

Supplemental Report Officeholder

FORM Cover Sheet SR

1. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI		2. Total Pages Filed: 36
		Chad			
	NICKNAME	LAST	SUFFIX		3. Office Held Council District 1
		West			
4. SUPPLEMENTAL REPORT TYPE	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15 </div> <div> <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election </div> <div> <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit </div> <div> <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> Final Report </div> </div>				
5. PERIOD / COVERED	1/1/2020 THROUGH 6/30/2020				
6. ELECTION	<div style="display: flex; justify-content: space-between;"> <div>Month Day Year</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special <input checked="" type="checkbox"/> N/A </div> </div>				
7. OFFICE-HOLDER	CONTRIBUTION TOTALS	1. TOTAL OFFICEHOLDER CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED			\$ 0.00
		2. TOTAL OFFICEHOLDER CONTRIBUTIONS OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			\$ 46,150.00
	EXPENDITURE TOTALS	3. TOTAL OFFICEHOLDER EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			\$ 0.00
		4. TOTAL OFFICEHOLDER EXPENDITURES			\$ 0.00
8. POLITICAL (Campaign)	CONTRIBUTION TOTALS	5. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED			\$ 0.00
		6. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			\$ 0.00
	EXPENDITURE TOTALS	7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS UNLESS ITEMIZED			\$ 0.00
		8. TOTAL POLITICAL EXPENDITURES			\$ 23,811.51
9. OFFICEHOLDER FUNDS USED FOR CAMPAIGN PURPOSES		9. TOTAL DOLLAR AMOUNT OF OFFICEHOLDER CONTRIBUTIONS USED FOR CAMPAIGN EXPENDITURES DURING THE REPORTING PERIOD			\$ 0.00
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>10. AFFIDAVIT</p> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> </div> <div style="width: 55%; text-align: center;"> <p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election code.</p> <p>***ELECTRONICALLY CERTIFIED***</p> <p>_____ Signature of Candidate or Officeholder</p> </div> </div>					
<p>Sworn to and subscribed before me, by the said <u>Chad West</u>, this the <u>30th</u> day of <u>June</u>, 20 <u>20</u>, to certify which, witness my hand and seal of office.</p>					
<div style="display: flex; justify-content: space-between;"> <div>Signature of officer administering oath</div> <div>Printed name of officer administering oath</div> <div>Title of officer administering oath</div> </div>					

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 18

2 FILER NAME

Chad West

3 Filer ID (Ethics Commission Filers)

4 Date

02/04/2020

Officeholder
Contribution

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lee Kleinman

6 Contributor address;

City; State; Zip Code

7336 Hill Forest Dr

Dallas, TX 75230

7 Amount of contribution (\$)

1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/07/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

LUCILO PENA

Contributor address;

City; State; Zip Code

1717 ARTS PLAZA Suite 2311

DALLAS, TX 75201

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/10/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Bobby Abtahi

Contributor address;

City; State; Zip Code

1126 N. Zang

Dallas, TX 75203

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/10/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Tre & Lauren Black

Contributor address;

City; State; Zip Code

751 Kessler Lake Dr.

Dallas, TX 75208

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2 of 18

2 FILER NAME

Chad West

3 Filer ID (Ethics Commission Filers)

4 Date

02/10/2020

Officeholder
Contribution

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Calvert Collins-Bratton

6 Contributor address;

City; State; Zip Code

4618 Heatherbrook Dr.

Dallas, TX 75244

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/10/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Dustin Marshall

Contributor address;

City; State; Zip Code

6464 Mimosa Ln.

Dallas, TX 75230

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/10/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Bruce Reid

Contributor address;

City; State; Zip Code

1603 612 Spruce Ave.

Lake Forest, IL 60045

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/11/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Chris Aslam

Contributor address;

City; State; Zip Code

P.O. Box 496539

Garland, TX 75049

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3 of 18

2 FILER NAME

Chad West

3 Filer ID (Ethics Commission Filers)

4 Date

02/11/2020

Officeholder
Contribution

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Alex Olshansky

6 Contributor address;

City; State; Zip Code

45 Main St. Suite 502

Brooklyn, NY 11201

7 Amount of contribution (\$)

1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/12/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jimmy O'Reilly

Contributor address;

City; State; Zip Code

3525 Turtle Creek Blvd. Suite 20BC Dallas, TX 75219

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/12/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Logan Waller

Contributor address;

City; State; Zip Code

5115 McKinney Ave. Suite F

Dallas, TX 75205

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/13/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Chris Luna

Contributor address;

City; State; Zip Code

801 Holden Ct.

Garland, TX 75044

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4 of 18

2 FILER NAME

Chad West

3 Filer ID (Ethics Commission Filers)

4 Date

02/16/2020

Officeholder
Contribution

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kathy Hewitt

6 Contributor address;

City; State; Zip Code

2828 Routh St. Suite 100

Dallas, TX 75201

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/16/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ann Margolin

Contributor address;

City; State; Zip Code

2828 Hood St. Suite 1604

Dallas, TX 75219

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/18/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Benjamin Atkins

Contributor address;

City; State; Zip Code

45 Main St. Suite 502

Brooklyn, NY 11201

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/18/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mark Clayton

Contributor address;

City; State; Zip Code

1500 Marilla St. Suite 5FS

Dallas, TX 75201

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
5 of 18

2 FILER NAME

Chad West

3 Filer ID (Ethics Commission Filers)

4 Date

02/18/2020

Officeholder
Contribution

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Milton Olsoff

6 Contributor address;

City; State; Zip Code

45 Main St. Suite 5022

Brooklyn, NY 11201

7 Amount of contribution (\$)

1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/22/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Michael Blackwell

Contributor address;

City; State; Zip Code

8845 Fenchurch Rd.

Dallas, TX 75238

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/23/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mike Ablon

Contributor address;

City; State; Zip Code

8222 Douglas Ave. Suite 390

Dallas, TX 75225

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/23/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mike Anglin

Contributor address;

City; State; Zip Code

1414 W. Colorado Blvd.

Dallas, TX 75208

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
6 of 18**2** FILER NAME

Chad West

3 Filer ID (Ethics Commission Filers)**4** Date

02/23/2020

Officeholder
Contribution**5** Full name of contributor☐ out-of-state PAC (ID#: _____)

Tim & Melanie Byrne

6 Contributor address;

City; State; Zip Code

3720 Miramar Ave.

Dallas, TX 75205

7 Amount of contribution (\$)

2000.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

02/23/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lynn McBee

Contributor address;

City; State; Zip Code

3912 Miramar Ave.

Dallas, TX 75205

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/23/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Michael Veale

Contributor address;

City; State; Zip Code

1717 Arts Plaza Suite 2207

Dallas, TX 75201

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/24/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Craig Holcomb

Contributor address;

City; State; Zip Code

1409 S. Lamar St.

Dallas, TX 75215

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
7 of 18

2 FILER NAME

Chad West

3 Filer ID (Ethics Commission Filers)

4 Date

02/24/2020

Officeholder
Contribution

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Cooper Koch

6 Contributor address;

City; State; Zip Code

2126 Kessler Pkwy

Dallas, TX 75208

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/25/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Carl Anderson

Contributor address;

City; State; Zip Code

2929 Carlisle St. Suite 210

Dallas, TX 75204

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/26/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Scott Chase

Contributor address;

City; State; Zip Code

1700 Pacific Ave. Suite 3700

Dallas, TX 75201

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/27/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Wendy Krispin

Contributor address;

City; State; Zip Code

528 S. Hall St.

Dallas, TX 75226

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
8 of 18

2 FILER NAME

Chad West

3 Filer ID (Ethics Commission Filers)

4 Date

02/27/2020

Officeholder
Contribution

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Charles OConnell

6 Contributor address;

City; State; Zip Code

634 Kessler Reserve Ct.

Dallas, TX 75208

7 Amount of contribution (\$)

1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/27/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Paul Wingo

Contributor address;

City; State; Zip Code

1227 Woodlawn Ave.

Dallas, TX 75208

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/28/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Steve Atkinson

Contributor address;

City; State; Zip Code

5926 Tree Shadow Trail

Dallas, TX 75252

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/28/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Daniel Harrell

Contributor address;

City; State; Zip Code

5119 Milam St.

Dallas, TX 75206

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
9 of 18**2** FILER NAME

Chad West

3 Filer ID (Ethics Commission Filers)**4** Date

02/29/2020

Officeholder
Contribution**5** Full name of contributor☐ out-of-state PAC (ID#: _____)

Steve Habgood

6 Contributor address;

City; State; Zip Code

1544 Eastus Dr.

Dallas, TX 75208

7 Amount of contribution (\$)

1000.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

03/02/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Chris Heinbaugh

Contributor address;

City; State; Zip Code

1801 Annex Ave. Suite 507

Dallas, TX 75204

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/03/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Chris Hamilton

Contributor address;

City; State; Zip Code

5521 Swiss Ave.

Dallas, TX 75214

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/03/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jennifer Owen

Contributor address;

City; State; Zip Code

6541 Arborist Ln.

Dallas, TX 75214

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
10 of 18

2 FILER NAME

Chad West

3 Filer ID (Ethics Commission Filers)

4 Date

03/04/2020

Officeholder
Contribution

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Brent Rodgers

6 Contributor address;

City; State; Zip Code

3527 Oak Lawn Ave.

Dallas, TX 75219

7 Amount of contribution (\$)

1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/04/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Travis Rowe

Contributor address;

City; State; Zip Code

1222 Greenbriar Ln.

Kemp, TX 75143

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Apt Assn of Greater Dallas

Contributor address;

City; State; Zip Code

5728 LBJ Frwy. Suite 100

Dallas, TX 75240

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Richard Chesney

Contributor address;

City; State; Zip Code

2911 Turtle Creek Blvd. Suite 820 Dallas, TX 75201

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
11 of 18

2 FILER NAME

Chad West

3 Filer ID (Ethics Commission Filers)

4 Date

03/05/2020

Officeholder
Contribution

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Dallas Builders Association

6 Contributor address;

City; State; Zip Code

5816 W. Plano Pkwy.

Plano, TX 75093

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/05/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ryan Garcia

Contributor address;

City; State; Zip Code

3901 Travis St. Suite 102

Dallas, TX 75204

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Charles Gearing

Contributor address;

City; State; Zip Code

9332 Mercer Dr.

Dallas, TX 75228

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Pam Gerber

Contributor address;

City; State; Zip Code

4435 Holland Ave.

Dallas, TX 75219

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
12 of 18**2** FILER NAME

Chad West

3 Filer ID (Ethics Commission Filers)**4** Date

03/05/2020

Officeholder
Contribution**5** Full name of contributor☐ out-of-state PAC (ID#: _____)

Hudson Henley

6 Contributor address;

City; State; Zip Code

5415 Ursula Ln.

Dallas, TX 75229

7 Amount of contribution (\$)

1000.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

03/05/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Scott Lake

Contributor address;

City; State; Zip Code

6141 Prospect Ave.

Dallas, TX 75214

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Francis Luttmmer

Contributor address;

City; State; Zip Code

6941 Desco Dr.

Dallas, TX 75225

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ben Mackey

Contributor address;

City; State; Zip Code

307 N. Polk St.

Dallas, TX 75208

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
13 of 18

2 FILER NAME

Chad West

3 Filer ID (Ethics Commission Filers)

4 Date

03/05/2020

Officeholder
Contribution

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Charles D. Marlett

6 Contributor address;

City; State; Zip Code

4005 Dunhaven Rd.

Dallas, TX 75220

7 Amount of contribution (\$)

1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/05/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

John Matthews

Contributor address;

City; State; Zip Code

320 W. Main St.

Lewisville, TX 75057

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Frank Mihalopoulos

Contributor address;

City; State; Zip Code

3932 Potomac Ave.

Dallas, TX 75205

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Bill Ohland

Contributor address;

City; State; Zip Code

P.O. Box 595789

Dallas, TX 75359

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
14 of 18**2** FILER NAME

Chad West

3 Filer ID (Ethics Commission Filers)**4** Date

03/05/2020

Officeholder
Contribution**5** Full name of contributor☐ out-of-state PAC (ID#: _____)

Jim Pitts

6 Contributor address;

City; State; Zip Code

3800 Stratford Ave.

Dallas, TX 75205

7 Amount of contribution (\$)

1000.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

03/05/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Andy Smith

Contributor address;

City; State; Zip Code

3525 Turtle Creek Blvd. Suite 21D Dallas, TX 75219

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Miguel Solis

Contributor address;

City; State; Zip Code

2215 Eriksson Ln.

Dallas, TX 75204

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kristian Teleki

Contributor address;

City; State; Zip Code

3251 Canyon Oaks Dr.

Argyle, TX 76226

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
15 of 18**2** FILER NAME

Chad West

3 Filer ID (Ethics Commission Filers)**4** Date

03/05/2020

Officeholder
Contribution**5** Full name of contributor☐ out-of-state PAC (ID#: _____)

Leobardo Trevino

6 Contributor address;

City; State; Zip Code

1111 W. Mockingbird Ln.

Dallas, TX 75247

7 Amount of contribution (\$)

1000.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

03/05/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Roger Wedell

Contributor address;

City; State; Zip Code

1318 Elmwood Blvd.

Dallas, TX 75224

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Joel Williams III

Contributor address;

City; State; Zip Code

4323 Lorraine Ave.

Dallas, TX 75205

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ryan Windham

Contributor address;

City; State; Zip Code

606 Monssen Dr

Dallas, TX 75224

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
16 of 18**2** FILER NAME

Chad West

3 Filer ID (Ethics Commission Filers)**4** Date

03/11/2020

Officeholder
Contribution**5** Full name of contributor☐ out-of-state PAC (ID#: _____)

Maureen Milligan

6 Contributor address;

City; State; Zip Code

5918 Williamstown Rd

Dallas, TX 75230

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

03/11/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Sally West

Contributor address;

City; State; Zip Code

735 Marina Village Dr.

Grand Rivers, KY 42045

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/27/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lucy Billingsley

Contributor address;

City; State; Zip Code

1722 Routh St.

Dallas, TX 75201

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/31/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Barry Hancock

Contributor address;

City; State; Zip Code

4514 Travis St. Suite 326

Dallas, TX 75205

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
17 of 18

2 FILER NAME

Chad West

3 Filer ID (Ethics Commission Filers)

4 Date

04/25/2020

Officeholder
Contribution

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Andy Payne

6 Contributor address;

City; State; Zip Code

3500 Maple Ave. Suite 1250

Dallas, TX 75219

7 Amount of contribution (\$)

1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

05/27/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

James Taylor

Contributor address;

City; State; Zip Code

1028 Cedar Hill Ave.

Dallas, TX 75208

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/04/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Pete Schenkel

Contributor address;

City; State; Zip Code

614 N. Bishop Ave. Suite 3

Dallas, TX 75208

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/05/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kyle Wick

Contributor address;

City; State; Zip Code

1212 N. Oak Cliff Blvd.

Dallas, TX 75208

Amount of contribution (\$)

350.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
18 of 18

2 FILER NAME

Chad West

3 Filer ID (Ethics Commission Filers)

4 Date

06/13/2020

Officeholder
Contribution

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Edward Mertic

6 Contributor address;

City; State; Zip Code

1154 N. Clinton Ave

Dallas, TX 75208

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 17	2 FILER NAME Chad West	3 Filer ID (Ethics Commission Filers)
4 Date 01/07/2020	5 Payee name Katy Seitzler	
6 Amount (\$) 575.00 Campaign Funds for Campaign Expenditures	7 Payee address; City; State; Zip Code 217 Sycamore Creek Road Allen, TX 75002	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media, Branding Work and Videos
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 01/13/2020	Payee name Chad West PLLC	
Amount (\$) 30.20 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailchimp Reimbursement
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 01/14/2020	Payee name Dallas Tax Solutions	
Amount (\$) 162.38 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 4144 N Central Expressway Suite 640 Dallas, TX 75204	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Data Entry for Round of Report
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 17		2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)	
4 Date 01/14/2020		5 Payee name Oak Cliff Chamber of Commerce			
6 Amount (\$) 400.00 Campaign Funds for Campaign Expenditures		7 Payee address; City; State; Zip Code 1011 N Bishop Avenue Dallas, TX 75208			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Fees & Building Campaign	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 01/21/2020		Payee name Qualigraphics Inc			
Amount (\$) 152.46 Campaign Funds for Campaign Expenditures		Payee address; City; State; Zip Code 934 Stevens Woods Court Dallas, TX 75208			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Car Magnets for CW Campaign	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 01/29/2020		Payee name Communities Foundation of Texas			
Amount (\$) 500.00 Campaign Funds for Campaign Expenditures		Payee address; City; State; Zip Code 5500 Caruth Haven Lane Dallas, TX 75225			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 17	2 FILER NAME Chad West	3 Filer ID (Ethics Commission Filers)
4 Date 01/29/2020	5 Payee name Chad West PLLC	
6 Amount (\$) 30.20 Campaign Funds for Campaign Expenditures	7 Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailchimp Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/10/2020	Candidate / Officeholder name Chad West PLLC	
Amount (\$) 30.20 Campaign Funds for Campaign Expenditures	Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailchimp Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/12/2020	Candidate / Officeholder name Qualigraphics Inc	
Amount (\$) 132.35 Campaign Funds for Campaign Expenditures	Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push Cards for CW Campaign
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 17	2 FILER NAME Chad West	3 Filer ID (Ethics Commission Filers)
4 Date 02/12/2020	5 Payee name Qualigraphics Inc	
6 Amount (\$) 1456.53 Campaign Funds for Campaign Expenditures	7 Payee address; City; State; Zip Code 934 Stevens Woods Court Dallas, TX 75208	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Round Mardi Gras Beads w/Inline Medallion
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/12/2020	Candidate / Officeholder name Dallas Youth Sports	
Amount (\$) 250.00 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 2135 Elmwood Blvd. Dallas, TX 75224	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/14/2020	Candidate / Officeholder name Bishop Dunne Catholic School	
Amount (\$) 250.00 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 3900 Rugged Drive Dallas, TX 75224	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5 of 17	2 FILER NAME Chad West	3 Filer ID (Ethics Commission Filers)
4 Date 02/17/2020	5 Payee name Chad West	
6 Amount (\$) 1000.00 Campaign Funds for Campaign Expenditures	7 Payee address; City; State; Zip Code 810 North Bishop Avenue Dallas, TX 75208	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 02/17/2020	Payee name Full Moon Design Group Inc	
Amount (\$) 108.25 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code P.O. Box 152020 Austin, TX 78715	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design/Set Up - Custom Social Media
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 02/24/2020	Payee name Katy Seitzler	
Amount (\$) 855.00 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 217 Sycamore Creek Road Allen, TX 75002	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media, Branding Work and Videos
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6 of 17	2 FILER NAME Chad West	3 Filer ID (Ethics Commission Filers)
4 Date 02/24/2020	5 Payee name Chad West PLLC	
6 Amount (\$) 30.20 Campaign Funds for Campaign Expenditures	7 Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailchimp Reimbursement
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Candidate / Officeholder name Office sought Office held </div>	
Date 02/24/2020	Payee name Edgar Johnson	
Amount (\$) 45.00 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 3636 West Redbird Lane Suite 821 Dallas, TX 75237	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parade Help
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Candidate / Officeholder name Office sought Office held </div>	
Date 02/24/2020	Payee name Keisha Rhodes VOID	
Amount (\$) 45.00 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 5600 SMU Boulevard Suite 3232 Dallas, TX 75206	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parade Help
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Candidate / Officeholder name Office sought Office held </div>	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7 of 17	2 FILER NAME Chad West	3 Filer ID (Ethics Commission Filers)
4 Date 02/24/2020	5 Payee name Maureen Swain	
6 Amount (\$) 60.00 Campaign Funds for Campaign Expenditures	7 Payee address; City; State; Zip Code 2201 Spring Mountain Road Suite 1 Cross Roads, TX 77227	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parade Help
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Candidate / Officeholder name Office sought Office held </div>	
Date 02/26/2020	Payee name Chad West PLLC	
Amount (\$) 40.00 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal Reimbursement
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Candidate / Officeholder name Office sought Office held </div>	
Date 02/27/2020	Payee name Chad West PLLC	
Amount (\$) 1000.00 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Reimbursement
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Candidate / Officeholder name Office sought Office held </div>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8 of 17	2 FILER NAME Chad West	3 Filer ID (Ethics Commission Filers)
4 Date 02/28/2020	5 Payee name Qualigraphics Inc	
6 Amount (\$) 197.02 Campaign Funds for Campaign Expenditures	7 Payee address; City; State; Zip Code 934 Stevens Woods Court Dallas, TX 75208	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign T-Shirts
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 03/02/2020	Payee name EcoLatino	
Amount (\$) 500.00 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 2320 West Davis Street Dallas, TX 75208	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Radio, Social Network Marketing
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 03/04/2020	Payee name Chad West PLLC	
Amount (\$) 141.96 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75208	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9 of 17	2 FILER NAME Chad West	3 Filer ID (Ethics Commission Filers)
4 Date 03/05/2020	5 Payee name Carla McKinzie	
6 Amount (\$) 232.50 Campaign Funds for Campaign Expenditures	7 Payee address; City; State; Zip Code 901 Zang Boulevard Suite 208 Dallas, TX 75208	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parade Help
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/05/2020	Candidate / Officeholder name Katy Seitzler	
Amount (\$) 400.00 Campaign Funds for Campaign Expenditures	Office sought Office held Payee address; City; State; Zip Code 217 Sycamore Creek Road Allen, TX 75002	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media, Branding Work and Videos
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/05/2020	Candidate / Officeholder name DFW Federal Club	
Amount (\$) 120.00 Campaign Funds for Campaign Expenditures	Office sought Office held Payee address; City; State; Zip Code P.O. Box 191153 Dallas, TX 75219	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Local Dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10 of 17		2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)	
4 Date 03/09/2020		5 Payee name Carla McKinzie			
6 Amount (\$) 45.00 Campaign Funds for Campaign Expenditures		7 Payee address; City; State; Zip Code 901 Zang Boulevard Suite 208 Dallas, TX 75208			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held	
4 Date 03/11/2020		5 Payee name Sylvia Collins			
6 Amount (\$) 150.00 Campaign Funds for Campaign Expenditures		7 Payee address; City; State; Zip Code 409 East Ninth Street Suite 101 Dallas, TX 75203			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Labor		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Help	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held	
4 Date 03/12/2020		5 Payee name The Well Community			
6 Amount (\$) 300.00 Campaign Funds for Campaign Expenditures		7 Payee address; City; State; Zip Code 125 Sunset Avenue Dallas, TX 75208			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11 of 17	2 FILER NAME Chad West	3 Filer ID (Ethics Commission Filers)
4 Date 03/12/2020	5 Payee name Carla McKinzie	
6 Amount (\$) 45.00 Campaign Funds for Campaign Expenditures	7 Payee address; City; State; Zip Code 901 Zang Boulevard Suite 208 Dallas, TX 75208	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/13/2020	Candidate / Officeholder name Dash for the Beads	
Amount (\$) 1000.00 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code P.O. Box 224611 Dallas, TX 75222	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/16/2020	Candidate / Officeholder name Chad West PLLC	
Amount (\$) 30.20 Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailchimp Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 12 of 17		2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)	
4 Date 03/24/2020		5 Payee name Chad West PLLC			
6 Amount (\$) 30.20 Campaign Funds for Campaign Expenditures		7 Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailchimp Reimbursement	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 04/02/2020		Payee name Katy Seitzler			
Amount (\$) 632.23 Campaign Funds for Campaign Expenditures		Payee address; City; State; Zip Code 217 Sycamore Creek Road Allen, TX 75002			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contract Labor		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media, Branding Work and Videos	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 04/10/2020		Payee name Chad West PLLC			
Amount (\$) 30.20 Campaign Funds for Campaign Expenditures		Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailchimp Reimbursement	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 13 of 17		2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)	
4 Date 04/22/2020		5 Payee name Anna Casey			
6 Amount (\$) 10000.00 Campaign Funds for Campaign Expenditures		7 Payee address; City; State; Zip Code 2718 Gladiolus Lane Dallas, TX 75233			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Manager Salary	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/23/2020		Payee name Oak Cliff Lions Club			
Amount (\$) 105.00 Campaign Funds for Campaign Expenditures		Payee address; City; State; Zip Code P.O. Box 4445 Dallas, TX 75208			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/24/2020		Payee name Chad West PLLC			
Amount (\$) 30.20 Campaign Funds for Campaign Expenditures		Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75208			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailchimp Reimbursement	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 14 of 17		2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)	
4 Date 05/12/2020		5 Payee name Chad West PLLC			
6 Amount (\$) 30.20 Campaign Funds for Campaign Expenditures		7 Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailchimp Reimbursement	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/27/2020		Payee name Chad West PLLC			
Amount (\$) 30.20 Campaign Funds for Campaign Expenditures		Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailchimp Reimbursement	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 06/01/2020		Payee name Katy Seitzler			
Amount (\$) 275.00 Campaign Funds for Campaign Expenditures		Payee address; City; State; Zip Code 217 Sycamore Creek Road Allen, TX 75002			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media, Branding Work and Videos	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 15 of 17		2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)	
4 Date 06/08/2020		5 Payee name Enos Pizza Tavern			
6 Amount (\$) 719.86 Campaign Funds for Campaign Expenditures		7 Payee address; City; State; Zip Code 407 North Bishop Avenue Dallas, TX 75208			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meals	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 06/10/2020		Payee name Katy Seitzler			
Amount (\$) 592.50 Campaign Funds for Campaign Expenditures		Payee address; City; State; Zip Code 217 Sycamore Creek Road Allen, TX 75002			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media, Branding Work and Videos	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 06/11/2020		Payee name Chad West PLLC			
Amount (\$) 30.20 Campaign Funds for Campaign Expenditures		Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailchimp Reimbursement	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 16 of 17		2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)	
4 Date 06/24/2020		5 Payee name Chad West			
6 Amount (\$) 130.00 Campaign Funds for Campaign Expenditures		7 Payee address; City; State; Zip Code 808 Bishop Avenue Dallas, TX 75208			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Help Reimb	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 06/25/2020		Payee name Chad West PLLC			
Amount (\$) 30.20 Campaign Funds for Campaign Expenditures		Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailchimp Reimbursement	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 06/25/2020		Payee name Qualigraphics Inc			
Amount (\$) 616.22 Campaign Funds for Campaign Expenditures		Payee address; City; State; Zip Code 934 Stevens Woods Court Dallas, TX 75208			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stainless Steel Tumblers	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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