# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file 122	ed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Chad	MI A	OFFICE	USE ONLY
NAME	NICKNAME	LAST <b>West</b>	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  810 N Bishop Avenue Dallas TX 75208				
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 406 7861	EXTENSION	Date Hand-delivered  Receipt #	or Date Postmarked  Amount \$
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST <b>Benny</b>	MI	Date Processed	Amount \$
NAME	NICKNAME	LAST	SUFFIX		
		Guzman		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS ( 1147 N Madison	NO PO BOX PLEASE); APT / SI Ave	UITE #; CITY;  Dallas TX 75208	STATE;	ZIP CODE
,	1051 0005	DUONE NUMBER	EVERNOLON		
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 469 )	PHONE NUMBER 616 4558	EXTENSION		
	( .55 )				
9 REPORT TYPE	January 15  30th day before election  Runoff  Runoff  15th day after campaign treasurer appointment (Officeholder Only)				
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year	
COVERED	07 / 01 /2023 THROUGH 12 / 31 / 2023				
11 ELECTION	Month Day  05 03	Year Primary  2025 X General	Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)  Dallas City Co		13 OFFICE SOUGHT (if known Council District 1	))	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TRI	EASURER ADDRESS		
		GO ТО	PAGE 2		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME Chad A West			16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITIC     PLEDGES, LOANS, OR GUAR     CONTRIBUTIONS MADE ELEC		\$ 0.00
	2. TOTAL POLITICAL CONTRI (OTHER THAN PLEDGES, LOA	BUTIONS NS, OR GUARANTEES OF LOANS)	\$ 83265.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	AL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPEND	DITURES	\$ 55227.91
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBU OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE LAS	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT C LAST DAY OF THE REPORTIN	F ALL OUTSTANDING LOANS AS O	\$ 0.00
	vear, or affirm, under penalty of perjury, uired to be reported by me under Title 15, I		e and correct and includes all information
		***ELECTRONICA	LLY CERTIFIED***
		Signature of Ca	andidate or Officeholder
	Please comp	olete either option belov	v:
(1) Affidavit			
NOTARY STAMP/SEA			
NOTART STAWF/SEA			
Sworn to and subscribed	pefore me byChad West	this the	16th day of January,
20, to certify	hich, witness my hand and seal of office.		
Signature of officer administe	ng oath Printed name of of	ficer administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declaration	n		_
My name is		, and my date of birth is	·
My address is			,
	(street)	(city) (s	state) (zip code) (country)
Executed in	County, State of	, on the day of (month	, 20 (year)
		Signature of Candid	date/Officeholder (Declarant)

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19 FILER NAME Chad A West	nmission Filers)			
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT		
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 83,265.00		
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 CON-	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00		
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ 0.00		
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00		
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	os	\$ 0.00		
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A B	BUSINESS OF C/OH	\$ 0.00		
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$ 0.00		
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$ 0.00		

#### SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** 

The	Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1: 1 of 31
<b>2</b> FILER NAME Chad A West				3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 08/18/2023	<ul> <li>Full name of contributor</li> <li>Nicole Nosek</li> <li>Contributor address;</li> <li>6 E Basin Ledge</li> </ul>	City;	State; Zip Code Lake Hills, TX 78746	7 Amount of contribution (\$) 1000.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date 08/18/2023	Full name of contributor  Nicole Nosek  Contributor address;		C (ID#:) State; Zip Code	Amount of contribution (\$) 1500.00
	6 E Basin Ledge	•	Lake Hills, TX 78746	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 09/14/2023	Full name of contributor  Kimberly Levinson  Contributor address;  98 San Jacinto Blvd Suite 1007			Amount of contribution (\$) 500.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 09/14/2023	Full name of contributor Ryan Puzycki	out-of-state PAC	C (ID#:)	Amount of contribution (\$) 100.00
	Contributor address; 1700 E 13th Street	City; Austin	State: Zip Code , TX 78702	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** 

The	Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A1: 2 of 31
<b>2</b> FILER NAME Chad A West			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7 Amount of contribution (\$)
09/17/2023	Kelsey Huse		100.00
	6 Contributor address; City; S 800 W 38th Street Suite 2308 Austin, TX	tate; Zip Code	
8 Principal occu	pation / Job title (See Instructions)  9	Employer (See Instructi	ons)
Date	Full name of contributor	:)	Amount of contribution (\$)
09/18/2023	Samir Nabulsi		500.00
	, , , , , , , , , , , , , , , , , , ,	State; Zip Code Capistrano, CA 92675	
Principal occup	vation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of contribution (\$)
09/18/2023	Linda Nabulsi		100.00
	Contributor address; City; S 27912 Camino Del Rio San Juan C	tate; Zip Code Capistrano, CA 92675	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 09/21/2023	Full name of contributor	)	Amount of contribution (\$) 100.00
	Contributor address; City; NYC, NY 320 Central Park West NYC, NY	tate: Zip Code 10025	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)

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#### SCHEDULE A1

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	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 3 of 31
2 FILER NAME Chad A West				3 Filer ID (Ethics Commission Filers)
<b>4</b> Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
09/22/2023	Michael Strong			250.00
	6 Contributor address; P.O. Box 163126	City; Austin,	State; Zip Code , TX 78616	
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 (\$)
09/25/2023	Linda Avey			500.00
	Contributor address; 2206 E Windsor Road	City;	State; Zip Code , TX 78703	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
09/26/2023	Jane Rogers			100.00
	Contributor address; 1804 S College Avenue	City; Tyler, '	State; Zip Code TX 75701	
Principal occu	 pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 09/29/2023	Full name of contributor Georgia Mavrookas	out-of-state PAC	(ID#:)	Amount of contribution (\$) 550.00
	Contributor address; 3105 Hayden Bend	City; Bee Ca	State: Zip Code ive, TX 78738	
	 pation / Job title (See Instructions)		Employer (See Instruc	tions)

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#### SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** 

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 4 of 31
<b>2</b> FILER NAME Chad A West			3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 09/29/2023	Hidi Jwam  6 Contributor address; City;	State; Zip Code TX 78704	7 Amount of contribution (\$) 25.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date 09/29/2023	Srikar Nalluri  Contributor address; City;	State; Zip Code	Amount of contribution (\$) 50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 09/29/2023	Bobby Abtahi  Contributor address; City;	State; Zip Code TX 75203	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 09/29/2023	Full name of contributor out-of-state PAC Luis Salcedo		Amount of contribution (\$) 1000.00
	Contributor address; City; 3 Richmond Court Mansfie	State; Zip Code eld, TX 76063	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)

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#### SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** 

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 5 of 31
<b>2</b> FILER NAME Chad A West			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
10/02/2023	Lucy Billingsley		1000.00
	6 Contributor address; City;	State; Zip Code TX 75201	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date	_	(ID#:)	Amount of contribution (\$)
10/02/2023	Michael Hurst		500.00
	Contributor address; City; 2100 Ross Avenue Suite 2700 Dallas,	State; Zip Code TX 75201	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	<del>-</del>	(ID#:)	Amount of contribution (\$)
10/02/2023	Nick Cassavechia		250.00
	Contributor address; City; 4049 Davila Drive Dallas,	State; Zip Code TX 75220	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 10/02/2023	Full name of contributor  uut-of-state PAC  Marc Andres	(ID#:)	Amount of contribution (\$) 250.00
	Contributor address; City; 2800 N Henderson Ave Suite 200 Dallas,	State: Zip Code TX 75206	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)

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#### SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** 

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 6 of 31
<b>2</b> FILER NAME Chad A West			3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/02/2023	5 Full name of contributor ☐ out-of-state PAC (II  Robert Lee  6 Contributor address; City; 98 San Jacinto Blvd Suite 2903 Austin, T	State; Zip Code	7 Amount of contribution (\$) 250.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 10/02/2023	Full name of contributor	State; Zip Code	Amount of contribution (\$) 500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 10/02/2023	Leland Burk	D#:) State; Zip Code X 75225	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 10/02/2023	Full name of contributor	D#:) State: Zip Code TX 75019	Amount of contribution (\$) 100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

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#### SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** 

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 7 of 31
<b>2</b> FILER NAME Chad A West			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#: )	7 Amount of contribution (\$)
10/02/2023	John Moritz		1000.00
	6 Contributor address; City; P.O. Box 490 Arlingto	State; Zip Code on, TX 76004	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
10/03/2023	Charles Corson		1000.00
	Contributor address; City; 8333 Douglas Avenue Suite 1500 Dallas,	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
10/03/2023	Evelyn Rose		1000.00
	Contributor address; City; 5 Willowood Street Dallas,	State; Zip Code ΓX 75205	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 10/03/2023	Full name of contributor	(ID#:)	Amount of contribution (\$) 4000.00
	Contributor address; City; 5 Willowood Street Dallas,	State: Zip Code TX 75208	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)

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#### SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** 

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 8 of 31
<b>2</b> FILER NAME Chad A West				3 Filer ID (Ethics Commission Filers)
4 Date 10/03/2023	Full name of contributor     Stephen Miller      Contributor address;     10250 Rosser Road	City;	State; Zip Code TX 75229	7 Amount of contribution (\$) 200.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date 10/03/2023	Full name of contributor  Sylvia Rzepniewski  Contributor address;  403 Academy Drive	City;	State; Zip Code , TX 78704	Amount of contribution (\$) 500.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 10/03/2023	Full name of contributor  Danny Baker  Contributor address; 4543 Rheims Place	City:	State; Zip Code TX 75205	Amount of contribution (\$) 250.00
Principal occup	aation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 10/03/2023	Full name of contributor Albert Black Contributor address: 751 Kessler Lake Drive	out-of-state PAC	State; Zip Code	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)

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#### SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** 

The	Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1: 9 of 31
<b>2</b> FILER NAME Chad A West				3 Filer ID (Ethics Commission Filers)
4 Date 10/03/2023	<ul> <li>Full name of contributor</li> <li>Warren Andres</li> <li>Contributor address;</li> <li>2104 Creekside Circle S</li> </ul>	City;	State; Zip Code TX 75063	7 Amount of contribution (\$) 200.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date 10/03/2023	Full name of contributor Charley Dorsaneo  Contributor address; 2115 Haskell Street	City;	State; Zip Code TX 78702	Amount of contribution (\$) 100.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 10/03/2023	Full name of contributor Felicity Maxwell  Contributor address; 2121 Melrdge Place	Citv:	State; Zip Code TX 78704	Amount of contribution (\$) 250.00
Principal occup	eation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 10/03/2023	Full name of contributor Alim Virani  Contributor address: 801 W 5th Street Suite 2611	out-of-state PAC  City; Austin,	(ID#:)  State: Zip Code TX 78703	Amount of contribution (\$) 250.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)

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#### SCHEDULE A1

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The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 10 of 31
<b>2</b> FILER NAME Chad A West			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID	D#:)	7 Amount of contribution (\$)
10/03/2023	Thomas Davis		500.00
	6 Contributor address; City; 421 W 3rd Street Austin, T.	State; Zip Code X 78701	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
10/03/2023	Greg Anderson		250.00
		State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 10/03/2023	Full name of contributor	D#:)	Amount of contribution (\$) 100.00
10/03/2023		State; Zip Code X 78752	100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 10/03/2023	Full name of contributor out-of-state PAC (ID Natalee Lee	)#:)	Amount of contribution (\$) 350.00
	Contributor address; City; 1881 Westlake Drive Austin, T.	State: Zip Code X 78746	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)

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#### SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** 

Th	e Instruction Guide explains how to con	nplete this form.	1 Total pages Schedule A1: 11 of 31
2 FILER NAMI Chad A West	<b>:</b>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributorou	t-of-state PAC (ID#:)	7 Amount of contribution (\$)
10/04/2023	Curtis Rogers		250.00
	6 Contributor address; C 1703 Haskell Street	ity; State; Zip Code Austin, TX 78702	
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	t-of-state PAC (ID#:)	Amount of contribution (\$)
10/04/2023	Ira Lang		1000.00
		Sity; State; Zip Code Miami Beach, FL 33140	
Principal occi	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	_	t-of-state PAC (ID#:)	Amount of contribution (\$)
10/04/2023	Emma Kieninger		25.00
	Contributor address; C 1701 Haskell Street	ity; State; Zip Code Austin, TX 78701	
Principal occ	  pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 10/04/2023	Full name of contributor our our	t-of-state PAC (ID#:)	Amount of contribution (\$) 250.00
	Contributor address; Ci 1142 N Clinton Avenue	ity; Dallas, TX 75208 Zip Code	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruct	tions)

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#### SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** 

	out-of-state PAC	; form.	<ul> <li>1 Total pages Schedule A1: 12 of 31</li> <li>3 Filer ID (Ethics Commission Filers)</li> <li>7 Amount of contribution (\$)</li> </ul>
Ryan Crow	_	(ID#:)	
Ryan Crow	_	; (ID#:)	7 Amount of contribution (\$)
			1000.00
Contributor address; 4600 Secluded Hollow	City;	State; Zip Code , TX 78727	
ion / Job title (See Instructions)		9 Employer (See Instruct	ions)
Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
Ryan Crow			4000.00
Contributor address; 4600 Secluded Hollow	City;	State; Zip Code	
on / Job title (See Instructions)		Employer (See Instruct	ions)
Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
Brita Wallace			100.00
Contributor address; 1603 Bouldin Avenue	Citv:	State; Zip Code , TX 78704	
on / Job title (See Instructions)		Employer (See Instruct	ions)
Full name of contributor Jeffrey Howard	out-of-state PAC	; (ID#:)	Amount of contribution (\$) 250.00
Contributor address; 4501 Freedom Drive	City; Austin,	State: Zip Code , TX 78731	
on / Job title (See Instructions)		Employer (See Instruct	cions)
	Full name of contributor Ryan Crow  Contributor address; 4600 Secluded Hollow  on / Job title (See Instructions)  Full name of contributor Brita Wallace  Contributor address; 1603 Bouldin Avenue  on / Job title (See Instructions)  Full name of contributor Jeffrey Howard  Contributor address; 4501 Freedom Drive	Full name of contributor  Ryan Crow  Contributor address; City; 4600 Secluded Hollow  Full name of contributor  Brita Wallace  Contributor address; 1603 Bouldin Avenue  Contributor in the contributor out-of-state PAC in the contributor out-of-sta	Full name of contributor Ryan Crow  Contributor address; 4600 Secluded Hollow  Contributor (See Instructions)  Full name of contributor Brita Wallace  Contributor address; 1603 Bouldin Avenue  Contributor (See Instructions)  City; State; Zip Code Austin, TX 78727  City; State; Zip Code Austin, TX 78704  City; State; Zip Code Austin, TX 78704  City; State; Zip Code Austin, TX 78704  Contributor address; City; State; Zip Code Contributor (See Instructions)  City; State; Zip Code Austin, TX 78704  Contributor address; City; State; Zip Code Austin, TX 78731

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## SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** 

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 13 of 31
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Chad A West			
4 Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
10/04/2023	Doug Baum		500.00
	6 Contributor address; City;	State; Zip Code TX 75208	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date		C (ID#:)	Amount of contribution (\$)
10/04/2023	Jose Briones		100.00
	Contributor address; City;	State; Zip Code , TX 78704	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
10/04/2023	Matt Segrest		1000.00
	Contributor address; City; 6935 Meadow Lake Drive Dallas,	State; Zip Code TX 75214	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 10/04/2023	Full name of contributor	C (ID#:)	Amount of contribution (\$) 65.00
	Contributor address; 100 Ramble Lane Suite 2302 City; Austin	State: Zip Code , TX 78745	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)

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#### SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** 

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 14 of 31
<b>2</b> FILER NAME Chad A West				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
10/05/2023	Brady Wood			500.00
	6 Contributor address; 5121 Southbrook Drive	City; Dallas,	State; Zip Code TX 75209	
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 (\$)
10/05/2023	Megan Wood			500.00
	Contributor address; 5121 Southbrook Drive	City;	State; Zip Code TX 75209	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
10/05/2023	Roderick Burns			500.00
	Contributor address; 5828 Woodland Drive	City; Dallas,	State; Zip Code TX 75225	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	iions)
Date 10/05/2023	Full name of contributor Jill Burns	out-of-state PAC	: (ID#:)	Amount of contribution (\$) 500.00
	Contributor address: 5828 Woodland Drive	City; Dallas,	State: Zip Code TX 75225	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)

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#### SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 15 of 31
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Chad A West		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
10/08/2023	James McCormick	250.00
	6 Contributor address; City; State; Zip of 70 Rainey Street Suite 2501 Austin, TX 78701	Code
8 Principal occ	upation / Job title (See Instructions)  9 Employer (	(See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
10/09/2023	Adam Murphy	100.00
	Contributor address; City; State; Zip 3435 Dickason Avenue Suite 2111 Dallas, TX 75219	
Principal occu	pation / Job title (See Instructions) Employer (	See Instructions)
Date	Full name of contributor	) Amount of contribution (\$)
10/09/2023	Harold Ginsburg	1000.00
	Contributor address; City; State; Zip 0 2610 Fairmount Dallas, TX 75201	Code
Principal occu	pation / Job title (See Instructions) Employer (	(See Instructions)
Date 10/09/2023	Full name of contributor	Amount of contribution (\$) 250.00
	Contributor address; City; State; Zip C 2165 E Maya Palm Drive Boca Raton, FL 33432	 Gode 2
Principal occu	pation / Job title (See Instructions)  Employer (	(See Instructions)

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#### SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** 

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 16 of 31
<b>2</b> FILER NAME Chad A West				3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/09/2023	Full name of contributor     Daniel Hull	out-of-state PAC	(ID#:)	7 Amount of contribution (\$) 500.00
	6 Contributor address; 27106 Autumn Spring	City; Boerne	State; Zip Code z, TX 78006	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date 10/09/2023	Full name of contributor  Joseph Dingman	_	C (ID#:)	Amount of contribution (\$) 1000.00
	Contributor address; 13223 Glad Acres Drive	City;	State; Zip Code TX 75234	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 10/09/2023	Full name of contributor Scott Berdine	_	C (ID#:)	Amount of contribution (\$) 1000.00
	Contributor address; 14850 Montfort Drive Suite	Citv:	State; Zip Code TX 75254	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 10/09/2023	Full name of contributor Hudson Henley	out-of-state PAC	c (ID#:)	Amount of contribution (\$) 1000.00
	Contributor address; 54315 Ursula Lane	City; Dallas,	State: Zip Code TX 75229	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)

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#### SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** 

			Т	
Th	e Instruction Guide explains how to	o complete this	form.	1 Total pages Schedule A1: 17 of 31
<b>2</b> FILER NAME Chad A West	:			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)
10/09/2023	Kim Henley			1000.00
	6 Contributor address; 54315 Ursula Lane	City; Dallas,	State; Zip Code TX 75229	
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
10/09/2023	Erin Granberry			1000.00
	Contributor address; 2803 Maple Springs Blvd	City;	State; Zip Code TX 75235	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
10/09/2023	Jennifer Venghaus			1000.00
	Contributor address; 4207 Wentworth Drive	City;	State; Zip Code ar, TX 77441	
Principal occi	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date 10/09/2023	Full name of contributor Nick Venghaus	out-of-state PAC	: (ID#:)	Amount of contribution (\$) 1000.00
	Contributor address: 4207 Wentworth Drive	City; Fulshe	State: Zip Code ar, TX 7744 I	
Principal occi	upation / Job title (See Instructions)		Employer (See Instruct	ions)

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#### SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** 

The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule A1: 18 of 31
<b>2</b> FILER NAME Chad A West			3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/09/2023	<b>5</b> Full name of contributor out-of- John Farbes	state PAC (ID#:)	7 Amount of contribution (\$) 1000.00
10(0)/2020	6 Contributor address; City;		1000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 10/10/2023	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$) 250.00
	Contributor address; City; 4032 Druid Lane	State; Zip Code Dallas, TX 75205	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 10/10/2023	Full name of contributor □ out-of- Keith Pomykal	state PAC (ID#:)	Amount of contribution (\$) 250.00
	Contributor address; City; 2633 McKinney Avenue Suite 130	State; Zip Code Dallas, TX 75204	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 10/10/2023	Full name of contributor out-of-Wade Johns	state PAC (ID#:)	Amount of contribution (\$) 250.00
	Contributor address; City; 6964 Westlake Avenue	State: Zip Code Dallas, TX 75214	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)

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#### SCHEDULE A1

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The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 19 of 31
<b>2</b> FILER NAME Chad A West				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
10/10/2023	Debra Guerrero		,	150.00
	6 Contributor address; 3915 Skylark	City; San Ar	State; Zip Code ntonio, TX 78210	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
10/11/2023	Brian Alef			250.00
	Contributor address; 6756 Inverness Lane	City;	State; Zip Code , TX 75214	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
10/11/2023	Wade Andres			500.00
	Contributor address; 4301 Stanford Ave	City; Dallas,	State; Zip Code , TX 75225	
Principal occup	oation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 10/11/2023	Full name of contributor Christopher Aslam	out-of-state PAC	C (ID#:)	Amount of contribution (\$) 1000.00
	Contributor address; P.O. Box 496539	<sup>City;</sup> Garlan	State: Zip Code d, TX 75049	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)

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#### SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** 

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 20 of 31
<b>2</b> FILER NAME Chad A West				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
10/11/2023	Feargal McKinney			1000.00
	6 Contributor address; 6644 Avalon Avenue	City; Dallas,	State; Zip Code TX 75214	
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 (\$)
10/11/2023	Katy Slade			1000.00
	Contributor address; 5328 Waneta Drive	City; Dallas,	State; Zip Code TX 75209	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
10/11/2023	Jared Slade			1000.00
	Contributor address; 5328 Waneta Drive	City; Dallas,	State; Zip Code TX 75209	
Principal occup	 pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 10/11/2023	Full name of contributor Joseph Pitchford	out-of-state PAC	(ID#:)	Amount of contribution (\$) 250.00
	Contributor address; 7422 Midbury Suite 250	City; Dallas,	State: Zip Code TX 75230	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)

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#### SCHEDULE A1

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The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: 21 of 31
2 FILER NAME Chad A West			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (I	D#:)	7 Amount of contribution (\$)
10/11/2023	Val Yanaros		500.00
	6 Contributor address; City;	State; Zip Code n, TX 76001	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
10/11/2023	Bradley Johnson		250.00
	Contributor address; City; 770 Cantegral Street Suite 906 Dallas, T	State; Zip Code CX 75204	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)
10/11/2023	Ashleigh Breunig		1000.00
	Contributor address; City; 9311 Lanshire Dallas, T	State; Zip Code CX 75238	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 10/11/2023	Full name of contributor ☐ out-of-state PAC (I Laura Woodall		Amount of contribution (\$) 250.00
		State: Zip Code X 75209	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)

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#### SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** 

Th	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 22 of 31
2 FILER NAMI Chad A West			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
10/11/2023	Frank Conrad		250.00
	6 Contributor address; City; 411 W 24th Street NYC, N	State; Zip Code NY 10011	
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
10/11/2023	Elena Licari		250.00
	Contributor address; City;	State; Zip Code TX 78733	
Principal occi	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
10/12/2023	Jane Weempe		1000.00
	Contributor address; City;	State; Zip Code TX 75208	
Principal occ	upation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 10/12/2023	Full name of contributor	(ID#:)	Amount of contribution (\$) 250.00
	Contributor address; City; 4654 Beverly Drive Dallas,	State: Zip Code TX 75209	
Principal occ	upation / Job title (See Instructions)	Employer (See Instruct	ions)

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#### SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** 

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 23 of 31
<b>2</b> FILER NAME Chad A West			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)
10/13/2023	Eric Garrin		1000.00
	6 Contributor address; City; 4150 Wycliff Avenue Suite 104 Dallas,	State; Zip Code TX 75219	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
10/13/2023	Todd Petty		200.00
	Contributor address; City;	State; Zip Code TX 75201	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
10/13/2023	Grant Woodruff		1000.00
	Contributor address; City; 4848 Lemmon Ave Dallas,	State; Zip Code TX 75219	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 10/13/2023	Full name of contributor	· (ID#:)	Amount of contribution (\$) 4000.00
	Contributor address; City; 4848 Lemmon Ave Dallas,	TX 75219 Zip Code	
Principal occu	ation / Job title (See Instructions)	Employer (See Instruct	ions)

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#### SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** 

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 24 of 31
2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date 10/13/2023	5 Full name of contributor □ out-of-state PAC (ID#:	50.00
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See	ee Instructions)
Date 10/13/2023	Full name of contributor  out-of-state PAC (ID#:	1000.00
Principal occup	pation / Job title (See Instructions)  Employer (See	ee Instructions)
Date 10/13/2023	Full name of contributor	1000.00
Principal occup	pation / Job title (See Instructions)  Employer (See	ee Instructions)
Date 10/13/2023	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)  Employer (See	ee Instructions)

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#### SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** 

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 25 of 31
<b>2</b> FILER NAME Chad A West			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID	D#: )	7 Amount of contribution (\$)
10/13/2023	Michael Farris		1000.00
	6 Contributor address; City;	State; Zip Code	
	3710 Rawlins Street Suite 1390 Dallas, TX	· ·	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID	D#:)	Amount of contribution (\$)
10/13/2023	Chris Kleinert		1000.00
		State; Zip Code	
	5909 Steuben Court Dallas, T2	X 75248	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
10/13/2023	Don Silverman		250.00
	Contributor address; City; 4622 Maple Avenue Suite 200 Dallas, T	State; Zip Code X 75219	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 10/13/2023	Full name of contributor	)#:)	Amount of contribution (\$) 250.00
	Contributor address; City; 5125 Meadowlark Drive Plano, TX	State: Zip Code X 75093	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)

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#### SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** 

The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: 26 of 31
<b>2</b> FILER NAME Chad A West			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (	ID#: )	7 Amount of contribution (\$)
10/13/2023	John Snyder		250.00
	6 Contributor address; City;	State; Zip Code	
	2501 N Harwood Street Suite 2400 Dallas, 7		
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor  ut-of-state PAC (	ID#:)	Amount of contribution (\$)
10/13/2023	William Rouse		250.00
	Contributor address; City;	State; Zip Code	
	714 Glen Echo Lane Houston	, TX 77024	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
10/13/2023	David Brown		500.00
	Contributor address; City; 4719 Cole Avenue Suite 804 Dallas, 7	State; Zip Code ГХ 75205	
Principal occup	nation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 10/13/2023	Full name of contributor	ID#:)	Amount of contribution (\$) 1000.00
	Contributor address; City; 4914 Keyhole Lane Dallas, 7	State: Zip Code ΓΧ 75229	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)

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#### SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** 

			1 Total pages Schedule A1:
Ine	Instruction Guide explains how to complete this for	m.	27 of 31
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Chad A West			
<b>4</b> Date	5 Full name of contributor  ut-of-state PAC (ID#	:)	7 Amount of contribution (\$)
10/13/2023	Nicolas Walsh		100.00
	6 Contributor address; City; S 3200 McKinney Avenue Suite 701 Dallas, TX	State; Zip Code 75204	
8 Principal occu	pation / Job title (See Instructions)  9	Employer (See Instruction	ons)
Date	Full name of contributor	:)	Amount of contribution (\$)
10/13/2023	Jake Milner		1000.00
		State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	:)	Amount of contribution (\$)
10/13/2023	Lou Olerio		1000.00
		state; Zip Code 75209	
Principal occup	nation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 10/13/2023	Full name of contributor	:)	Amount of contribution (\$) 4000.00
	Contributor address; City; Cit	State: Zip Code 75209	
Principal occup	vation / Job title (See Instructions)	Employer (See Instruction	ons)

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#### SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** 

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 28 of 31
<b>2</b> FILER NAME Chad A West			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
10/13/2023	John Muse		1000.00
	6 Contributor address; City; 3131 Turtle Creek Blvd Suite 1020 Dallas,	State; Zip Code	
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
10/13/2023	Alan Walne		500.00
	Contributor address; City;	State; Zip Code TX 75238	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date		(ID#:)	Amount of contribution (\$)
10/13/2023	Joan Walne		500.00
	Contributor address; City; 10020 Caribou Trail Dallas,	State; Zip Code TX 75238	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 10/13/2023	Full name of contributor out-of-state PAC Rick Perdue	(ID#:)	Amount of contribution (\$) 1000.00
	Contributor address; City; 7712 Southwestern Blvd Dallas,	State: Zip Code TX 75226	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)

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#### SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** 

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 29 of 31
<b>2</b> FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date 10/13/2023	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) 250.00
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instr	uctions)
Date 10/13/2023	Full name of contributor	Amount of contribution (\$)
Principal occup	Dation / Job title (See Instructions)  Employer (See Instru	uctions)
Date 10/13/2023	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions) Employer (See Instr	uctions)
Date 10/13/2023	Full name of contributor Pete Schenkel  Contributor address; 614 N Bishop Suite 3  Contributor address address and the state of the state and the state address and the state ad	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	uctions)
	I	

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#### SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** 

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 30 of 31
<b>2</b> FILER NAME Chad A West			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
10/19/2023	Katie Wurst		1000.00
	6 Contributor address; City; 210 N Park Blvd Suite 100 Grapevi	State; Zip Code ine, TX 76063	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
10/24/2023	Paul Newman		200.00
	Contributor address; City;	State; Zip Code TX 78733	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
11/05/2023	Carl Anderson		1000.00
	Contributor address; City; 1722 Routh Street Suite 830 Dallas,	State; Zip Code TX 75201	
Principal occu <sub>l</sub>	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 11/05/2023	Full name of contributor out-of-state PAC Carl Anderson	(ID#:)	Amount of contribution (\$) 1500.00
	Contributor address; City; Dallas,	State: Zip Code TX 75201	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)

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#### SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.** 

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 31 of 31
<b>2</b> FILER NAME Chad A West			3 Filer ID (Ethics Commission Filers)
4 Date 12/13/2023	Zach Krochtengel  6 Contributor address; City;	State; Zip Code , TX 75248	7 Amount of contribution (\$) 1000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	nation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTAQUARRITIONAL CORUM		

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## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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.	Cario. (critici a catogory not notice above)	
<b>1</b> Total pages Schedule F1: 1 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)	
<b>4</b> Date 07/07/2023	5 Payee name Ascension			
<b>6</b> Amount (\$) 81.99	<b>7</b> Payee address; 200 Crescent Court Dallas, TX 75201	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising	(b) Description  Meeting with Potenti	ial Donor	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date 07/07/2023	Payee name Michaels			
Amount (\$) 358.75	Payee address; 5301 Belt Line Road Suite all this, TX 75254	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gifts	Gifts		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date 07/07/2023	Payee name LGBTQ Victory Fund			
Amount (\$) 300.00	Payee address; 12251 Street NW Suite 5 Washington, DC 20005	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Donation	Description Donation		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austii	in, 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	S SCHEDULE AS NEE	EDED	

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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: 2 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	Commission Filers)
<b>4</b> Date 07/07/2023	<b>5</b> Payee name Photographiq			
<b>6</b> Amount (\$) 79.29	7 Payee address; 3111 Canton Street Suite DalDas, TX 75226	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Gifts	(b) Description Gifts		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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			
07/10/2023	RTI AA Hotels			
Amount (\$) 411.94	Payee address; 100 Broadway Los Angeles, CA 90111	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Travel	Travel Out of Distric	t	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 07/11/2023	Payee name Oak Cliff Lions Club			
Amount (\$) 50.00	Payee address; P.O. Box 4445 Dallas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Membership Fees		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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 THIS	SCHEDULE AS NEE	EDED	

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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 o	complete this form.	outor (onto) a catogo	ny notnoted above,
1 Total pages Schedule F1: 3 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	Commission Filers)
<b>4</b> Date 07/14/2023	5 Payee name Delphinium			
<b>6</b> Amount (\$) 128.76	<b>7</b> Payee address; 5806 West Lovers Lane Dallas, TX 75225	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Gifts	Gifts		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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			
07/17/2023	Calistoga			
Amount (\$) 308.23	Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gifts	Gifts		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 07/17/2023	Payee name American Airlines			
Amount (\$) 679.79	Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Travel	Travel Out of Distric	t	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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

If the requested information is not applicable, DO NOT include this page in the report.

#### **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	complete this form.		
1 Total pages Schedule F1: 4 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	Commission Filers)
<b>4</b> Date 07/18/2023	<b>5</b> Payee name Pine Inn			
<b>6</b> Amount (\$) 373.62	7 Payee address; 111 Ocean Avenue at Monacrivel, de A 93921	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising	(b) Description  Meeting with Potenti	ial Donor	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date 07/19/2023	Payee name Chad West			
Amount (\$) 608.86	Payee address; 810 North Bishop AvenuÐallas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meals	Reimbursement for M	Meals	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 07/19/2023	Payee name Amazon			
Amount (\$) 41.97	Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Supplies	Description Supplies		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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	S SCHEDULE AS NEE	EDED	

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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	complete this form.	Caror (critical di catogo	ny notnoted above,
1 Total pages Schedule F1: 5 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	Commission Filers)
<b>4</b> Date 07/19/2023	5 Payee name The 23rd Senatorial District			
<b>6</b> Amount (\$) 5.00	7 Payee address; 10432 High Hollows DritaBuste∏4175111	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Dues	Member Dues		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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			
07/19/2023	Customer Check Charge			
Amount (\$) 85.48	Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Supplies	Supplies		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 07/20/2023	Payee name Mail House			
Amount (\$) 2673.30	Payee address; 2276 Vantage Dallas, TX 75207	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Campaign Flyers Ma	iling	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, 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	DED	

### SCHEDULE F1

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#### **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	complete this form.	Garer (errier a catego	.,,
1 Total pages Schedule F1: 6 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	Commission Filers)
<b>4</b> Date 07/20/2023	5 Payee name Ascension			
<b>6</b> Amount (\$) 55.56	7 Payee address; 200 Crescent Court Dallas, TX 75201	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fundraising	Meeting with Potenti	al Donor	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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			
07/20/2023	Tapelenders			
Amount (\$) 27.05	Payee address; 3926 Cedar Springs RoaDallas, TX 75219	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gifts	Gift		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 07/20/2023	Payee name Al Biernat			
Amount (\$) 60.78	Payee address; 4217 Oak Lawn Avenue Dallas, TX 75219	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fundraising	Meeting with Donor		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	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 THIS	SCHEDULE AS NEE	EDED	

### SCHEDULE F1

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#### **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	complete this form.		
<b>1</b> Total pages Schedule F1: 7 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	s Commission Filers)
<b>4</b> Date 07/20/2023	5 Payee name Target			
<b>6</b> Amount (\$) 305.47	7 Payee address; 2417 North Haskell AverDællas, TX 75204	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Supplies	(b) Description Supplise		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
07/21/2023	Chad West			
Amount (\$) 100.00	Payee address; 810 North Bishop AvenuĐallas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Reimbursement	Reimbursement for M	Meals	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 07/21/2023	Payee name Matcha Mama			
Amount (\$) 13.63	Payee address; 4023 Oak Lawn Avenue Dallas, TX 75219	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meeting	Coffee Meeting		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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	S SCHEDULE AS NEE	EDED	

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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	complete this form.		
1 Total pages Schedule F1: 8 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	s Commission Filers)
<b>4</b> Date 07/21/2023	5 Payee name Amazon			
<b>6</b> Amount (\$) 43.25	<b>7</b> Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Gifts	(b) Description Gift		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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			
07/24/2023	Walgreens			
Amount (\$) 58.92	Payee address; 2602 Fort Worth AvenueDallas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gifts	Photos - Gifts		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 07/24/2023	Payee name Mesero Victory			
Amount (\$) 51.93	Payee address; 2375 Victory Park Lane <b>Shithad,80</b> X 75202	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Meeting	Description Lunch Meeting		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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 THIS	S SCHEDULE AS NEE	EDED	

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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	complete this form.		
1 Total pages Schedule F1: 9 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	Commission Filers)
<b>4</b> Date 07/24/2023	<b>5</b> Payee name Sloanes			
<b>6</b> Amount (\$) 208.05	7 Payee address; 2001 Ross Avenue Suite Danas, TX 75201	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising	(b) Description  Meeting with Potenti	al Donor	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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			
07/24/2023	The Original Pan			
Amount (\$) 54.14	Payee address; 2900 Lemmon Avenue Elbatl Basit & X0705204	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meals	Meeting with Volunt	eer	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(	Office held
Date 07/24/2023	Payee name Target			
Amount (\$) 359.87	Payee address; 2417 North Haskell Aver <b>Dæ</b> llas, TX 75204	City;	State;	Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule) Supplies	Description Storage Supplies		
OF EXPENDITURE	Биррись	Storage Supplies		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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 THIS	S SCHEDULE AS NEE	EDED	

### SCHEDULE F1

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#### **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	complete this form.		
<b>1</b> Total pages Schedule F1: 10 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	s Commission Filers)
<b>4</b> Date 07/25/2023	<b>5</b> Payee name Walgreens			
<b>6</b> Amount (\$) 54.08	7 Payee address; 1306 North Beckley AveDadlas, TX 75208	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Gifts	(b) Description Photos - Gifts		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
07/25/2023	Neony Pizza Work			
Amount (\$) 103.99	Payee address; 829 West Davis Street Dallas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meeting	Meeting with Volunt	eer	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 07/25/2023	Payee name Mailchimp			
Amount (\$) 137.51	Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description Advertising		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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 THIS	S SCHEDULE AS NEE	EDED	

### SCHEDULE F1

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#### **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	complete this form.		
<b>1</b> Total pages Schedule F1: 11 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	Commission Filers)
<b>4</b> Date 07/26/2023	5 Payee name The Well			
<b>6</b> Amount (\$) 70.55	<b>7</b> Payee address; 440 West 2nd Street Austin, TX 78701	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising	(b) Description Fundraising Expense	:	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date 07/26/2023	Payee name Café			
Amount (\$) 148.43	Payee address; 100 Main Street Austin, TX 75002	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fundraising	Fundraising Expense		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date 07/26/2023	Payee name Wayfair			
Amount (\$) 430.56	Payee address; 3606 S Tyler Street dallas, TX 75224	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Supplies	Description Furniture for campaig	gn office	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austii	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 THIS	S SCHEDULE AS NEE	EDED	

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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	complete this form.		,
1 Total pages Schedule F1: 12 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	s Commission Filers)
<b>4</b> Date 07/28/2023	5 Payee name Sketches of Spain			
6 Amount (\$) 200.47	7 Payee address; 321 North Zang Bouleval dallas, TX 75208	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Meeting	(b) Description  Meeting with Board	Member	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
07/28/2023	Dallas Youth Sports			
Amount (\$) 100.00	Payee address; 2524 West Ledbetter Dri Dallas, TX 75233	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation	Back to School		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 07/31/2023	Payee name Cretias Bakery			
Amount (\$) 370.00	Payee address; 228 West Davis Street Dallas, TX 75208	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Gifts	Description GIfts		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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 THIS	SCHEDULE AS NEE	EDED	

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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	complete this form.		
1 Total pages Schedule F1: 13 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	Commission Filers)
<b>4</b> Date 07/31/2023	5 Payee name Fadis Mediterran			
<b>6</b> Amount (\$) 42.23	<b>7</b> Payee address; 3001 Knox Street Suite 1Dallas, TX 75205	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Meeting	(b) Description  Meeting with Majed	A.	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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	Payee name			
07/31/2023	The Original Pan			
Amount (\$) 46.53	Payee address; 2900 Lemmon Avenue Elbatl Basit & X0105204	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meeting	Meeting with Fair Pa	rk First	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 07/31/2023	Payee name Alliance Skate			
Amount (\$) 301.22	Payee address; 1002 Lone Star Parkway Grand Prairie, TX 75050	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meeting	Skate Experience - R	esearch	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, 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	DED	

### SCHEDULE F1

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#### **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	complete this form.		
<b>1</b> Total pages Schedule F1: 14 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics Commis	ssion Filers)
<b>4</b> Date 07/31/2023	5 Payee name Glorias Restaurant			
6 Amount (\$) 141.34	<b>7</b> Payee address; 600 North Bishop AvenuĐallas, TX 75208	City;	State; Zip C	Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Dinner	(b) Description  Dinner Meeting with	Commissioner	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office h	eld
Date	Payee name			
08/01/2023	Tom Thumb			
Amount (\$) 154.64	Payee address; 315 South Hampton Roa@allas, TX 75208	City;	State; Zip C	Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Volunteers	Spplies for party		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office h	eld
Date 08/02/2023	Payee name Blue Bear Media			
Amount (\$) 600.00	Payee address; 5734 Caruth Haven Lane Lane Lane Lane Lane Lane Lane La	City;	State; Zip C	Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Advertising		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office h	neld
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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	complete this form.			
<b>1</b> Total pages Schedule F1: 15 of 88	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission Filers)			
<b>4</b> Date 08/03/2023	5 Payee name Ascension				
<b>6</b> Amount (\$) 61.46	7 Payee address; 200 Crescent Court Suite Mallas, TX 75201	City;	State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising	(b) Description  Meeting with Potenti	ial Donor		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
08/03/2023	Al Biernat				
Amount (\$) 226.99	Payee address; 4217 Oak Lawn Avenue Dallas, TX 75219	City;	State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Meeting	Dinner with Appoint	ed Board Memb		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date 08/04/2023	Payee name Chad West				
Amount (\$) 60.00	Payee address; 810 North Bishop AvenuĐallas, TX 75208	City;	State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Reimbursement	Reimbursement for M	Meals		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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	S SCHEDULE AS NEE	EDED		

### SCHEDULE F1

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#### **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	complete this form.	Gurer (errier a satege	.,
1 Total pages Schedule F1: 16 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	Commission Filers)
<b>4</b> Date 08/04/2023	5 Payee name Jrs Bar and Grill			
<b>6</b> Amount (\$) 125.77	<b>7</b> Payee address; 3923 Cedar Springs RoadDallas, TX 75219	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Meeting	Meeting with Suppor	rters	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
08/07/2023	Apple			
Amount (\$) 140.63	Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Supplies	Supplies for campaig	gn	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date 08/07/2023	Payee name Life Café			
Amount (\$) 121.11	Payee address; 60 West 23rd Street Long Island , NY 11106	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fundraising	Meeting with Potenti	al Donor	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	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 THIS	SCHEDULE AS NEE	EDED	

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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 o	complete this form.	, ,	,
<b>1</b> Total pages Schedule F1: 17 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	Commission Filers)
<b>4</b> Date 08/07/2023	5 Payee name American Airlines			
<b>6</b> Amount (\$) 79.01	<b>7</b> Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel	(b) Description Travel Charges		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
08/07/2023	Dallas AFL-CIO			
Amount (\$) 75.00	Payee address; 1408 North Washington <b>Dudlane Sx</b> ii <b>155200</b>	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation	Donation		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 08/08/2023	Payee name Standard High			
Amount (\$) 665.75	Payee address; 848 Washington Street New York, NY 10014	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Travel	Travel Charges		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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 THIS	SCHEDULE AS NEE	EDED	

### SCHEDULE F1

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#### **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

Travel In District
Travel Out Of District
Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 18 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 08/09/2023	5 Payee name Ascension		
6 Amount (\$) 22.33	7 Payee address; 200 Crescent Court Dallas, TX 75201	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fundraising	Coffee Meeting	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
08/10/2023	Etsy		
Amount (\$) 469.17	Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Gifts	Gifts	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 08/11/2023	Payee name D Town Kustomz		
Amount (\$) 540.00	Payee address; 135 Vinson Lane Red Oak, TX 75154	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract Labor	Office Cleaning	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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	S SCHEDULE AS NEE	EDED

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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	complete this form.	Other (enter a catego	ry not listed above)
<b>1</b> Total pages Schedule F1: 19 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	Commission Filers)
<b>4</b> Date 08/14/2023	5 Payee name Qualigraphics Inc		I	
<b>6</b> Amount (\$) 774.42	<b>7</b> Payee address; 934 Stevens Woods CourDallas, TX 75208	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Full Color Canopy		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
08/14/2023	Chad West			
Amount (\$) 550.00	Payee address; 810 North Bishop AvenuÐallas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	Contract Labor		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 08/14/2023	Payee name NOCGS			
Amount (\$) 1288.00	Payee address; 1005 North Montclair A <b>v∂nlle</b> s, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation	Tournament		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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 THIS	SCHEDULE AS NEE	EDED	

### SCHEDULE F1

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#### **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	complete this form.		
<b>1</b> Total pages Schedule F1: 20 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	s Commission Filers)
<b>4</b> Date 08/14/2023	5 Payee name SPCA			
<b>6</b> Amount (\$) 416.00	<b>7</b> Payee address; 2400 Lone Star Drive Dallas, TX 75212	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Donation	(b) Description Fur Ball		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	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			
08/14/2023	Qualigraphics Inc			
Amount (\$) 1074.42	Payee address; 2727 Lyndon B Johnson Badeasay Xu76e2780A	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Graphics		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 08/15/2023	Payee name La Comida			
Amount (\$) 225.25	Payee address; 1101 North Beckley Ave Dadlas, TX 75203	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Volunteers	Meeting with Volunte	eers	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	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 THIS	S SCHEDULE AS NEE	DED	

### SCHEDULE F1

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#### **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 complete this form.				
1 Total pages Schedule F1: 21 of 88	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission File			
<b>4</b> Date 08/15/2023	5 Payee name SPCA of Texas				
6 Amount (\$) 500.00	<b>7</b> Payee address; 2400 Lone Star Drive Dallas, TX 75212	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Donation	(b) Description Donation			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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				
08/16/2023	North Oak Cliff				
Amount (\$) 1288.00	Payee address; 1005 North Montclair Aveniles, TX 75208	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Donation	Tournament			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date 08/17/2023	Payee name Mesero Victory				
Amount (\$) 55.53	Payee address; 2375 Victory Park Lane <b>Shithad,80</b> X 75202	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Meeting	Meeting with Mayor	Johnson		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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	S SCHEDULE AS NEE	EDED		

### SCHEDULE F1

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#### **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	complete this form.	
1 Total pages Schedule F1: 22 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 08/17/2023	5 Payee name National Anthem		
6 Amount (\$) 230.52	<b>7</b> Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Meals	(b) Description Office Staff Meeting	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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	Payee name		
08/18/2023	Cretias Bakery		
Amount (\$) 102.00	Payee address; 228 West Davis Street Dallas, TX 75208	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Gifts	Gifts	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 08/18/2023	Payee name Stevens Park Golf Course		
Amount (\$) 203.96	Payee address; 1005 North Montclair Avientles, TX 75208	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Sponsorship	Description Sponsor	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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 THIS	SCHEDULE AS NEE	EDED

### SCHEDULE F1

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#### **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	complete this form.	
1 Total pages Schedule F1: 23 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 08/21/2023	5 Payee name Al Biernat		
<b>6</b> Amount (\$) 33.73	<b>7</b> Payee address; 4217 Oak Lawn Avenue Dallas, TX 75219	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising	(b) Description  Meeting with Donor	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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	Payee name		
08/21/2023	Al Biernats		
Amount (\$) 354.57	Payee address; 4217 Oak Lawn Avenue Dallas, TX 75219	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fundraising	Meeting with Donor	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 08/22/2023	Payee name Dallas Black Firefighters Association		
Amount (\$) 500.00	Payee address; 1830 Park Row Avenue Dallas, TX 75215	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Sponsor	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austii	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 THIS	S SCHEDULE AS NEE	EDED

### SCHEDULE F1

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#### **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	complete this form.			
<b>1</b> Total pages Schedule F1: 24 of 88	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission Filers)			
<b>4</b> Date 08/24/2023	5 Payee name Mailchimp				
<b>6</b> Amount (\$) 149.51	<b>7</b> Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description Advertising			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, 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				
08/25/2023	Whole Foods				
Amount (\$) 83.49	Payee address; 2510 McKinney Avenue Dallas, TX 75201	City;	State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Gifts	Flowers			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date 08/28/2023	Payee name Ascension				
Amount (\$) 106.31	Payee address; 200 Crescent Court Dallas, TX 75201	City;	State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Meeting	Meeting with Comm	issioners		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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

If the requested information is not applicable, DO NOT include this page in the report.

#### **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	complete this form.		
1 Total pages Schedule F1: 25 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	s Commission Filers)
<b>4</b> Date 08/28/2023	5 Payee name The Original Pan			
<b>6</b> Amount (\$) 45.61	<b>7</b> Payee address; 2900 Lemmon Avenue Elextlas, TX 75204	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Meals	(b) Description Breakfast Meeting		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	g expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
08/28/2023	Mad Science			
Amount (\$) 400.00	Payee address; 2309 Springlake Road Sufterfollton, TX 75234	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Sponsorship		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 08/29/2023	Payee name La Comida			
Amount (\$) 72.45	Payee address; 1101 North Beckley AveDadlas, TX 75203	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Meeting	Description Meeting		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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

If the requested information is not applicable, DO NOT include this page in the report.

#### **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	complete this form.			
<b>1</b> Total pages Schedule F1: 26 of 88	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission Filers)			
<b>4</b> Date 08/30/2023	5 Payee name Owners Box Omni				
<b>6</b> Amount (\$) 145.81	<b>7</b> Payee address; 555 South Lamar Street Dallas, TX 75202	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Meeting	(b) Description  Lunch Meeting			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, 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				
08/30/2023	Stevens Park Golf Course				
Amount (\$) 80.00	Payee address; 1005 North Montclair Avlenties, TX 75208	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Fundraising	Fundraising Expense			
	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 08/31/2023	Payee name At&t				
Amount (\$) 97.68	Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Chad Campaign Phon	e Line		
	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	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

### SCHEDULE F1

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#### **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	complete this form.		,
<b>1</b> Total pages Schedule F1: 27 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	s Commission Filers)
<b>4</b> Date 09/01/2023	5 Payee name Dallas Morning News			
<b>6</b> Amount (\$) 64.03	<b>7</b> Payee address; 3606 S Tyler Street Dallas , TX 75224	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Supplies	(b) Description Subscription		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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			
09/01/2023	Sketches of Spain			
Amount (\$) 71.54	Payee address; 321 North Zang Boulevalallas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meeting	Meeting with Board	Member	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 09/06/2023	Payee name Katy Seitzler			
Amount (\$) 70.00	Payee address; 217 Sycamore Creek Roa <b>A</b> llen, TX 75002	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Advertising		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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

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#### **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	complete this form.		
1 Total pages Schedule F1: 28 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	Commission Filers)
<b>4</b> Date 09/06/2023	5 Payee name Chad West			
<b>6</b> Amount (\$) 661.00	<b>7</b> Payee address; 810 North Bishop AvenuĐallas, TX 75224	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Contract Labor	(b) Description Reimbursement for c	contract labor	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	(	Office held
Date	Payee name			
09/07/2023	Ascension			
Amount (\$) 35.95	Payee address; 200 Crescent Court Suite Allas, TX 75201	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fundraising	Fundraising Expense	:	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(	Office held
Date 09/08/2023	Payee name At&t Services			
Amount (\$) 77.68	Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Supplies	Description Laptop Expense		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living e	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

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#### **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	complete this form.	Curo (critor a catego	
<b>1</b> Total pages Schedule F1: 29 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	s Commission Filers)
<b>4</b> Date 09/11/2023	5 Payee name Ascension			
<b>6</b> Amount (\$) 70.83	7 Payee address; 200 Crescent Court Suite Mallas, TX 75201	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising	(b) Description Fundraising Expense		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/11/2023	Maggianos			
Amount (\$) 178.17	Payee address; 6001 West Park BoulevaRlano, TX 75093	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fundraising	Fundraising Expense		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 09/11/2023	Payee name Lego Northpark			
Amount (\$) 81.12	Payee address; 8687 North Central Expr <b>Evallary Tixite</b> 572705	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Gifts	Description Gift		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	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 THIS	S SCHEDULE AS NEE	EDED	

### SCHEDULE F1

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#### **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	complete this form.		
1 Total pages Schedule F1: 30 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	Commission Filers)
<b>4</b> Date 09/12/2023	<b>5</b> Payee name Taco Deli	,		
<b>6</b> Amount (\$) 177.63	<b>7</b> Payee address; 1878 Sylvan Avenue Dallas, TX 75208	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Meals	(b) Description  Breakfast for voluntee	ers	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	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			
09/13/2023	Parigi			
Amount (\$) 57.36	Payee address; 3311 Oak Lawn Avenue Dallas, TX 75219	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fundraising	Fundraising Expense		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 09/13/2023	Payee name CiboDivino			
Amount (\$) 131.01	Payee address; 1868 Sylvan Avenue Sui <b>เอสปิล</b> ่ณOTX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meals	Meeting with Support	ters	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	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 THIS	S SCHEDULE AS NEE	DED	

### SCHEDULE F1

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#### **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	complete this form.		
1 Total pages Schedule F1: 31 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)	
<b>4</b> Date 09/18/2023	5 Payee name Cretias Bakery			
<b>6</b> Amount (\$) 10.50	<b>7</b> Payee address; 228 West Davis Street Dallas, TX 75208	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Gifts	(b) Description Gift		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
09/18/2023	La Comida Mexican			
Amount (\$) 60.74	Payee address; 1101 North Beckley Ave <b>Dad</b> las, TX 75203	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meeting	Meeting		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date 09/18/2023	Payee name Ascension			
Amount (\$) 21.80	Payee address; 200 Crescent Court Dallas, TX 75201	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meals	Meeting with Board	Member	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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

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#### **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	complete this form.	Other (enter a categor	y not listed above)
1 Total pages Schedule F1: 32 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	Commission Filers)
<b>4</b> Date 09/18/2023	5 Payee name Tribal All			
<b>6</b> Amount (\$) 35.69	<b>7</b> Payee address; 263 North Bishop AvenuĐallas, TX 75208	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fundraising	Fundraising Expense	,	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	(	Office held
Date	Payee name			
09/18/2023	Terillis Restaurant			
Amount (\$) 190.53	Payee address; 2815 Greenville Avenue Dallas, TX 75026	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fundraising	Meeting with Donors	S	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	C	Office held
Date 09/18/2023	Payee name Amazon			
Amount (\$) 372.99	Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Supplies	Supplies		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living e	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

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#### **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 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	complete this form.	Other (enter a category not listed ab	love)
1 Total pages Schedule F1: 33 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics Commission	Filers)
<b>4</b> Date 09/19/2023	5 Payee name USPS			
6 Amount (\$) 24.20	<b>7</b> Payee address; 515 Centre Street Dallas, TX 75208	City;	State; Zip Code	е
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Mailing Expense	Mailing		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
09/19/2023	Ascension			
Amount (\$) 21.16	Payee address; 200 Crescent Court Suite Mallas, TX 75201	City;	State; Zip Code	е
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fundraising	Fundraising Expense		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date 09/19/2023	Payee name Dallas County Treasury Office			
Amount (\$) 21.50	Payee address; 509 Main Street Suite 30 Ballas, TX 75202	City;	State; Zip Code	e
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Supplies	Office Expense		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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 THIS	SCHEDULE AS NEE	EDED	

### SCHEDULE F1

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#### **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	complete this form.		
1 Total pages Schedule F1: 34 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	s Commission Filers)
<b>4</b> Date 09/25/2023	5 Payee name Mailchimp			
6 Amount (\$) 237.51	<b>7</b> Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description Advertising		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/26/2023	Apple			
Amount (\$) 689.15	Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Supplies	Phone Expenses		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 09/27/2023	Payee name Peter Piper Pizza			
Amount (\$) 69.69	Payee address; 729 West Jefferson Boul Daulids, TX 75208	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Meals	Description Party for Supporters		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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

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#### **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	complete this form.	Other (enter a catego	ry not listed above)
1 Total pages Schedule F1: 35 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	Commission Filers)
<b>4</b> Date 09/27/2023	5 Payee name The Original Pan			
<b>6</b> Amount (\$) 52.69	7 Payee address; 2900 Lemmon Avenue Elbatl Basit & X0705204	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fundraising	Meeting with Potential Donor		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/29/2023	Oak Cliff Brewing			
Amount (\$) 87.41	Payee address; 1300 South Polk Street SDadd 222TX 75224	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meals	Community Meeting		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date 09/29/2023	Payee name Ascension			
Amount (\$) 17.95	Payee address; 200 Crescent Court Suite Mallas, TX 75201	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meeting	Meeting with Board	Member	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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

If the requested information is not applicable, DO NOT include this page in the report.

#### **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

Travel In District
Travel Out Of District
Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
<b>1</b> Total pages Schedule F1: 36 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/02/2023	5 Payee name Katy Trail Ice		
<b>6</b> Amount (\$) 66.52	<b>7</b> Payee address; 3127 Routh Street Dallas, TX 75201	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising	(b) Description Fundraising Expense	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/02/2023	Dallas Morning News		
Amount (\$) 14.03	Payee address; 3606 S Tyler Street Dallas , TX 75224	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Office Supplies	Office Expense	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 10/02/2023	Payee name Apple		
Amount (\$) 86.58	Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Office Supplies	Phone Expenses	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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	S SCHEDULE AS NEE	EDED

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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	complete this form.		
1 Total pages Schedule F1: 37 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	s Commission Filers)
<b>4</b> Date 10/02/2023	5 Payee name Moxies Grill and Bar			
6 Amount (\$) 101.00	7 Payee address; 100 Crescent Court Dallas, TX 75201	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising	(b) Description Fundraising Expense		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/02/2023	Katy Trail Ice			
Amount (\$) 54.54	Payee address; 3127 Routh Street Dallas, TX 75201	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meeting	Meeting w Supporter		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 10/02/2023	Payee name Hudson House			
Amount (\$) 130.42	Payee address; 4448 Lovers Lane Dallas, TX 75225	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fundraising	Fundraising Expense		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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

If the requested information is not applicable, DO NOT include this page in the report.

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

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

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

,	The Instruction Guide explains how to	complete this form.		
<b>1</b> Total pages Schedule F1: 38 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethic	s Commission Filers)
<b>4</b> Date 10/02/2023	5 Payee name Rally House			
<b>6</b> Amount (\$) 248.60	7 Payee address; 5500 Greenville Avenue <b>Balla</b> QCX 75206	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Gifts	Gifts		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/04/2023	Ascension			
Amount (\$) 21.16	Payee address; 200 Crescent Court Suite Mallas, TX 75201	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meeting	Coffee Meeting		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 10/05/2023	Payee name Jos Coffee			
Amount (\$) 41.10	Payee address; 1300 South Congress Av <b>énust</b> in, TX 78704	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meeting	Coffee Meeting		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g 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

If the requested information is not applicable, DO NOT include this page in the report.

#### **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	complete this form.		
1 Total pages Schedule F1: 39 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethic	s Commission Filers)
<b>4</b> Date 10/05/2023	5 Payee name Perlas Seafood			
<b>6</b> Amount (\$) 258.67	7 Payee address; 1400 South Congress Avenuein, TX 78704	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising	(b) Description Fundraising Expense		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/06/2023	Travel to Austin			
Amount (\$) 544.00	Payee address; 1400 South Congress Av <b>éruse</b> in, TX 78704	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Travel	Travel Out of Distric	et	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 10/06/2023	Payee name Fort Worth Avenue Development Group			
Amount (\$) 100.00	Payee address; 1607 Fort Worth AvenueDallas, TX 75208	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Donation	Description Donation		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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 THIS	SCHEDULE AS NEE	EDED	

### SCHEDULE F1

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#### **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	complete this form.		
<b>1</b> Total pages Schedule F1: 40 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	Commission Filers)
<b>4</b> Date 10/06/2023	5 Payee name Katy Seitzler Katy Seitzler			
6 Amount (\$) 105.00	<b>7</b> Payee address; 217 Sycamore Creek Roadllen, TX 75002	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description Video Creation		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
10/06/2023	At&t			
Amount (\$) 147.68	Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	972-ASK-CHAD		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(	Office held
Date 10/06/2023	Payee name Oak Cliff Lions Club			
Amount (\$) 100.00	Payee address; P.O. Box 4445 Dallas, TX 75208	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Dues	Description Member Dues		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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	S SCHEDULE AS NEE	EDED	

### SCHEDULE F1

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#### **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	complete this form.	,	
1 Total pages Schedule F1: 41 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	Commission Filers)
<b>4</b> Date 10/06/2023	5 Payee name Chad West Chad West			
<b>6</b> Amount (\$) 240.00	<b>7</b> Payee address; 810 North Bishop AvenuĐallas, TX 75208	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Reimbursement	(b) Description Contract Labor		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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			
10/10/2023	Fete LLC			
Amount (\$) 44.44	Payee address; 400 7th Street Dallas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gifts	Gifts		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 10/10/2023	Payee name Bullzerk			
Amount (\$) 52.00	Payee address; 400 7th Street Dallas, TX 75208	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Gifts	Description Gifts		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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 THIS	SCHEDULE AS NEE	EDED	

### SCHEDULE F1

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#### **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	complete this form.		
<b>1</b> Total pages Schedule F1: 42 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)	
<b>4</b> Date 10/10/2023	5 Payee name Cretias Bakery			
<b>6</b> Amount (\$) 47.00	<b>7</b> Payee address; 228 West Davis Street Dallas, TX 75208	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Gifts	(b) Description Gifts		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
10/10/2023	Ascension			
Amount (\$) 17.95	Payee address; 200 Crescent Court SuiteDallas, TX 75201	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fundraising	Fundraising Expense		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date 10/10/2023	Payee name Shutterfly			
Amount (\$) 442.00	Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Gifts	Description Gifts		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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 THIS	SCHEDULE AS NEE	EDED	

### SCHEDULE F1

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#### **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	complete this form.		
1 Total pages Schedule F1: 43 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethic	s Commission Filers)
<b>4</b> Date 10/11/2023	5 Payee name Stevens Park			
<b>6</b> Amount (\$) 99.74	7 Payee address; 1005 North Montclair Aveniles, TX 75208	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Meeting	(b) Description Community Meeting		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/11/2023	Ascension			
Amount (\$) 21.16	Payee address; 200 Crescent Court Suite Mallas, TX 75201	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meeting	Meeting with Commi	issioners	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 10/11/2023	Payee name Victoria Perez Victoria Perez			
Amount (\$) 140.08	Payee address; 808 Rutherford Road Waxahachie, TX 75165	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Reimbursement	Foam Boards and Mil	leage	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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	complete this form.		,
<b>1</b> Total pages Schedule F1: 44 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethic	s Commission Filers)
<b>4</b> Date 10/12/2023	5 Payee name Mi Cocina			
<b>6</b> Amount (\$) 136.20	<b>7</b> Payee address; 3232 McKinney Avenue <b>Builes! 75X</b> 75204	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising	<b>(b)</b> Description Fundraising Expense	:	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/12/2023	Glorias Restaurant			
Amount (\$) 80.11	Payee address; 3223 Lemmon Avenue Dallas, TX 75204	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meeting	Meeting with Board	Member	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 10/13/2023	Payee name Gateway to Opportunity Luncheon			
Amount (\$) 500.00	Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Donation	Description Donation		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	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 THIS	SCHEDULE AS NEE	EDED	

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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

Travel In District
Travel Out Of District
Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 45 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	Commission Filers)
<b>4</b> Date 10/13/2023	<b>5</b> Payee name At&t			
<b>6</b> Amount (\$) 47.68	<b>7</b> Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description 972-ASK-CHAD		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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	Payee name			
10/16/2023	Ascension			
Amount (\$) 83.21	Payee address; 200 Crescent Court Suite Allas, TX 75201	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meeting	Coffee Meeting		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 10/16/2023	Payee name Campaign Donation			
Amount (\$) 100.00	Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation	Campaign Donation		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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	S SCHEDULE AS NEE	EDED	

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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	complete this form.		
1 Total pages Schedule F1: 46 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	s Commission Filers)
<b>4</b> Date 10/16/2023	5 Payee name Fort Worth Avenue Development Group			
6 Amount (\$) 100.00	<b>7</b> Payee address; 1607 Fort Worth AvenueDallas, TX 75208	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Donation	(b) Description Donation		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/16/2023	Honor Bar			
Amount (\$) 109.47	Payee address; 26 Highland Park VillageDallas, TX 75205	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fundraising	Meeting with donor		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 10/16/2023	Payee name Wal Mart			
Amount (\$) 177.52	Payee address; 700 East Ennis Avenue Ennis, TX 75119	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Supplies	Storage Bins for shirt	ts	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	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 THIS	SCHEDULE AS NEE	DED	

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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	complete this form.		,	
<b>1</b> Total pages Schedule F1: 47 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)		
<b>4</b> Date 10/16/2023	5 Payee name Family Gateway				
6 Amount (\$) 500.00	<b>7</b> Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Donation	(b) Description Donation			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
10/17/2023	BBBop Seoul				
Amount (\$) 40.05	Payee address; 828 West Davis Street Dallas, TX 75208	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Meals	Meeting with campai	ign volunteer		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date 10/17/2023	Payee name Delphinium				
Amount (\$) 151.49	Payee address; 5806 West Lovers Lane Dallas, TX 75225	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Gifts	Description Flowers			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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 THIS	SCHEDULE AS NEE	EDED		

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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	complete this form.		
1 Total pages Schedule F1: 48 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethic	s Commission Filers)
<b>4</b> Date 10/18/2023	5 Payee name Jos Coffee			
<b>6</b> Amount (\$) 15.79	<b>7</b> Payee address; 242 West 2nd Street Austin, TX 78701	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising	(b) Description Fundraising Expense	,	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 10/18/2023	Payee name  Katy Seitzler Katy Seitzler			
Amount (\$) 70.00	Payee address; 217 Sycamore Creek Roadllen, TX 75002	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Marketing		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 10/19/2023	Payee name Walgreens			
Amount (\$) 5.82	Payee address; 1306 North Beckley Ave <b>Dae</b> las, TX 75208	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Supplies	Description Supplies		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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 THIS	SCHEDULE AS NEE	EDED	

### SCHEDULE F1

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#### **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	complete this form.		
<b>1</b> Total pages Schedule F1: 49 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	Commission Filers)
<b>4</b> Date 10/19/2023	5 Payee name Chipotle			
<b>6</b> Amount (\$) 12.23	7 Payee address; 1115 North Valley Mills Wisse, TX 76710	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel	(b) Description Travel Out of District	t	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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 10/19/2023	Payee name Starbucks			
Amount (\$) 12.58	Payee address; 100 Main Street Kyle, TX 76000	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Travel	Travel Out of District	t	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 10/19/2023	Payee name Oilcan Harrys			
Amount (\$) 13.50	Payee address; 211 West 4th Street Austin, TX 78701	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel	Description Travel Out of District	t	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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	DED	

### SCHEDULE F1

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#### **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	complete this form.		
1 Total pages Schedule F1: 50 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	s Commission Filers)
<b>4</b> Date 10/19/2023	5 Payee name Sunoco			
<b>6</b> Amount (\$) 14.69	7 Payee address; 19350 I 35 North Frontage Repail X 78640	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel	(b) Description  Travel Out of Distric	t	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/19/2023	The Prisoner			
Amount (\$) 246.27	Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gifts	Gifts		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	ı expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 10/20/2023	Payee name Rosemont Dads Club			
Amount (\$) 200.00	Payee address; 660 Fort Worth Avenue Dallas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation	Hole Sign Sponsor		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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

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#### **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	complete this form.		
1 Total pages Schedule F1: 51 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	s Commission Filers)
<b>4</b> Date 10/20/2023	5 Payee name Chad West Chad			
<b>6</b> Amount (\$) 284.59	<b>7</b> Payee address; 810 North Bishop AvenuĐallas, TX 75208	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Reimbursement	(b) Description Contract Labor		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/20/2023	Ascension			
Amount (\$) 23.09	Payee address; 200 Crescent Court Suite (24) las, TX 75201	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meeting	Meeting with Donor		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 10/23/2023	Payee name Parigi			
Amount (\$) 203.06	Payee address; 3311 Oak Lawn Avenue Dallas, TX 75219	City;	State;	Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule) Fundraising	Description Meeting with Potenti	al Donor	
EXPENDITURE			TV (***	
0 11 0	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	

### SCHEDULE F1

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#### **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	complete this form.		
1 Total pages Schedule F1: 52 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	Commission Filers)
<b>4</b> Date 10/23/2023	5 Payee name Rosemont Dads Club			
6 Amount (\$) 200.00	<b>7</b> Payee address; 660 Fort Worth Avenue Dallas, TX 75208	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Donation	(b) Description Hole Sign Sponsor		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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			
10/23/2023	Aesthetic Record			
Amount (\$) 533.66	Payee address; 1303 West Walnut Hill Lander Squite X 2015038	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Advertising		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 10/24/2023	Payee name Chad West PLLC			
Amount (\$) 2000.00	Payee address; 3606 South Tyler Street Dallas, TX 75224	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Rent	Office Rent August -	October	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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	S SCHEDULE AS NEE	EDED	

### SCHEDULE F1

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#### **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	complete this form.		
1 Total pages Schedule F1: 53 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	s Commission Filers)
<b>4</b> Date 10/24/2023	5 Payee name Enos Pizza			
6 Amount (\$) 252.11	<b>7</b> Payee address; 407 North Bishop AvenuĐallas, TX 75208	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Meeting	(b) Description Meeting		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/25/2023	Freds Texas Café			
Amount (\$) 159.69	Payee address; 2730 Western Center Boll-Bonta Woorth, TX 76131	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fundraising	Meeting with Potenti	ial Donor	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 10/25/2023	Payee name Mailchimp			
Amount (\$) 137.51	Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description Advertising		
	Check if travel outside of Texas. Complete Schedule T.	Chook if Asi	in, TX, officeholder living	avnansa
Complete ONLY if direct	Candidate / Officeholder name	Office sought	, i.A., omicenolder ilving	Office held
expenditure to benefit C/OF		250 554g/it		
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	

### SCHEDULE F1

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#### **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	complete this form.	
<b>1</b> Total pages Schedule F1: 54 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/26/2023	5 Payee name The Wild Detective	,	
<b>6</b> Amount (\$) 3.17	<b>7</b> Payee address; 314 West Eighth Street Dallas, TX 75208	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Meeting	Coffee Meeting	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
10/27/2023	DFW Airport		
Amount (\$) 2.00	Payee address; 2400 Aviation Drive Dallas, TX 75261	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Travel	Toll fee for travel	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 10/27/2023	Payee name Oddfellows		
Amount (\$) 111.89	Payee address; 316 West Seventh Street Dallas, TX 75208	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Meeting	Meeting with Volunte	eers
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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	:DED

### SCHEDULE F1

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#### **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	complete this form.		
1 Total pages Schedule F1: 55 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	Commission Filers)
<b>4</b> Date 10/27/2023	5 Payee name National Anthem			
<b>6</b> Amount (\$) 143.97	7 Payee address; 100 Main Street Dallas, TX 75201	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Meals	(b) Description D1 Staff Lunch		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	(	Office held
Date 10/27/2023	Payee name Tribal All			
Amount (\$) 144.89	Payee address; 263 North Bishop AvenuÐallas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gifts	Gift cards		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(	Office held
Date 10/30/2023	Payee name Victoria Perez USPS			
Amount (\$) 72.64	Payee address; 808 Rutherford Road Waxahachie, TX 75165	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement	Description Stamps		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
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### SCHEDULE F1

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#### **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	complete this form.		
<b>1</b> Total pages Schedule F1: 56 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	s Commission Filers)
<b>4</b> Date 10/30/2023	<b>5</b> Payee name Chelseas			
<b>6</b> Amount (\$) 69.49	<b>7</b> Payee address; 4830 McKinney Avenue Dallas, TX 75205	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Gifts	(b) Description  Meal Train for suppo	rter	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	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	Payee name			
10/30/2023	Mi Cocina			
Amount (\$) 75.32	Payee address; 77 Highland Park VillageDallas, TX 75205	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fundraising	Dinner with potential	donor	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 10/30/2023	Payee name Inwood Tavern			
Amount (\$) 37.48	Payee address; 7717 Inwood Road Dallas, TX 75209	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fundraising	Potential donor meeti	ing	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	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 THIS	SCHEDULE AS NEE	DED	

### SCHEDULE F1

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#### **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	complete this form.		
<b>1</b> Total pages Schedule F1: 57 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)	
<b>4</b> Date 10/30/2023	5 Payee name Whole Foods			
6 Amount (\$) 53.81	<b>7</b> Payee address; 2510 McKinney Avenue Dallas, TX 75201	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Supplies	(b) Description Supplies for D1 office	e	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
10/30/2023	Toulouse Knox			
Amount (\$) 139.38	Payee address; 3314 Knox Street Dallas, TX 75205	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meeting	Meeting with Commissioner		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date 10/30/2023	Payee name Al Biernats			
Amount (\$) 125.93	Payee address; 4217 Oak Lawn Avenue Dallas, TX 75219	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fundraising	Meeting with Potentia	al Donor	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	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 THIS	SCHEDULE AS NEE	:DED	

### SCHEDULE F1

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#### **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	complete this form.	
<b>1</b> Total pages Schedule F1: 58 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/30/2023	5 Payee name Chad West, PLLC		
<b>6</b> Amount (\$) 330.60	<b>7</b> Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Rent	(b) Description Office Rent	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/30/2023	Barnes and Nobles		
Amount (\$) 263.00	Payee address; 7700 West Northwest Hi <b>ghalay, Sixi 6 500</b> 5	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Gifts	Gifts	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 10/31/2023	Payee name Royal China		
Amount (\$) 169.54	Payee address; 6025 Royal Lane Suite 200 Allas, TX 75230	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Meals	Dinner with supporte	ors
	Check if travel outside of Texas. Complete Schedule T.	Check if Austii	n, 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

If the requested information is not applicable, DO NOT include this page in the report.

#### **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	complete this form.		
<b>1</b> Total pages Schedule F1: 59 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics Commiss	sion Filers)
<b>4</b> Date 10/31/2023	5 Payee name Simply To Impress			
<b>6</b> Amount (\$) 987.24	<b>7</b> Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State; Zip C	ode
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description Holiday cards		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office he	eld
Date 10/31/2023	Payee name At&t			
Amount (\$) 48.00	Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State; Zip C	ode
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	972-ASK-CHAD		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office he	eld
Date 11/01/2023	Payee name D Town Kustomz			
Amount (\$) 540.00	Payee address; 135 Vinson Lane Red Oak, TX 75154	City;	State; Zip C	ode
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Contract Labor	Description Office Cleaning		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office h	eld
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	

### SCHEDULE F1

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#### **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	complete this form.	, -	,
<b>1</b> Total pages Schedule F1: 60 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethic	s Commission Filers)
<b>4</b> Date 11/01/2023	5 Payee name Legal Hospice of Texas			
6 Amount (\$) 1000.00	7 Payee address; 1825 Market Center Boulอนฟลง, TX 75207	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Donation	Fashion Cited Event		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11/01/2023	Dallas Morning News			
Amount (\$) 25.03	Payee address; 3606 S Tyler Street Dallas , TX 75224	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Subscription	Media subscriptio		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 11/01/2023	Payee name Beverleys			
Amount (\$) 110.00	Payee address; 3215 North Fitzhugh Avennetas, TX 75204	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fundraising	Dinner with potential	donor	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	g 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	DED	

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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	complete this form.		
1 Total pages Schedule F1: 61 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	s Commission Filers)
<b>4</b> Date 11/02/2023	5 Payee name Ascension			
<b>6</b> Amount (\$) 46.09	7 Payee address; 200 Crescent Court Suite Mallas, TX 75201	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Meeting	(b) Description Coffee Meeting		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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			
11/03/2023	The Kessler School			
Amount (\$) 1000.00	Payee address; 1822 West 10th Street Dallas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation	Winter Sponsor		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 11/03/2023	Payee name Elmwood Farm			
Amount (\$) 500.00	Payee address; 1014 Nolte Drive Dallas, TX 75208	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Donation	Description Donation		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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 THIS	SCHEDULE AS NEE	EDED	

### SCHEDULE F1

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#### **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

Travel In District
Travel Out Of District
Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 62 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	s Commission Filers)
<b>4</b> Date 11/03/2023	5 Payee name Mesero Victory			
<b>6</b> Amount (\$) 60.83	7 Payee address; 2375 Victory Park Lane <b>Shiltad</b> ,8 <b>0</b> X 75202	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Meeting	(b) Description Lunch Meeting		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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			
11/06/2023	BBBop Seoul			
Amount (\$) 17.11	Payee address; 828 West Davis Street Dallas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meeting	Meeting		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 11/06/2023	Payee name CiboDivino			
Amount (\$) 348.63	Payee address; 1868 Sylvan Avenue Dallas, TX 75208	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Meals	Description Party with volunteers	3	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	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 THIS	SCHEDULE AS NEE	EDED	

### SCHEDULE F1

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#### **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 complete this form.				
<b>1</b> Total pages Schedule F1: 63 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	s Commission Filers)	
<b>4</b> Date 11/06/2023	5 Payee name Elmwood Farm				
6 Amount (\$) 250.00	<b>7</b> Payee address; 1014 Nolte Drive Dallas, TX 75208	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Donation	(b) Description Donation			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
11/06/2023	Target				
Amount (\$) 265.43	Payee address; 739 North Highway 67 Cedar Hill, TX 75104	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Office Supplies	Campaign Supplies			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date 11/06/2023	Payee name The Kessler School				
Amount (\$) 1000.00	Payee address; 1822 West 10th Street Dallas, TX 75208	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Donation	Description Donation			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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 THIS	S SCHEDULE AS NEE	EDED		

### SCHEDULE F1

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#### **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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Magnes/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	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 64 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/07/2023	5 Payee name USPS	l	
6 Amount (\$) 530.30	<b>7</b> Payee address; 515 Centre Street Dallas, TX 75208	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Stamps	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/07/2023	Chipotle		
Amount (\$) 13.75	Payee address; 2705 McKinney Avenue Dallas, TX 75204	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Meeting	Lunch Meeting	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 11/08/2023	Payee name Maison Chinoise		
Amount (\$) 385.20	Payee address; 4152 Cole Avenue Suite <b>Dad</b> las, TX 75204	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fundraising	Dinner with potential	donor
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, 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	DED

### SCHEDULE F1

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#### **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 complete this form.				
<b>1</b> Total pages Schedule F1: 65 of 88	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission File			
<b>4</b> Date 11/09/2023	5 Payee name Office Depot				
<b>6</b> Amount (\$) 58.37	<b>7</b> Payee address; 1000 West Airport Freewlarying, TX 75062	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Supplies	(b) Description Office supplies			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
11/09/2023	Florist One				
Amount (\$) 103.73	Payee address; 712 South Ocean Shore <b>Housevand</b> ach, FL 32136	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Gifts	Gifts			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date 11/10/2023	Payee name Tiny Victories				
Amount (\$) 172.22	Payee address; 604 North Tyler Street Dallas, TX 75208	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Meals	Description Drinks with Voluntee	er		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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 THIS	SCHEDULE AS NEE	EDED		

### SCHEDULE F1

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#### **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.				
<b>1</b> Total pages Schedule F1: 66 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	s Commission Filers)	
<b>4</b> Date 11/13/2023	<b>5</b> Payee name Cretias Bakery				
<b>6</b> Amount (\$) 58.00	<b>7</b> Payee address; 228 West Davis Street Dallas, TX 75208	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Gifts	(b) Description Gifts			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
11/13/2023	Melt Ice Cream				
Amount (\$) 13.32	Payee address; 405 North Bishop AvenuÐallas, TX 75208	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Meeting	Meeting with donor a	and kid		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date 11/13/2023	Payee name Pottery Barn				
Amount (\$) 178.31	Payee address; 3212 Knox Street Dallas, TX 75205	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Gifts	Description Gift			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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 THIS	S SCHEDULE AS NEE	EDED		

### SCHEDULE F1

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#### **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	complete this form.			
<b>1</b> Total pages Schedule F1: 67 of 88	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission Filers)			
<b>4</b> Date 11/13/2023	5 Payee name Mesero Victory				
<b>6</b> Amount (\$) 64.09	7 Payee address; 2375 Victory Park Lane <b>Shillad</b> ,80X 75202	City;	State; Zip Code		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Meeting	Meeting with Comm	issioner		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
11/13/2023	Maison Chinoise				
Amount (\$) 103.81	Payee address; 4152 Cole Avenue Suite Datas, TX 75204	City;	State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Fundraising	Dinner with potentia	l donor		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date 11/13/2023	Payee name R+D Dallas				
Amount (\$) 211.45	Payee address; 8300 Preston Center Plazallas, TX 75225	City;	State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Meals	Dinner with former (	Councilmember		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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	S SCHEDULE AS NEE	EDED		

### SCHEDULE F1

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#### **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 Credit Card Payment	Il Committee Legal Services Salaries/  The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a category not listed above)
<b>1</b> Total pages Schedule F1: 68 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/14/2023	5 Payee name Central Computer and Networks	,	
6 Amount (\$) 524.75	7 Payee address; P.O. Box 860337 Plano, TX 75086	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Contract Labor	(b) Description Email and account set	tup
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	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 11/15/2023	Payee name Sloanes		
Amount (\$) 64.04	Payee address; 2001 Ross Avenue Suite Danas, TX 75201	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Meeting	Description  Lunch Meeting	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 11/15/2023	Payee name Moxies Grill and Bar		
Amount (\$) 78.29	Payee address; 100 Crescent Court Dallas, TX 75201	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Meeting	Description Lunch Meeting	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, 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	DED

### SCHEDULE F1

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#### **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	complete this form.	
<b>1</b> Total pages Schedule F1: 69 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/15/2023	5 Payee name American Airlines		
<b>6</b> Amount (\$) 140.99	<b>7</b> Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel	(b) Description  Travel Out of District	t
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	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		
11/16/2023	Marriott Atlanta		
Amount (\$) 61.48	Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Travel	Travel Out of District	t
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 11/16/2023	Payee name Steak Atlanta		
Amount (\$) 736.34	Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Travel	Travel Out of District	t
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	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 THIS	SCHEDULE AS NEE	:DED

### SCHEDULE F1

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#### **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	complete this form.		
1 Total pages Schedule F1: 70 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethic	s Commission Filers)
<b>4</b> Date 11/17/2023	5 Payee name Marriott Atlanta			
6 Amount (\$) 61.48	<b>7</b> Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel	(b) Description  Travel Out of District	t	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder livinç	g expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11/17/2023	Steak Atlanta			
Amount (\$) 61.48	Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Travel	Travel Out of District	t	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 11/20/2023	Payee name Dallas Youth Sports			
Amount (\$) 500.00	Payee address; 2524 West Ledbetter Dri⊉allas, TX 75233	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation	Christmas Story and S	School Supplies	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g 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	DED	

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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 complete this form.				
1 Total pages Schedule F1: 71 of 88	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission Fil			
<b>4</b> Date 11/20/2023	5 Payee name Maison Chinoise				
<b>6</b> Amount (\$) 166.86	7 Payee address; 4152 Cole Avenue Suite <b>DM</b> as, TX 75204	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising	(b) Description  Dinner with potential	l donor		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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 11/20/2023	Payee name AmeriAir				
Amount (\$) 185.06	Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Travel	Travel Out of Distric	t		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(	Office held	
Date 11/20/2023	Payee name Toulouse Knox				
Amount (\$) 143.93	Payee address; 3314 Knox Street Dallas, TX 75205	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising	Description Dinner with potential	l donor		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	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 THIS	SCHEDULE AS NEE	DED		

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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

Travel In District
Travel Out Of District
Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Credit Card Payment	The Instruction Guide explains how to complete this form.				
<b>1</b> Total pages Schedule F1: 72 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	Commission Filers)	
<b>4</b> Date 11/20/2023	5 Payee name Red Phone Booth				
<b>6</b> Amount (\$) 154.06	<b>7</b> Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel	(b) Description  Travel Out of Distric	t		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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				
11/21/2023	Hudson House				
Amount (\$) 19.61	Payee address; 4448 Lovers Lane Dallas, TX 75225	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Meeting	Work Meeting			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date 11/21/2023	Payee name Oil and Cotton				
Amount (\$) 99.00	Payee address; 2313 Beatrice Street SuitĐ <b>á</b> D <b>6</b> s, TX 75208	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Donation	Description Donation			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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 THIS	SCHEDULE AS NEE	EDED		

### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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 complete this form.				
<b>1</b> Total pages Schedule F1: 73 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)		
<b>4</b> Date 11/22/2023	5 Payee name Asi Gymnastic				
6 Amount (\$) 250.00	<b>7</b> Payee address; 6464 Mockingbird Lane Dallas, TX 75214	City;	State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description Advertising			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
11/27/2023	Oak Cliff Lions Club				
Amount (\$) 50.00	Payee address; P.O. Box 4445 Dallas, TX 75208	City;	State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Member Dues			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date 11/27/2023	Payee name 1010 Partnership LLC				
Amount (\$) 364.99	Payee address; 1060 West Kiest Boulevatallas, TX 75224	City;	State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Reimbursement	Sweater and Shutterf	ly Pics		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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 THIS	S SCHEDULE AS NEE	EDED		

### SCHEDULE F1

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#### **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 complete this form.				
<b>1</b> Total pages Schedule F1: 74 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	Commission Filers)	
<b>4</b> Date 11/28/2023	5 Payee name Mailchimp				
<b>6</b> Amount (\$) 337.51	<b>7</b> Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description Advertising			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
11/29/2023	Ascension				
Amount (\$) 55.36	Payee address; 200 Crescent Court SuiteDallas, TX 75201	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Meeting	Coffee Meeting			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date 11/29/2023	Payee name Extra Space				
Amount (\$) 140.00	Payee address; 1931 Fort Worth AvenueDallas, TX 75208	City;	State;	Zip Code	
PURPOSE OF	Category (See Categories listed at the top of this schedule) Storage	Description Storage Unit			
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living		
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

If the requested information is not applicable, DO NOT include this page in the report.

#### **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	complete this form.		
<b>1</b> Total pages Schedule F1: 75 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	Commission Filers)
<b>4</b> Date 11/29/2023	<b>5</b> Payee name Beverleys			
<b>6</b> Amount (\$) 113.26	7 Payee address; 3215 North Fitzhugh Ave Danklas, TX 75204	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising	(b) Description  Meeting with Potenti	al Donor	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living e	expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
11/30/2023	AmeriAir			
Amount (\$) 72.55	Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Travel	Travel Out of Distric	t	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	Office held
Date 11/30/2023	Payee name Global Sports Resorts			
Amount (\$) 281.19	Payee address; 2035 Sanchez Casal WayNaples, FL 34105	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Research	Description Research		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living e	xpense
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

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#### **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	complete this form.	
<b>1</b> Total pages Schedule F1: 76 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/30/2023	5 Payee name Moxies Grill and Bar		
<b>6</b> Amount (\$) 37.31	7 Payee address; 100 Crescent Court Dallas, TX 75201	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Meeting	(b) Description  Lunch Meeting	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/01/2023	Jesse Perez Storage Space		
Amount (\$) 200.00	Payee address; 100 Fort Worth Avenue Dallas, TX 75224	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract Labor	Storing all campaign	stuff in storage unit
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 12/01/2023	Payee name The Prisoner		
Amount (\$) 202.11	Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Gifts	Description Gifts	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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 NE	EDED

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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	complete this form.	ouror (ornor a datogo	ny notnoted above,
<b>1</b> Total pages Schedule F1: 77 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	Commission Filers)
<b>4</b> Date 12/01/2023	<b>5</b> Payee name Global Sport			
<b>6</b> Amount (\$) 281.19	<b>7</b> Payee address; 2035 Sanchez Casal WayNaples, CA 34105	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Research	Research		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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			
12/04/2023	Sachet			
Amount (\$) 11.74	Payee address; 4270 Oak Lawn Avenue Dallas, TX 75219	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meeting	Meeting		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 12/04/2023	Payee name Dallas Morning News			
Amount (\$) 14.03	Payee address; P.O. Box 655237 Dallas, TX 75265	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Subscription	Subscription		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	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 THIS	SCHEDULE AS NEE	EDED	

## SCHEDULE F1

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#### **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	complete this form.		
<b>1</b> Total pages Schedule F1: 78 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)	
<b>4</b> Date 12/04/2023	5 Payee name Bullzerk			
6 Amount (\$) 180.12	7 Payee address; 100 W Davis Street Dallas, TX 75208	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Gifts	(b) Description Gifts		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
12/04/2023	Eatzis			
Amount (\$) 242.98	Payee address; 5600 West Lovers Lane <b>Shilkas</b> 36X 75209	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gifts	Meal Train for suppo	orter	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date 12/04/2023	Payee name Target			
Amount (\$) 179.21	Payee address; 2417 North Haskell Averbællas, TX 75204	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Supplies	Campign supplies		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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	S SCHEDULE AS NEE	EDED	

## SCHEDULE F1

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#### **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	complete this form.		
<b>1</b> Total pages Schedule F1: 79 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	s Commission Filers)
<b>4</b> Date 12/04/2023	<b>5</b> Payee name Fete LLC	,		
<b>6</b> Amount (\$) 185.59	7 Payee address; 100 W 8th Dallas, TX 75208	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Gifts	(b) Description Gifts		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	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	Payee name			
12/04/2023	Enos Pizza			
Amount (\$) 114.99	Payee address; 407 North Bishop AvenuÐallas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meals	Lunch with volunteer	s	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 12/04/2023	Payee name Eatzis			
Amount (\$) 17.61	Payee address; 5600 West Lovers Lane <b>Shait</b> as <b>i</b> ,3 <b>6</b> X 75209	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gifts	Meal Train for support	rter	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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	S SCHEDULE AS NEE	DED	

## SCHEDULE F1

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#### **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	complete this form.		
<b>1</b> Total pages Schedule F1: 80 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	s Commission Filers)
<b>4</b> Date 12/04/2023	5 Payee name Barnes and Nobles			
<b>6</b> Amount (\$) 350.64	7 Payee address; 7700 West Northwest Highway, SiXt € 5005	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Gifts	(b) Description Gifts		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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			
12/07/2023	PayPal Friends Oak Cliff			
Amount (\$) 250.00	Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation	Donation		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 12/08/2023	Payee name Travel to Colorado			
Amount (\$) 103.35	Payee address; 3606 S Tyler Street Dallas, TX 75225	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Travel	Description Travel out of district		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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 THIS	SCHEDULE AS NEE	EDED	

## SCHEDULE F1

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#### **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	complete this form.		,
<b>1</b> Total pages Schedule F1: 81 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethic	s Commission Filers)
<b>4</b> Date 12/08/2023	5 Payee name Mountain T			
6 Amount (\$) 32.20	<b>7</b> Payee address; 3606 S Tyler Street Dallas, TX 75225	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel	(b) Description  Travel out of district		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/11/2023	Ullrhof Restaurant			
Amount (\$) 6.05	Payee address; 40 Carriage Way Basalt, CO 81615	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Travel	Travel out of district		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 12/11/2023	Payee name Four Mountain			
Amount (\$) 44.11	Payee address; 40 Carriage Way Basalt, CO 81615	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Travel	Travel out of district		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austii	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 THIS	SCHEDULE AS NEE	EDED	

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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	complete this form.	
<b>1</b> Total pages Schedule F1: 82 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/11/2023	5 Payee name Mountain T		
<b>6</b> Amount (\$) 69.05	7 Payee address; 40 Carriage Way Aspen, CO 41001	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel	(b) Description  Travel out of district	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/11/2023	At&t		
Amount (\$) 48.34	Payee address; 3603 S Tyler Street Dallas, TX 75224	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	972-ASK-CHAD	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 12/13/2023	Payee name Ascension		
Amount (\$) 43.36	Payee address; 200 Crescent Court Suite Mallas, TX 75201	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fundraising	Meeting with potentia	al donor
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	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 THIS	S SCHEDULE AS NEE	EDED

## SCHEDULE F1

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#### **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	complete this form.		
1 Total pages Schedule F1: 83 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	s Commission Filers)
<b>4</b> Date 12/13/2023	5 Payee name Dollar Tree			
<b>6</b> Amount (\$) 43.20	<b>7</b> Payee address; 904 Fort Worth Avenue Dallas, TX 75208	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Supplies	(b) Description Campaign supplies		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/13/2023	Hudson House			
Amount (\$) 135.32	Payee address; 4448 Lovers Lane Dallas, TX 75225	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meals	D1 Holiday dinner		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	ı expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 12/15/2023	Payee name Enos Pizza			
Amount (\$) 48.12	Payee address; 407 North Bishop AvenuÐallas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meeting	Meeting with support	ter	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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	S SCHEDULE AS NEE	DED	

## SCHEDULE F1

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#### **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	complete this form.		
<b>1</b> Total pages Schedule F1: 84 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	s Commission Filers)
<b>4</b> Date 12/18/2023	5 Payee name Cretias Bakery			
6 Amount (\$) 31.00	<b>7</b> Payee address; 228 West Davis Street Dallas, TX 75208	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Meals	(b) Description  Cake for City Counci	il	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
12/18/2023	El Jordan Café			
Amount (\$) 41.13	Payee address; 416 North Bishop AvenuÐallas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meals	Breakfast tacos		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 12/18/2023	Payee name Al Biernats			
Amount (\$) 109.55	Payee address; 4217 Oak Lawn Avenue Dallas, TX 75219	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fundraising	Meeting with potentia	al donor	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
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## SCHEDULE F1

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#### **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	complete this form.		,
1 Total pages Schedule F1: 85 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethic	s Commission Filers)
<b>4</b> Date 12/18/2023	5 Payee name Parigi			
<b>6</b> Amount (\$) 165.31	<b>7</b> Payee address; 3311 Oak Lawn Avenue Dallas, TX 75219	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fundraising	Meeting with potenti	al donor	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livinç	g expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/18/2023	La Trattori			
Amount (\$) 209.55	Payee address; 878 5th Avenue South Naples, FL 34102	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fundraising	Meeting with potenti	al donor	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 12/21/2023	Payee name Chad West Chad West			
Amount (\$) 623.00	Payee address; 810 North Bishop AvenuĐallas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	Reimbursement		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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

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#### **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	complete this form.		
<b>1</b> Total pages Schedule F1: 86 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	Commission Filers)
<b>4</b> Date 12/22/2023	5 Payee name Delphinium Plants			
6 Amount (\$) 281.51	<b>7</b> Payee address; 5806 West Lovers Lane Dallas, TX 75225	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Gifts	(b) Description Thank you Flowers		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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			
12/26/2023	Mailchimp			
Amount (\$) 157.77	Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Advertising		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(	Office held
Date 12/26/2023	Payee name Dybou LLC			
Amount (\$) 400.00	Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description Advertising		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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

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#### **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	complete this form.			
<b>1</b> Total pages Schedule F1: 87 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics	D (Ethics Commission Filers)	
<b>4</b> Date 12/27/2023	<b>5</b> Payee name CFC				
6 Amount (\$) 500.00	7 Payee address; 2922 MLK JR BouleveraDallas, TX 75215	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description Supporter Level			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
<b>9</b> Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
12/28/2023	Ace Parking				
Amount (\$) 5.00	Payee address; 200 Crescent Court Dallas, TX 75201	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Travel	Parking			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date 12/28/2023	Payee name Honor Bar				
Amount (\$) 85.91	Payee address; 26 Highland Park VillageDallas, TX 75205	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Fundraising	Meeting with potenti	al donor		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
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## SCHEDULE F1

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#### **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	complete this form.			
1 Total pages Schedule F1: 88 of 88	2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)		
<b>4</b> Date 12/29/2023	5 Payee name Hudson House				
<b>6</b> Amount (\$) 101.73	<b>7</b> Payee address; 4448 Lovers Lane Dallas, TX 75225	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising	(b) Description  Meeting with potenti	al donor		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 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				
12/29/2023	Sixty Vines				
Amount (\$) 118.86	Payee address; 500 Crescent Court SuiteDatOas, TX 75201	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Meeting	Meeting with staff			
	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 12/29/2023	Payee name Sachet				
Amount (\$) 145.24	Payee address; 4270 Oak Lawn Avenue Dallas, TX 75219	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Meeting	Meetign with staff			
	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	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED		