave. Dallas, TX	Zip Code 75214	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructio	ons)
Date	Full name of contributor	: )	Amount of contribution (\$)
03/03/2020	Jennifer Owen		250.00
Officeholder Contribution	Contributor address; City; State; Z 6541 Arborist Ln. Dallas, TX	Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructio	ons)

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### SCHEDULE A1

The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1: 10 of 18				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Chad West				
4 Date	5 Full name of contributor out-of-state PAC (II	D#:)	7 Amount of contribution (\$)	
03/04/2020	Brent Rodgers		1000.00	
Officeholder	6 Contributor address; City; State;	Zip Code		
Contribution	3527 Oak Lawn Ave. Dallas, T	TX 75219		
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date	Full name of contributor	D#:)	Amount of contribution (\$)	
03/04/2020	Travis Rowe		1000.00	
	Contributor address; City; State;	Zip Code	1000.00	
Officeholder Contribution	1222 Greenbriar Ln. Kemp, T.			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of contribution (\$)	
03/05/2020 Apt Assn of Greater Dallas 1000.00			1000.00	
Officeholder Contribution	Contributor address; City; State; 5728 LBJ Frwy. Suite 100 Dallas, T	·		
Principal occup	nation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of contribution (\$)	
03/05/2020	Richard Chesney		250.00	
Officeholder Contribution  Contributor address; City; State; Zip Code 2911 Turtle Creek Blvd. Suite 820 Dallas, TX 75201				
Principal occup	nation / Job title (See Instructions)	Employer (See Instructi	ions)	

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### SCHEDULE A1

The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1: 11 of 18				
2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)	
4 Date 03/05/2020 Officeholder Contribution  8 Principal occur	5 Full name of contributor □ out-of-state PAC (ID# Dallas Builders Association  6 Contributor address; City; State; 5816 W. Plano Pkwy. Plano, TX pation / Job title (See Instructions)	Zip Code	7 Amount of contribution (\$) 500.00	
Date  03/05/2020  Officeholder Contribution  Principal occup		Zip Code	Amount of contribution (\$) 50.00	
Date 03/05/2020 Officeholder Contribution	Full name of contributor  uut-of-state PAC (ID#  Charles Gearing  Contributor address; City; State;  9332 Mercer Dr. Dallas, TX		Amount of contribution (\$) 100.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)	
Date 03/05/2020 Officeholder Contribution	Full name of contributor	Zip Code	Amount of contribution (\$) 100.00	
	pation / Job title (See Instructions)	Employer (See Instruction	ons)	

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## SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 12 of 18
2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
4 Date 03/05/2020 Officeholder Contribution 8 Principal occu	Hudson Henley  6 Contributor address; City; State; 5415 Ursula Ln. Dallas,	Zip Code TX 75229  9 Employer (See Instructi	7 Amount of contribution (\$) 1000.00 ions)
Date  03/05/2020  Officeholder Contribution  Principal occup	Scott Lake Contributor address; City; State;	Zip Code TX 75214  Employer (See Instruction	Amount of contribution (\$)  1000.00
Date 03/05/2020 Officeholder Contribution	Full name of contributor		Amount of contribution (\$) 250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 03/05/2020 Officeholder Contribution	_		Amount of contribution (\$) 500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ions)

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### SCHEDULE A1

The	Instruction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: 13 of 18
2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
<ul><li>4 Date</li><li>03/05/2020</li><li>Officeholder Contribution</li><li>8 Principal occur</li></ul>	Charles D. Marlett  6 Contributor address; City; State;	ΓX 75220	7 Amount of contribution (\$) 1000.00
Date 03/05/2020 Officeholder Contribution	John Matthews  Contributor address; City; State;	Zip Code Ile, TX 75057  Employer (See Instruction	Amount of contribution (\$) 1000.00
i illicipal occup	anon / bob title (See instructions)	Employer (dee matruction	U115)
Date 03/05/2020 Officeholder Contribution	Frank Mihalopoulos  Contributor address; City; State;	Zip Code ΓX 75205	Amount of contribution (\$) 250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 03/05/2020	Full name of contributor out-of-state PAC (I  Bill Ohland  Contributor address: City: State:		Amount of contribution (\$) 1000.00
Officeholder Contribution		ГХ 75359	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)

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### SCHEDULE A1

The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1: 14 of 18				
<b>2</b> FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)		
4 Date 03/05/2020 Officeholder Contribution 8 Principal occur	5 Full name of contributor ☐ out-of-state PAC (ID#:	1000.00		
Date  03/05/2020  Officeholder Contribution  Principal occup	Full name of contributor	250.00		
Date 03/05/2020 Officeholder Contribution	Full name of contributor	Amount of contribution (\$) 250.00		
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)		
Date 03/05/2020 Officeholder Contribution	Full name of contributor out-of-state PAC (ID#: Kristian Teleki  Contributor address; City; State; Zip Code 3251 Canyon Oaks Dr. Argyle, TX 76226	Amount of contribution (\$) 500.00		
Principal occup	pation / Job title (See Instructions)  Employer (See	Instructions)		
	ı			

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### SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 15 of 18
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Chad West			
4 Date	5 Full name of contributor out-of-state PAC (IE	D#:)	7 Amount of contribution (\$)
03/05/2020	Leobardo Trevino		1000.00
Officeholder	6 Contributor address; City; State;	Zip Code	
Contribution	1111 W. Mockingbird Ln. Dallas, T.	X 75247	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructio	ns)
Date	Full name of contributor out-of-state PAC (IE	D#:)	Amount of contribution (\$)
03/05/2020	Roger Wedell		250.00
	Contributor address; City; State;	Zip Code	25 515 5
Officeholder Contribution	1318 Elmwood Blvd. Dallas, T.	X 75224	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)
Date	Full name of contributor out-of-state PAC (IE	D#:)	Amount of contribution (\$)
03/05/2020	Joel Williams III		1000.00
Officeholder Contribution	Contributor address; City; State; 4323 Lorraine Ave. Dallas, T.	•	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)
Date	Full name of contributor	D#: )	Amount of contribution (\$)
03/05/2020	Ryan Windham		500.00
Officeholder Contribution	Contributor address; City; State; 606 Monssen Dr Dallas, T.	Zip Code X 75224	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)

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### SCHEDULE A1

				4 7 1 0 1 1 1 4
The	Instruction Guide explains how to c	complete this	form.	1 Total pages Schedule A1: 16 of 18
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Chad West	T			
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
03/11/2020	Maureen Milligan			250.00
Officeholder	6 Contributor address;	City; State	; Zip Code	
Contribution	5918 Williamstown Rd	Dallas,	TX 75230	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
03/11/2020	Sally West			1000.00
Officeholder	Contributor address;	City; State	; Zip Code	
Contribution	735 Marina Village Dr.	Grand 1	Rivers, KY 42045	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
03/27/2020	Lucy Billingsley			500.00
Officeholder Contribution	Contributor address; 1722 Routh St.	City; State Dallas,	; Zip Code TX 75201	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	(ID#: )	Amount of contribution (\$)
03/31/2020	Barry Hancock		,	1000.00
Officeholder Contribution	Contributor address; 4514 Travis St. Suite 326		; Zip Code TX 75205	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)

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### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 17 of 18
<b>2</b> FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
<ul> <li>4 Date</li> <li>04/25/2020</li> <li>Officeholder Contribution</li> <li>8 Principal occur</li> </ul>	5 Full name of contributor ☐ out-of-state PAC (ID#:	1000.00
Date 05/27/2020 Officeholder Contribution	1028 Cedar Hill Ave. Dallas, TX 752	100.00 Code
Principal occup	eation / Job title (See Instructions) Em	ployer (See Instructions)
Date  06/04/2020  Officeholder Contribution	Full name of contributor	1000.00
Principal occup	pation / Job title (See Instructions) Em	ployer (See Instructions)
Date 06/05/2020 Officeholder Contribution	Full name of contributor	350.00
		ployer (See Instructions)

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## SCHEDULE A1

The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1: 18 of 18				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Chad West				
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)	
06/13/2020	Edward Mertic		100.00	
0.00	6 Contributor address; City; State			
Officeholder Contribution	1154 N. Clinton Ave Dallas,	TX 75208		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
	Contributor address; City; State	; Zip Code		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
	,	,, (555	,	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
	Contributor address; City; State			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
			·	
		<u> </u>		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
	Contributor address; City; State			
	Contributor address; City; State	, Zip Code		
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
	,		,	
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#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 1 of 17	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
01/07/2020	Katy Seitzler		
6 Amount (\$) 575.00 Campaign Funds for Campaign Expenditures	<b>7</b> Payee address; City; State; Zip Code 217 Sycamore Creek Roalllen, TX 75002		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Contract Labor	Check if travel ou	utside of Texas. Complete Schedule T.
OF		Check if Austin	n, TX, officeholder living expense
EXPENDITURE		Social Media, Brandi	ing Work and Videos
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01/13/2020	Chad West PLLC		
Amount (\$)	Payee address; City; State; Zip Code		
30.20	3606 South Tyler Street Dallas, TX 75224		
Campaign Funds for Campaign Expenditures			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Check if Austin	tside of Texas. Complete Schedule T. , TX, officeholder living expense
		Mailchimp Reimburs	sement
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
0.1 (1.1 (2.0.0.)			
01/14/2020	Dallas Tax Solutions		
Amount (\$) 162.38	Payee address; City; State; Zip Code 4144 N Central Expressway Suite 640		
Campaign Funds for	Dallas, TX 75204		
Campaign Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Contract Labor		tside of Texas. Complete Schedule T.
EXPENDITURE			, TX, officeholder living expense
		Data Entry for Round	1 of Report
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	outer (outer a category normalist above)
1 Total pages Schedule F1: 2 of 17	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
01/14/2020	Oak Cliff Chamber of Commerce		
6 Amount (\$) 400.00 Campaign Funds for	7 Payee address; City; State; Zip Code 1011 N Bishop Avenue Dallas, TX 75208		
Campaign Expenditures	(a) Catagony (Can Catagorian listed at the tag of this askedula)	(b) Description	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	Check if travel ou	tside of Texas. Complete Schedule T. , TX, officeholder living expense Building Campaign
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01/21/2020	Qualigraphics Inc		
Amount (\$) 152.46 Campaign Funds for	Payee address; City; State; Zip Code 934 Stevens Woods CourDallas, TX 75208		
Campaign Expenditures		1	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense		side of Texas. Complete Schedule T.  TX, officeholder living expense  Campaign
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01/29/2020	Communities Foundation of Texas		
Amount (\$) 500.00 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 5500 Caruth Haven LaneDallas, TX 75225		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense		side of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
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### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	outer (other disalogory not noted assist)	
1 Total pages Schedule F1: 3 of 17	2 FILER NAME Chad West	·	3 Filer ID (Ethics Commission Filers)	
<b>4</b> Date 01/29/2020	5 Payee name Chad West PLLC			
6 Amount (\$) 30.20 Campaign Funds for Campaign Expenditures	7 Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense sement	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date 02/10/2020	Payee name Chad West PLLC			
Amount (\$) 30.20 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Mailchimp Reimbursement		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date 02/12/2020	Payee name  Qualigraphics Inc			
Amount (\$) 132.35 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 934 Stevens Woods CourDallas, TX 75208			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense Campaign	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
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### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica	al Committee Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains	how to complete this form.	
1 Total pages Schedule F1: 4 of 17	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
02/12/2020	Qualigraphics Inc		
6 Amount (\$) 1456.53	<b>7</b> Payee address; City; State; Zip 934 Stevens Woods CourDallas, TX 75208	Code	
Campaign Funds for Campaign Expenditures			
8	(a) Category (See Categories listed at the top of this sch	edule) (b) Description	
PURPOSE	Advertising Expense		utside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austi	n, TX, officeholder living expense
		Round Mardi Gras B	Beads w/Inline Medallion
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/12/2020	Dallas Youth Sports		
Amount (\$)	Payee address; City; State; Zip	Code	
250.00	2135 Elmwood Blvd. Dallas, TX 75224		
Campaign Funds for Campaign Expenditures			
	Category (See Categories listed at the top of this sch		
PURPOSE	Advertising Expense		utside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austir	n, TX, officeholder living expense
		Sponsorship	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/14/2020	Bishop Dunne Catholic School		
Amount (\$) 250.00	Payee address; City; State; Zip	Code	
Campaign Funds for	3900 Rugged Drive Dallas, TX 75224		
Campaign Expenditures			
	Category (See Categories listed at the top of this sch	edule) Description	
PURPOSE	Advertising Expense	Check if travel or	utside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austir	n, TX, officeholder living expense
EXPENDITURE		Sponsorship	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
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### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	care (errer a category not noted above)			
<b>1</b> Total pages Schedule F1: 5 of 17	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name					
02/17/2020	Chad West					
6 Amount (\$) 1000.00	<b>7</b> Payee address; City; State; Zip Code 810 North Bishop AvenuĐallas, TX 75208					
Campaign Funds for Campaign Expenditures						
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE	Contract Labor		tside of Texas. Complete Schedule T.			
OF EXPENDITURE		Check if Austin	, TX, officeholder living expense			
		Reimbursement				
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
02/17/2020	Full Moon Design Group Inc					
Amount (\$) 108.25	Payee address; City; State; Zip Code					
Campaign Funds for	P.O. Box 152020 Austin, TX 78715					
Campaign Expenditures						
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE	Contract Labor	Check if travel out	Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE		Check if Austin, TX, officeholder living expense				
		Design/Set Up - Cust	om Social Media			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
02/24/2020	Katy Seitzler					
Amount (\$) 855.00	Payee address; City; State; Zip Code 217 Sycamore Creek Roalllen, TX 75002					
Campaign Funds for	217 Sycamore Creek Roamien, 1X 75002					
Campaign Expenditures						
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE	Contract Labor		side of Texas. Complete Schedule T.			
OF EXPENDITURE			TX, officeholder living expense			
		Social Media, Brandi	ng Work and Videos			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
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### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Services .	Salaries/Wa	ages/Contract Labor	Other (enter a catego	ory not listed above)	
Credit Card Payment		The Instruction Guide explain	s how to co	omplete this form.			
1 Total pages Schedule F1: 6 of 17	2 FILER NA Chad West				3 Filer ID (Ethics	s Commission Filers)	
4 Date	5 Payee na	me					
02/24/2020	Chad West	PLLC					
6 Amount (\$) 30.20	<b>7</b> Payee ad 3606 South	dress; City; State; Z a Tyler Street Dallas, TX 75224	-				
Campaign Funds for Campaign Expenditures							
8	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description			
PURPOSE	Advertising	g Expense			utside of Texas. Complete S		
OF EXPENDITURE				Check if Austin	n, TX, officeholder living	expense	
				Mailchimp Reimburs	sement		
9 Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought		Office held	
Date	Payee na	me					
02/24/2020	Edgar John	ison					
Amount (\$) 45.00	Payee ad	dress; City; State; Z Redbird Lane Suite 821	ip Code				
Campaign Funds for Campaign Expenditures	2020 11 200	Dallas, TX 75237	1				
	Category	(See Categories listed at the top of this s	chedule)	Description			
PURPOSE	Contract L	abor		Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE				Check if Austin	, TX, officeholder living	expense	
				Parade Help			
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held	
Date	Payee na	me					
02/24/2020	Keisha Rho	odes VOID					
Amount (\$) 45.00	Payee ad		ip Code				
Campaign Funds for	3000 SMIO	Boulevard Suite 3232 Dallas, TX 75206	Ó				
Campaign Expenditures		,					
	Category	(See Categories listed at the top of this s	chedule)	Description			
PURPOSE	Contract L	abor		Check if travel ou	ıtside of Texas. Complete Se	chedule T.	
OF EXPENDITURE				Check if Austin	n, TX, officeholder living	expense	
LAI LIIDIIOIL				Parade Help			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held	
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### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	outer (other a dataget) hethere above)	
<b>1</b> Total pages Schedule F1: 7 of 17	-		3 Filer ID (Ethics Commission Filers)	
<b>4</b> Date 02/24/2020	5 Payee name Maureen Swain			
6 Amount (\$) 60.00 Campaign Funds for Campaign Expenditures	7 Payee address; City; State; Zip Code 2201 Spring Mountain Road Suite 1 Cross Roads, TX 77227			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Contract Labor		utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
02/26/2020	Chad West PLLC			
Amount (\$) 40.00 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Contract Labor	e)  Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Meal Reimbursement		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
02/27/2020	Chad West PLLC			
Amount (\$) 1000.00 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense		ntside of Texas. Complete Schedule T.  i, TX, officeholder living expense  ment	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 8 of 17	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
02/28/2020	Qualigraphics Inc		
6 Amount (\$) 197.02 Campaign Funds for Campaign Expenditures	<b>7</b> Payee address; City; State; Zip Code 934 Stevens Woods CourDallas, TX 75208		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Advertising Expense	Check if travel or	utside of Texas. Complete Schedule T.
OF	Preventising Expense	Check if Austin	n, TX, officeholder living expense
EXPENDITURE		Campaign T-Shirts	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/02/2020	EcoLatino		
Amount (\$) 500.00	Payee address; City; State; Zip Code		
Campaign Funds for	2320 West Davis Street Dallas, TX 75208		
Campaign Expenditures			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense rk Marketing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Date	1 ayee hame		
03/04/2020	Chad West PLLC		
Amount (\$) 141.96	Payee address; City; State; Zip Code		
Campaign Funds for	3606 South Tyler Street Dallas, TX 75208		
Campaign Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Advertising Expense	Check if travel ou	stside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	, TX, officeholder living expense
LAFENDITORE		Reimbursement	
0 1 0 0 0 0 0 0	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Office sought	Office neta
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/	Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 9 of 17	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
03/05/2020	Carla McKinzie		
6 Amount (\$) 232.50	<b>7</b> Payee address; City; State; Zip Code 901 Zang Boulevard Suite 208		
Campaign Funds for Campaign Expenditures	Dallas, TX 75208		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Contract Labor		utside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	n, TX, officeholder living expense
		Parade Help	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/05/2020	Katy Seitzler		
Amount (\$)	Payee address; City; State; Zip Code		
400.00	217 Sycamore Creek Roadllen, TX 75002		
Campaign Funds for Campaign Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Contract Labor		tside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	, TX, officeholder living expense
		Social Media, Brand	ing Work and Videos
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/05/2020	DFW Federal Club		
Amount (\$) 120.00	Payee address; City; State; Zip Code P.O. Box 191153 Dallas, TX 75219		
Campaign Funds for	F.O. Box 191133 Dallas, 1A /3219		
Campaign Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Advertising Expense	Check if travel ou	utside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	n, TX, officeholder living expense
LA LABITORE		Local Dues	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 10 of 17	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
03/09/2020	Carla McKinzie		
6 Amount (\$) 45.00 Campaign Funds for Campaign Expenditures	7 Payee address; City; State; Zip Code 901 Zang Boulevard Suite 208 Dallas, TX 75208		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Contract Labor	Check if travel or	utside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austir	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/11/2020	Sylvia Collins		
Amount (\$) 150.00	Payee address; City; State; Zip Code		
Campaign Funds for Campaign Expenditures	409 East Ninth Street Suite 101 Dallas, TX 75203		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Contract Labor		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/12/2020	The Well Community		
Amount (\$) 300.00	Payee address; City; State; Zip Code 125 Sunset Avenue Dallas, TX 75208		
Campaign Funds for Campaign Expenditures	123 Sunset (Tvende Bunds, 171 73200		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Advertising Expense		ttside of Texas. Complete Schedule T.
EXPENDITURE		Sponsorship	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
03/12/2020	Carla McKinzie		
6 Amount (\$) 45.00 Campaign Funds for Campaign Expenditures	<b>7</b> Payee address; City; State; Zip Code 901 Zang Boulevard Suite 208 Dallas, TX 75208		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Contract Labor	Check if travel ou	utside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austir	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/13/2020	Dash for the Beads		
Amount (\$) 1000.00	Payee address; City; State; Zip Code		
Campaign Funds for Campaign Expenditures	P.O. Box 224611 Dallas, TX 75222		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/16/2020	Chad West PLLC		
Amount (\$) 30.20	Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224		
Campaign Funds for Campaign Expenditures	3000 South Tylet Street Danas, 17 73224		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Advertising Expense		tside of Texas. Complete Schedule T.
EXPENDITURE		Mailchimp Reimburs	, TX, officeholder living expense sement
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1: 12 of 17	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Payee name	1				
03/24/2020	Chad West PLLC					
6 Amount (\$) 30.20	<b>7</b> Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224					
Campaign Funds for Campaign Expenditures						
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE	Advertising Expense		tside of Texas. Complete Schedule T.			
OF EXPENDITURE		Check if Austin	, TX, officeholder living expense			
		Mailchimp Reimburse	ement			
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
04/02/2020	Katy Seitzler					
Amount (\$) 632.23	Payee address; City; State; Zip Code					
Campaign Funds for	217 Sycamore Creek Roadllen, TX 75002					
Campaign Expenditures						
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE	Contract Labor		side of Texas. Complete Schedule T.			
OF EXPENDITURE		Check if Austin,	TX, officeholder living expense			
		Social Media, Brandin	ng Work and Videos			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
04/10/2020	Chad West PLLC					
Amount (\$) 30.20	Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224					
Campaign Funds for	5000 South Tyler Street Danas, 1A 13224					
Campaign Expenditures						
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE	Advertising Expense		side of Texas. Complete Schedule T.			
OF EXPENDITURE			TX, officeholder living expense			
		Mailchimp Reimburso	ement			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED			

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 13 of 17	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
04/22/2020	Anna Casey		
6 Amount (\$) 10000.00 Campaign Funds for Campaign Expenditures	7 Payee address; City; State; Zip Code 2718 Gladiolus Lane Dallas, TX 75233		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Consulting Expense		utside of Texas. Complete Schedule T.
OF	Consulting Expense	Check if Austin	n, TX, officeholder living expense
EXPENDITURE		Campaign Manager S	Salary
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/23/2020	Oak Cliff Lions Club		
Amount (\$) 105.00	Payee address; City; State; Zip Code		
Campaign Funds for	P.O. Box 4445 Dallas, TX 75208		
Campaign Expenditures			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/24/2020	Chad West PLLC		
Amount (\$) 30.20	Payee address; City; State; Zip Code		
Campaign Funds for	3606 South Tyler Street Dallas, TX 75208		
Campaign Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Advertising Expense	Check if travel ou	tside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	, TX, officeholder living expense
		Mailchimp Reimburs	sement
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF		255 550g/it	35
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politica	al Committee Le	egal Services	Salaries/Wages/Con	tract Labor	Other (enter a cate	egory not listed above)
Credit Card Payment		The Instruction Guide explain	s how to complete	this form.		
1 Total pages Schedule F1: 14 of 17	2 FILER NAM Chad West	ΙΕ			3 Filer ID (Eth	ics Commission Filers)
4 Date	5 Payee name	9				
05/12/2020	Chad West Pl	LLC				
6 Amount (\$) 30.20	<b>7</b> Payee address 3606 South T	ess; City; State; Zi Yyler Street Dallas, TX 75224	•			
Campaign Funds for Campaign Expenditures						
8	(a) Category (S	ee Categories listed at the top of this s	chedule) (b) De	scription		
PURPOSE	Advertising E	Expense		Check if travel ou	utside of Texas. Complete	e Schedule T.
OF EXPENDITURE				_ Check if Austin	n, TX, officeholder livin	ng expense
			Mailchi	imp Reimburs	sement	
9 Complete ONLY if direct expenditure to benefit C/OF		e / Officeholder name	Offi	ice sought		Office held
Date	Payee name	9				
05/27/2020	Chad West Pl	LLC				
Amount (\$)	Payee addre	ess; City; State; Zi	p Code			
30.20 Campaign Funds for	3606 South T	yler Street Dallas, TX 75224				
Campaign Expenditures						
	Category (S	ee Categories listed at the top of this s	chedule) De	scription		
PURPOSE OF	Advertising E	Expense		7	tside of Texas. Complete	
EXPENDITURE				☐ Check if Austin	, TX, officeholder livin	g expense
			Mailchi	imp Reimburs	sement	
Complete ONLY if direct expenditure to benefit C/OF		/ Officeholder name	Offi	ce sought		Office held
Date	Payee name	е				
06/01/2020	Katy Seitzler					
Amount (\$) 275.00	Payee addre	ess; City; State; Zi e Creek Roadllen, TX 75002	p Code			
Campaign Funds for Campaign Expenditures	217 Sycamore	e creek Rollanen, 17k 75002				
	Category (S	ee Categories listed at the top of this s	chedule) De	scription		
PURPOSE	Advertising E	Expense		Check if travel ou	tside of Texas. Complete	Schedule T.
OF EXPENDITURE				Check if Austin	, TX, officeholder living	g expense
			Social I	Media, Brandi	ing Work and Vid	eos
Complete ONLY if direct expenditure to benefit C/OF		/ Officeholder name	Off	ice sought		Office held
	ATTA	CH ADDITIONAL COPIES	OF THIS SCHED	ULE AS NEE	EDED	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.			
<b>1</b> Total pages Schedule F1: 15 of 17	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
06/08/2020	Enos Pizza Tavern				
6 Amount (\$) 719.86	<b>7</b> Payee address; City; State; Zip Code 407 North Bishop AvenuĐallas, TX 75208				
Campaign Funds for Campaign Expenditures					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	Contract Labor		utside of Texas. Complete Schedule T.		
OF EXPENDITURE		Check if Austin	n, TX, officeholder living expense		
		Meals			
			0" 1 11		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
06/10/2020	Katy Seitzler				
Amount (\$) 592.50	Payee address; City; State; Zip Code				
Campaign Funds for	217 Sycamore Creek Roadllen, TX 75002				
Campaign Expenditures					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE		Check if Austin, TX, officeholder living expense			
		Social Media, Brandi	ng Work and Videos		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
	-9				
06/11/2020	Chad West PLLC				
Amount (\$) 30.20	Payee address; City; State; Zip Code				
Campaign Funds for	3606 South Tyler Street Dallas, TX 75224				
Campaign Expenditures					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Advertising Expense		tside of Texas. Complete Schedule T.		
OF	- G 1	Check if Austin	, TX, officeholder living expense		
EXPENDITURE		Mailchimp Reimburs	ement		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Others (actions extensions thirted above)

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other (enter a category not listed above)	
1 Total pages Schedule F1: 16 of 17	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
06/24/2020	Chad West			
6 Amount (\$) 130.00	7 Payee address; City; State; Zip Code 808 Bishop Avenue Dallas, TX 75208			
Campaign Funds for Campaign Expenditures				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Contract Labor	Check if travel ou	utside of Texas. Complete Schedule T.	
OF EXPENDITURE		Check if Austin	, TX, officeholder living expense	
		Campaign Help Rein	ab	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
06/25/2020	Chad West PLLC			
Amount (\$) 30.20	Payee address; City; State; Zip Code			
Campaign Funds for	3606 South Tyler Street Dallas, TX 75224			
Campaign Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.		
OF EXPENDITURE		Check if Austin	, TX, officeholder living expense	
		Mailchimp Reimburs	ement	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
06/25/2020	Qualigraphics Inc			
Amount (\$) 616.22	Payee address; City; State; Zip Code 934 Stevens Woods CourtDallas, TX 75208			
Campaign Funds for				
Campaign Expenditures		T		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Advertising Expense		tside of Texas. Complete Schedule T.	
EXPENDITURE			, TX, officeholder living expense	
		Stainless Steel Tumb	iers	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.			
<b>1</b> Total pages Schedule F1: 17 of 17	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
06/25/2020	Chad West PLLC				
6 Amount (\$) 214.85	<b>7</b> Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224				
Campaign Funds for Campaign Expenditures					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF	Contract Labor	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
EXPENDITURE		Meal Reimbursement	t .		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		tside of Texas. Complete Schedule T. , TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					