| Supplement Officeholder | al Report | | FOR Cover She | MSR |
|--|-----------------------------|---|--|------------------|
| 1. CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST MI Chad A | 2. Total Pages Filed: 40 | |
| | NICKNAME | LAST SUFFIX West | 3. Office Held Dallas City Coun | cil District 1 |
| 4. SUPPLEMENTAL REPORT TYPE | c January 15 | c 30th day before election c Runoff | c 15th day after camp treasurer appointmer (officeholder only) | |
| | X July 15 | c 8th day before election c Exceeded \$500 limit | c Final Report | |
| 5. PERIOD / COVERED | | 4/28/2023 THROUGH 6/30/2023 | | |
| 6. ELECTION | Month Day Year | | | |
| | 5/6/2023 | c Primary c Runoff $oldsymbol{X}$ (| General c Spe | cial c N/A |
| 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 | | \$0.00 |
| | | 2. TOTAL OFFICEHOLDER CONTRIBUTIONS OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$1,000.0 | | |
| | EXPENDITURE | 3. TOTAL OFFICEHOLDER EXPENDITURES OF \$100 OR LE | SS, UNLESS ITEMIZED | \$ 0.00 |
| | TOTALS | 4. TOTAL OFFICEHOLDER EXPENDITURES | | \$ 17,894.73 |
| 8. POLITICAL | CONTRIBUTION TOTALS | 5. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | | \$ 0.00 |
| (Campaign) | | 6. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LC | OANS) | \$ 3,960.00 |
| | EXPENDITURE | 7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS UNLESS ITEMIZED | | \$ 0.00 |
| | TOTALS | 8. TOTAL POLITICAL EXPENDITURES | | \$ 42,945.96 |
| 9. OFFICEHOLDER FUN FOR CAMPAIGN PURF | | 9. TOTAL DOLLAR AMOUNT OF OFFICEHOLDER CONTRIB CAMPAIGN EXPENDITURES DURING THE REPORTING PER | | \$0.00 |
| 10. AFFIDAVIT | | I swear, or affirm, under penalty of perju is true and correct and includes all inforr me under Title 15, Election code. | | |
| | | ***ELECTRONICALLY CE | ERTIFIED*** | |
| AFFIX NOTARY STAMP / SEAL ABOVE Signature of Candidate or Officeholder | | | | |
| Sworn to and subscribed b | pefore me, by the said Chac | I A West | this the 17th | day |
| of July , 20 | 23 , to certify which, | witness my hand and seal of office. | | |
| Signature of officer ad | ministering oath | Printed name of officer administering oath | Title of officer add | ministering oath |

MONETARY POLITICAL CONTRIBUTIONS

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: |
|------------------------------------|---|---------------------------------------|
| 2 FILER NAME Chad A West | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 05/08/2023 | Full name of contributor | 7 Amount of contribution (\$) 1000.00 |
| Officeholder Contribution | 6 Contributor address; City; State; Zip Code 300 E Round Grove Suite 621 Lewisville, TX 75067 | |
| 8 Principal occu | pation / Job title (See Instructions) 9 Employer (See Instru | uctions) |
| Date 04/28/2023 | Full name of contributor □ out-of-state PAC (ID#:) Roy Choi | Amount of contribution (\$) 1000.00 |
| Campaign Contribution | Contributor address; City; State; Zip Code 5909 Luther Lane Suite 1006 Dallas, TX 75225 | |
| Principal occup | pation / Job title (See Instructions) Employer (See Instru | ctions) |
| Date 05/03/2023 | Full name of contributor | Amount of contribution (\$) 1000.00 |
| Campaign Contribution | Contributor address; City; State; Zip Code 1636 Cedar Hill Ave Dallas, TX 75208 | |
| Principal occup | pation / Job title (See Instructions) Employer (See Instru | actions) |
| Date 05/01/2023 | Full name of contributor | Amount of contribution (\$) 100.00 |
| Campaign Contribution | Contributor address; City; State; Zip Code 1540 Junior Drive Dallas, TX 75208 | |
| Principal occup | pation / Job title (See Instructions) Employer (See Instru | loctions) |
| | | |
| | | |

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

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: 2 of 3 |
|---------------------------------|---|------------------|-----------------------------|---------------------------------------|
| 2 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 (\$) |
| 04/29/2023 | David Luther | | | 50.00 |
| Campaign Contribution | 6 Contributor address; 619 Kessler Springs Ave | City; | State; Zip Code TX 75208 | |
| 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 (\$) |
| 04/28/2023 | Maggie Parker | | | 150.00 |
| Campaign Contribution | Contributor address; 1954 Cedar Crest Blvd | City; Dallas, | State; Zip Code TX 75203 | |
| 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 (\$) |
| 05/30/2023 | Ryan Patterson | | | 500.00 |
| Campaign Contribution | Contributor address; 1215 Stafford Street | City; Dallas, | State; Zip Code TX 75208 | |
| Principal occu | pation / Job title (See Instructions) | | Employer (See Instruct | tions) |
| Date 05/04/2023 | Full name of contributor Billy Prewett | out-of-state PAC | G (ID#:) | Amount of contribution (\$) 1000.00 |
| Campaign Contribution | Contributor address; 4234 McFarlin Blvd | City; Dallas, | State: Zip Code TX 75205 | |
| Principal occup | pation / Job title (See Instructions) | | Employer (See Instruct | tions) |
| | | | | |

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

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: 3 of 3 |
|---------------------------------|--|-----------------------------------|---------------------------------------|
| 2 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 (\$) |
| 04/30/2023 | Carl Scherrieb | | 10.00 |
| Campaign Contribution | 6 Contributor address; City; 5877 Bayside Drive Fort Wo | State; Zip Code orth, TX 76132 | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructi | ons) |
| Date | Full name of contributor ut-of-state PAC (| (ID#:) | Amount of contribution (\$) |
| 04/28/2023 | Cylena Smith | | 50.00 |
| Campaign Contribution | Contributor address; City; 2662 Bonnywood Lane Dallas, 7 | State; Zip Code TX 75233 | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instructi | ons) |
| Date | Full name of contributor uut-of-state PAC (| (ID#:) | Amount of contribution (\$) |
| 04/30/2023 | Robert Snyder | | 100.00 |
| Campaign Contribution | Contributor address; City; | State; Zip Code orth, TX 76164 | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instructi | ons) |
| Date | Full name of contributor | (ID#:) | Amount of contribution (\$) |
| | Contributor address; City; | State; Zip Code | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instructi | ions) |
| | | | |
| | | | |
| | | | |
| | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

| Candidate/Officeholder/Politica Credit Card Payment | J | Wages/Contract Labor | Other (enter a category not listed above) |
|--|--|----------------------|---|
| | The Instruction Guide explains how to | complete this form. | |
| 1 Total pages Schedule F1: 1 of 36 | 2 FILER NAME Chad A West | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 04/28/2023 | Taco y Vino | | |
| 6 Amount (\$) 162.35 Officeholder Funds for | 7 Payee address; 213 West Eighth Street Dallas, TX 75208 | City; | State; Zip Code |
| Officeholder Expenditures | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Meeting with Board & Commission Members | Meeting | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name H | Office sought | Office held |
| Date | Payee name | | |
| 04/28/2023 | Express Shop | | |
| Amount (\$) 78.45 | Payee address; | City; | State; Zip Code |
| Officeholder Funds for Officeholder Expenditures | 200 Crescent Court Dallas, TX 75208 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE | Supplies | Supplies | |
| OF EXPENDITURE | | | |
| | 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 | Payee name | | |
| | | | |
| 04/28/2023 | DiffaDallas.Org | | |
| Amount (\$) 500.00 | Payee address; 2050 North Stemmons Freeway | City; | State; Zip Code |
| Officeholder Funds for Officeholder Expenditures | Dallas, TX 75207 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE | Donation | Donation | |
| OF EXPENDITURE | | | |
| | 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

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: 2 of 36 | 2 FILER NAME Chad A West | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 05/01/2023 | Benny Guzman | | |
| 6 Amount (\$) 920.00 Campaign Funds for Campaign Expenditures | 7 Payee address; 306 Montreal Avenue Dallas, TX 75208 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Contract Labor | Signs | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 05/01/2023 | USPS | | |
| Amount (\$) 25.20 | Payee address; 515 Centre Street Dallas, TX 75208 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | , | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Postage | Postage | |
| | 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 | Payee name | | |
| | | | |
| 05/01/2023 | R+D Dallas | | |
| Amount (\$) 90.31 | Payee address; 8300 Preston Center Plazaallas, TX 75225 | City; | State; Zip Code |
| Officeholder Funds for Officeholder Expenditures | 0500 Feston Center Flazbanas, 174 75225 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Meeting with Board & Commission Members | 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. | |
|---|--|---------------------|---------------------------------------|
| 1 Total pages Schedule F1: 3 of 36 | 2 FILER NAME Chad A West | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 05/01/2023 | Revelers | | |
| 6 Amount (\$) 140.64 Campaign Funds for Campaign Expenditures | 7 Payee address; 412 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 | Meals for Volunteers | Meals | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 05/01/2023 | Ascension Coffee | | |
| Amount (\$) 55.16 | Payee address; 1621 Oak Lawn Avenue Dallas, TX 75207 | City; | State; Zip Code |
| Officeholder Funds for Officeholder Expenditures | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Coffee Meeting | 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 |
| Date | Payee name | | |
| | | | |
| 05/01/2023 | The Pour House | | |
| Amount (\$) 56.43 | Payee address; | City; | State; Zip Code |
| Officeholder Funds for Officeholder Expenditures | 1919 Skillman Street Dallas, TX 75206 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Meeting with Board & Commission Members | 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/Oh | 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. | Other (effici a category not listed above) |
|--|--|---------------------|--|
| 1 Total pages Schedule F1: 4 of 36 | 2 FILER NAME Chad A West | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 05/01/2023 | Topgolf | | |
| 6 Amount (\$) 170.88 | 7 Payee address; 8787 Park Lane Dallas, TX 75231 | City; | State; Zip Code |
| Officeholder Funds for Officeholder Expenditures | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Meeting with Constituents | Meals | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 05/01/2023 | Beverleys | | |
| Amount (\$) 166.16 | Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 3215 North Fitzhugh Avenue Dallas, TX 75204 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Fundraising Meeting | Fundraising | |
| | 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 | Payee name | | |
| 05/01/2023 | The Pour House | | |
| Amount (\$) 287.38 | Payee address; 1919 Skillman Street Dallas, TX 75206 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 1717 Skillinali Succe Dallas, 17, 73200 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Party for Campaign Supporters | 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 | 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. | Other (enter a category not listed above) |
|--|--|---------------------|---|
| 1 Total pages Schedule F1: 5 of 36 | 2 FILER NAME Chad A West | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 05/01/2023 | Old Oak Cliff Company | | |
| 6 Amount (\$) 250.00 | 7 Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 1300 South Polk Street Suite 222 Dallas, TX 75224 | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE | Gifts | Gifts | |
| OF EXPENDITURE | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 05/01/2023 | Beretta Gallery | | |
| Amount (\$) 259.80 | Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 41 Highland Park VillageDallas, TX 75205 | | |
| | 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 | Payee name | | |
| 05/01/2023 | Benny Guzman | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| 80.00 | 306 Montreal Avenue Dallas, TX 75208 | y , | , —, —, |
| Campaign Funds for Campaign Expenditures | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF | Contract Labor | Big Signs | |
| EXPENDITURE | | | |
| | 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: 6 of 36 | 2 FILER NAME Chad A West | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 05/01/2023 | Benny Guzman | | |
| 6 Amount (\$) 40.00 Campaign Funds for Campaign Expenditures | 7 Payee address; 306 Montreal Avenue Dallas, TX 75208 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Reimbursement | Gas | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 05/01/2023 | Al Biernats | | |
| Amount (\$) 310.33 | Payee address; 4217 Oak Lawn Avenue Dallas, TX 75219 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | | 5 | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Fundraising Meeting | Fundraising | |
| | 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 | Payee name | | |
| 27/04/2022 | | | |
| 05/01/2023 | Chad West | | |
| Amount (\$) 35.00 | Payee address; 810 North Bishop AvenuĐallas, TX 75208 | City; | State; Zip Code |
| Officeholder Funds for Officeholder Expenditures | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Reimbursement | T Shirt | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| 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 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. | | |
|---|--|---------------------|-----------------------------|----------------------|
| 1 Total pages Schedule F1: 7 of 36 | 2 FILER NAME Chad A West | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 05/01/2023 | David De La Fuente | | | |
| 6 Amount (\$) 12000.00 Campaign Funds for Campaign Expenditures | 7 Payee address; 106 South Clinton Avenual Pallas, TX 75208 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Contract Labor | Consulting | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | g expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | | Office held |
| Date | Payee name | | | |
| 05/01/2023 | Marina Ruiz | | | |
| Amount (\$) 670.00 Campaign Funds for Campaign Expenditures | Payee address; 5322 Whispering Oaks Drive Dallas, TX 75236 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Contract Labor | Block-walker | | |
| | 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 | Payee name | | | |
| 05/01/2023 | Aureliano Garrido | | | |
| Amount (\$) 670.00 Campaign Funds for Campaign Expenditures | Payee address; 1911 Grauwyler Road - Irving, TX 75061 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Contract Labor | Block-walker | | |
| | 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 | complete this form. | |
|--|--|---------------------|---------------------------------------|
| 1 Total pages Schedule F1: 8 of 36 | 2 FILER NAME Chad A West | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 05/01/2023 | Narda S Caballero | | |
| 6 Amount (\$) 670.00 Campaign Funds for Campaign Expenditures | 7 Payee address; 1911 Grauwyler Road Irving, TX 75061 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Contract Labor | Block-walker | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 05/02/2023 | Hilda Duarte | | |
| Amount (\$) 1640.00 | Payee address; 1413 Range Drive Suite 210 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | Mesquite, TX 75149 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Contract Labor | Poll worker | |
| | 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/Oh | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| | | | |
| 05/02/2023 | Susan Craig Lopez | | |
| Amount (\$) 1360.00 | Payee address; 2734 West Jefferson Boulevard | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | Dallas, TX 75211 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Contract Labor | Poll worker | |
| | 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 NEI | 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 36 | 2 FILER NAME Chad A West | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 05/02/2023 | Mail House | | |
| 6 Amount (\$) 1840.58 Campaign Funds for Campaign Expenditures | 7 Payee address; 2276 Vantage Street Dallas, TX 75207 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Advertising Expense | Advertising | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 05/02/2023 | Ascension Coffee | | |
| Amount (\$) 21.16 | Payee address; 1621 Oak Lawn Avenue Dallas, TX 75207 | City; | State; Zip Code |
| Officeholder Funds for Officeholder Expenditures | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | B&C 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/Oh | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| | | | |
| 05/02/2023 | BBBop Seoul | | |
| Amount (\$) 50.84 | Payee address; 828 West Davis Street Dallas, TX 75208 | City; | State; Zip Code |
| Officeholder Funds for Officeholder Expenditures | 626 West Davis Succe Dallas, 17, 73206 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | B&C 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 |
| | 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. | Other (enter a category not listed above) |
|--|---|---------------------|---|
| 1 Total pages Schedule F1: 10 of 36 | 2 FILER NAME Chad A West | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 05/02/2023 | Enos Pizza | | |
| 6 Amount (\$) 52.10 | 7 Payee address; 407 North Bishop AvenuĐallas, TX 75208 | City; | State; Zip Code |
| Officeholder Funds for Officeholder Expenditures | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | B&C Meeting | Meeting | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 05/02/2023 | Blue Guardian Donation - Back the Blue | | |
| Amount (\$) 500.00 | Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | P.O. Box 226411 Dallas, TX 75201 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Contribution | Contribution | |
| | 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 | Payee name | | |
| 05/02/2023 | Blue Guardian Donation - Back the Blue | | |
| Amount (\$) 500.00 | Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | P.O. Box 226411 Dallas, TX 75201 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Contribution | Contribution | |
| | 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 e | complete this form. | Other (enter a category | Thornsted above) |
|--|--|---------------------|------------------------------|--------------------|
| 1 Total pages Schedule F1: 11 of 36 | 2 FILER NAME Chad A West | | 3 Filer ID (Ethics (| Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 05/02/2023 | Metro Debt Collect | | | |
| 6 Amount (\$) 3800.00 Campaign Funds for | 7 Payee address; 620 North Bishop AvenuĐallas, TX 75208 | City; | State; | Zip Code |
| Campaign Expenditures | | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF | Office Rent | Campaign Office Rea | nt | |
| EXPENDITURE | | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living e | xpense |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | C | office held |
| Date | Payee name | | | |
| 05/03/2023 | InFocus Campaign | | | |
| Amount (\$) 1125.33 | Payee address; | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | 3606 S Tyler Street Dallas, TX 75224 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Advertising Expense | Mailers | | |
| | 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 | ffice held |
| Date | Payee name | | | |
| 05/05/2023 | Taco y Vino | | | |
| Amount (\$) 137.67 | Payee address; | City; | State; | Zip Code |
| Officeholder Funds for Officeholder Expenditures | 213 West Eighth Street Dallas, TX 75208 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | B&C Meeting | Meeting | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | 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

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 36 | 2 FILER NAME Chad A West | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 05/05/2023 | ABC Party Headquarters | | | |
| 6 Amount (\$) 157.35 Campaign Funds for Campaign Expenditures | 7 Payee address; 1414 West Davis 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 | Supplies | Supplies | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | | Office held |
| Date | Payee name | | | |
| 05/05/2023 | Chad West | | | |
| Amount (\$) 65.00 Officeholder Funds for | Payee address; 810 North Bishop AvenuĐallas, TX 75208 | City; | State; | Zip Code |
| Officeholder Expenditures | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Meals | 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/OH | Candidate / Officeholder name | Office sought | | Office held |
| Date | Payee name | | | |
| 05/05/2023 | Oak Cliff Lions Club | | | |
| Amount (\$) 50.00 | Payee address; P.O. Box 4445 Dallas, TX 75208 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | F.O. Box 4443 Danas, 1X 73208 | | | |
| | 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 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 | complete this form. | |
|---|---|---------------------|---------------------------------------|
| 1 Total pages Schedule F1: 13 of 36 | 2 FILER NAME Chad A West | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 05/05/2023 | Cibo Divino | | |
| 6 Amount (\$) 144.01 Officeholder Funds for Officeholder Expenditures | 7 Payee address; 1868 Sylvan Avenue Suite D100 Dallas, TX 75208 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | B&C Meeting | Meeting | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 05/05/2023 | Blue Dahlia | | |
| Amount (\$) 348.47 | Payee address; 400 N Bishop Avenue Dallas, TX 75208 | City; | State; Zip Code |
| Officeholder Funds for Officeholder Expenditures | | | |
| | 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 | Payee name | | |
| | | | |
| 05/08/2023 | Tom Thumb | | |
| Amount (\$) 190.38 | Payee address; 200 N. Hampton Road Dallas, TX 75211 | City; | State; Zip Code |
| Officeholder Funds for Officeholder Expenditures | | | |
| | 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/Oh | 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. | Other (enter a category nor | listed above) |
|--|--|---------------------|----------------------------------|------------------|
| 1 Total pages Schedule F1: 14 of 36 | 2 FILER NAME Chad A West | | 3 Filer ID (Ethics Con | nmission Filers) |
| 4 Date | 5 Payee name | | | |
| 05/08/2023 | The Pour House | | | |
| 6 Amount (\$) 206.73 | 7 Payee address; 1000 W Davis Street Dallas, TX 75208 | City; | State; Z | ip Code |
| Officeholder Funds for Officeholder Expenditures | | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE | B&C Meeting | Meeting | | |
| OF EXPENDITURE | | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expe | nse |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Offic | e held |
| Date | Payee name | | | |
| 05/08/2023 | Cretias Bakery | | | |
| Amount (\$) 770.00 | Payee address; | City; | State; Z | ip Code |
| Campaign Funds for Campaign Expenditures | 228 West Davis Street Dallas, TX 75208 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Meals for election party | Meals | | |
| EXPENDITORE | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expe | nse |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Offic | e held |
| Date | Payee name | | | |
| 05/08/2023 | BBBop Seoul | | | |
| Amount (\$) 978.09 | Payee address; | City; | State; Z | ip Code |
| Campaign Funds for Campaign Expenditures | 700 West Davis Street Dallas, TX 75208 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Election Party | Meals | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austii | n, TX, officeholder living exper | nse |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Offi | ce 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: 15 of 36 | 2 FILER NAME Chad A West | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 05/08/2023 | InFocus Campaign | | | |
| 6 Amount (\$) 1010.55 Campaign Funds for Campaign Expenditures | 7 Payee address; 3606 S Tyler Street Dallas, TX 75224 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Mailers | Mailers | | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | | Office held |
| Date | Payee name | | | |
| 05/08/2023 | Marina Ruiz | | | |
| Amount (\$) 660.00 Campaign Funds for Campaign Expenditures | Payee address; 5322 Whispering Oaks Drive Dallas, TX 75236 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Contract Labor | Block-walking | | |
| | 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 | Payee name | | | |
| 05/08/2023 | Aureliano Garrido | | | |
| Amount (\$) 660.00 Campaign Funds for Campaign Expenditures | Payee address; 1911 Grauwyler Road Irving, TX 75061 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Contract Labor | Block-walking | | |
| | 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: 16 of 36 | 2 FILER NAME Chad A West | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 05/08/2023 | Narda Caballero | | |
| 6 Amount (\$) 660.00 Campaign Funds for Campaign Expenditures | 7 Payee address; 1911 Graywyler Road Irving, TX 75061 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Contract Labor | Block-walking | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 05/08/2023 | Susan Craig Lopez | | |
| Amount (\$) 240.00 | Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 2734 West Jefferson Boulevard Dallas, TX 75211 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Contract Labor | Block-walking | |
| | 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 | Payee name | | |
| | | | |
| 05/08/2023 | Benny Guzman | | |
| Amount (\$) 1290.00 | Payee address; 306 Montreal Avenue Dallas, TX 75208 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 300 Monueai Avenue Danas, 1A /3200 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Contract Labor | Signs | |
| | 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 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. | | |
|---|--|---------------------|-----------------------------|--------------------|
| 1 Total pages Schedule F1: 17 of 36 | 2 FILER NAME Chad A West | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date | 5 Payee name | | 1 | |
| 05/08/2023 | Benny Guzman | | | |
| 6 Amount (\$) 300.00 Campaign Funds for Campaign Expenditures | 7 Payee address; 306 Montreal Avenue Dallas, TX 75208 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Contract Labor | Signs | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | | Office held |
| Date | Payee name | | | |
| 05/08/2023 | Benny Guzman | | | |
| Amount (\$) 260.00 | Payee address; 306 Montreal Avenue Dallas, TX 75208 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Mileage | Mileage and meals R | eimbursement | |
| | 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 | Payee name | | | |
| | - | | | |
| 05/08/2023 | Alejandro Sanchez | | | |
| Amount (\$) 100.00 | Payee address; 3140 Dyer Street Dallas, TX 75275 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | 5140 Dyer Street Danas, 1X 75275 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF | Contract Labor | Block-walking | | |
| EXPENDITURE | | | | |
| | 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. | | |
|---|--|---------------------|----------------------------|--------------------|
| 1 Total pages Schedule F1: 18 of 36 | 2 FILER NAME Chad A West | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 05/08/2023 | Beyonce Salazar-Brown | | | |
| 6 Amount (\$) 100.00 Campaign Funds for Campaign Expenditures | 7 Payee address; 3140 Dyer Street Dallas, TX 75275 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Contract Labor | Block-walking | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | | Office held |
| Date | Payee name | | | |
| 05/08/2023 | Holland Koontz | | | |
| Amount (\$) 100.00 Campaign Funds for Campaign Expenditures | Payee address; 3140 Dyer Street Dallas, TX 75275 | City; | State; | Zip Code |
| Campaign Expenditures | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Contract Labor | Block-walking | | |
| | 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 | Payee name | | | |
| 05/08/2023 | Usman Baig | | | |
| Amount (\$) 100.00 Campaign Funds for Campaign Expenditures | Payee address; 3140 Dyer Street Dallas, TX 75275 | City; | State; | Zip Code |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Contract Labor | Block-walking | | |
| | 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 | complete this form. | Other (enter a category not listed above) | |
|---|--|---------------------|---|---|
| 1 Total pages Schedule F1: 19 of 36 | 2 FILER NAME Chad A West | | 3 Filer ID (Ethics Commission Filers |) |
| 4 Date | 5 Payee name | | | |
| 05/08/2023 | Ferris Lachman | | | |
| 6 Amount (\$) 100.00 Campaign Funds for | 7 Payee address; 3140 Dyer Street Dallas, TX 75275 | City; | State; Zip Code | |
| Campaign Expenditures | | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Contract Labor | Block-walking | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | Office held | |
| Date | Payee name | | | |
| 05/08/2023 | Alex Severs-Turner | | | |
| Amount (\$) 100.00 | Payee address; | City; | State; Zip Code | |
| Campaign Funds for Campaign Expenditures | 3140 Dyer Street Dallas, TX 75275 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Contract Labor | Block-walking | | |
| | 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 | Payee name | | | |
| | | | | |
| 05/08/2023 | Mollie Essner | | | |
| Amount (\$) 100.00 | Payee address; 3140 Dyer Street Dallas, TX 75275 | City; | State; Zip Code | |
| Campaign Funds for Campaign Expenditures | 3140 Dyel Street Dallas, 1X 73273 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Contract Labor | Block-walking | | |
| | 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 c | omplete this form. | outer (enter a satege | ,ee.a abeve, |
|--|--|--------------------|----------------------------|--------------------|
| 1 Total pages Schedule F1: 20 of 36 | 2 FILER NAME Chad A West | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 05/08/2023 | Giselle Ocana | 0.1 | Ot 1 | 7' 0 1 |
| 6 Amount (\$) 100.00 | 7 Payee address; 3140 Dyer Street Dallas, TX 75275 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | Janus, 17 13273 | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE | Contract Labor | Block-walking | | |
| OF EXPENDITURE | | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | | Office held |
| Date | Payee name | | | |
| 05/09/2023 | Cibo Divino | | | |
| Amount (\$) 85.36 | Payee address; | City; | State; | Zip Code |
| Officeholder Funds for | 1868 Sylvan Avenue Suite D100 Dallas, TX 75208 | | | |
| Officeholder Expenditures | Dullus, 171 13200 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE | Meals | Meals | | |
| OF EXPENDITURE | | | | |
| | 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 | Payee name | | | |
| | | | | |
| 05/09/2023 | Spectrum | | | |
| Amount (\$) 169.52 | Payee address; | City; | State; | Zip Code |
| Officeholder Funds for | P.O. Box 60074 City of Industry, CA 91716 | | | |
| Officeholder Expenditures | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE | Internet | Internet | | |
| OF EXPENDITURE | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living | expense |
| | | | | 000 |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | | Office held |
| Complete ONLY if direct expenditure to benefit C/OF | | Office sought | | Office held |

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 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 category not listed above) |
|--|--|---------------------|---|
| 1 Total pages Schedule F1: 21 of 36 | 2 FILER NAME Chad A West | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 05/09/2023 | Atmos Energy | | |
| 6 Amount (\$) 311.41 | 7 Payee address; P.O. Box 740353 Cincinnati, OH 45274 | City; | State; Zip Code |
| Officeholder Funds for Officeholder Expenditures | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Utilities | Utilities | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 05/09/2023 | Xoom Energy | | |
| Amount (\$) 55.14 | Payee address; | City; | State; Zip Code |
| Officeholder Funds for Officeholder Expenditures | P.O. Box 660133 Dallas, TX 75266 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Utilities | Utilities | |
| | 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 | Payee name | | |
| 05/09/2023 | Chad West PLLC | | |
| Amount (\$) 63.00 | Payee address; 3606 South Tyler Street Dallas, TX 75224 | City; | State; Zip Code |
| Officeholder Funds for Officeholder Expenditures | 3000 South Tyler Street Dallas, 17, 73224 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Office supplies | Stamps | |
| | 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 | complete this form. | |
|---|--|----------------------|---------------------------------------|
| 1 Total pages Schedule F1: 22 of 36 | 2 FILER NAME Chad A West | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 05/10/2023 | Chad West | | |
| 6 Amount (\$) 39.09 Officeholder Funds for Officeholder Expenditures | 7 Payee address; 810 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 | travel in district | Travel in district | |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 05/11/2023 | Ashley Long | | |
| Amount (\$) 175.00 | Payee address; 2700 Canton Street Dallas, TX 75226 | City; | State; Zip Code |
| Officeholder Funds for Officeholder Expenditures | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Contract Labor | Photos | |
| | 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 | Payee name | | |
| 05/11/2023 | Skate Parks for Dallas | | |
| Amount (\$) 2000 00 | Payee address; | City; | State; Zip Code |
| Amount (\$) 3000.00 Officeholder Funds for Officeholder Expenditures | 6904 Bob O Link Drive Dallas, TX 75214 | - 3/ | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Donation | Oak Cliff Skate Park | |
| | 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: 23 of 36 | 2 FILER NAME Chad A West | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 05/12/2023 | Writers Garret Donation | | | |
| 6 Amount (\$) 700.00 Campaign Funds for Campaign Expenditures | 7 Payee address; 3606 S Tyler Street Dallas, TX 75224 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF | Donation | Donation | | |
| EXPENDITURE | | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | | Office held |
| Date | Payee name | | | |
| 05/15/2023 | Tom Thumb | | | |
| Amount (\$) 316.22 | Payee address; | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | 200 N Hampton Dallas, TX 75211 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Supplies | Supplies for voluntee | ers | |
| | 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 | Payee name | | | |
| 05/15/2023 | Paypal Writers Garr | | | |
| Amount (\$) 20.00 | Payee address; 3606 S Tyler Street Dallas, TX 75224 | City; | State; | Zip Code |
| Officeholder Funds for Officeholder Expenditures | 3606 S Tyler Street Dallas, TX 75224 | | | |
| | 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 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

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. | Other (enter a category not listed above) |
|--|--|---------------------|---|
| 1 Total pages Schedule F1: 24 of 36 | 2 FILER NAME Chad A West | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 05/15/2023 | Benny Guzman | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 306 Montreal Avenue Dallas, TX 75208 | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE | Contract Labor | Signs | |
| OF EXPENDITURE | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 05/15/2023 | Benny Guzman | | |
| Amount (\$) 140.00 | Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 306 Montreal Avenue Dallas, TX 75208 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF | Reimbursement | Gas | |
| EXPENDITURE | | | |
| | 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 | Payee name | | |
| | | | |
| 05/15/2023 | El Carlos Elegante | | |
| Amount (\$) 189.95 | Payee address; 1400 N Riverfront Blvd Dallas, TX 75207 | City; | State; Zip Code |
| Campaign Funds for | 1400 N Rivernout Blvd Danas, 1X /320/ | | |
| Campaign Expenditures | | _ | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF | Fundraising Meeting | Fundraising | |
| EXPENDITURE | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OF | l | | |
| | 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. | outes (otto) a outego | ., |
|--|--|---------------------|----------------------------|--------------------|
| 1 Total pages Schedule F1: 25 of 36 | 2 FILER NAME Chad A West | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date 05/15/2023 | 5 Payee name EatzIs | | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; | Zip Code |
| 94.33 | 100 Oak Lawn Avenue Dallas, TX 75219 | Oity, | Giato, | 2.10 0000 |
| Officeholder Funds for Officeholder Expenditures | | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE | Gifts | Gifts | | |
| OF EXPENDITURE | | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | | Office held |
| Date | Payee name | | | |
| 05/15/2023 | Paradiso | | | |
| Amount (\$) 130.27 | Payee address; | City; | State; | Zip Code |
| Officeholder Funds for | 100 N Bishop Avenue Dallas, TX 75208 | | | |
| Officeholder Expenditures | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE | Gifts | Gifts | | |
| OF EXPENDITURE | | | | |
| | 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 | Payee name | | | |
| | | | | |
| 05/15/2023 | Go Fund Me Hel | | | |
| Amount (\$) 1200.00 | Payee address; 3606 S Tyler Street Dallas, TX 75224 | City; | State; | Zip Code |
| Officeholder Funds for | Jood 5 Tyler Street Danas, 174 75224 | | | |
| Officeholder Expenditures | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF | Donation | Donation | | |
| EXPENDITURE | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austii | n, TX, officeholder living | expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | | Office held |
| expenditure to benefit C/OF | 1 | | | |
| | 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: 26 of 36 | 2 FILER NAME Chad A West | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 05/22/2023 | Target | | | |
| 6 Amount (\$) 417.27 Campaign Funds for Campaign Expenditures | 7 Payee address; 3606 S Tyler Street Dallas, TX 75224 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Supplies | Storage Supplies | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | | Office held |
| Date | Payee name | | | |
| 05/23/2023 | Benny Guzman | | | |
| Amount (\$) 750.00 | Payee address; 306 Montreal Avenue Dallas, TX 75208 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | | D : # | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Contract Labor | Signs | | |
| | 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 | Payee name | | | |
| | | | | |
| 05/23/2023 | Benny Guzman | | | |
| Amount (\$) 60.00 | Payee address; 306 Montreal Avenue Dallas, TX 75208 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | 300 Wonded Wende Bunds, 120 73200 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE | Reimbursement | Gas | | |
| OF EXPENDITURE | | | | |
| | 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 | 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: 27 of 36 | 2 FILER NAME Chad A West | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 05/25/2023 | Cretias Bakery | | | |
| 6 Amount (\$) 15.00 Officeholder Funds for Officeholder Expenditures | 7 Payee address; 228 West Davis 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 | Gifts | Gifts | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living e | expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | (| Office held |
| Date | Payee name | | | |
| 05/25/2023 | Cibo Divino | | | |
| Amount (\$) 53.03 Campaign Funds for | Payee address; 1868 Sylvan Avenue Suite D100 Dallas, TX 75208 | City; | State; | Zip Code |
| Campaign Expenditures | Cotogony (See Cotogonica listed at the top of this schedule) | Description | | |
| BUBBOOF | Category (See Categories listed at the top of this schedule) | · | | |
| PURPOSE OF EXPENDITURE | Fundraising Meeting | Fundraising | | |
| | 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 | C | Office held |
| Date | Payee name | | | |
| 05/26/2023 | Mailchimp | | | |
| Amount (\$) 137.51 Campaign Funds for Campaign Expenditures | Payee address; 123 State Street Atlanta, GA 40022 | 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 e | 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: 28 of 36 | 2 FILER NAME Chad A West | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 05/31/2023 | Benny Guzman | | |
| 6 Amount (\$) 480.00 Campaign Funds for Campaign Expenditures | 7 Payee address; 306 Montreal Avenue Dallas, TX 75208 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Contract Labor | Signs | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Aust | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 05/31/2023 | Benny Guzman | | |
| Amount (\$) 30.00 | Payee address; | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 306 Montreal Avenue Dallas, TX 75208 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Reimbursement | Gas | |
| | 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 | Payee name | | |
| | | | |
| 05/31/2023 | Chad West | | |
| Amount (\$) 977.80 | Payee address; 810 North Bishop AvenuĐallas, TX 75208 | City; | State; Zip Code |
| Campaign Funds for Campaign Expenditures | 610 North Bishop AvenuBahas, 1A /3206 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Contract Labor Reimb | Contract Labor | |
| | 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 | 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: 29 of 36 | 2 FILER NAME Chad A West | | 3 Filer ID (Ethics | s Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 05/31/2023 | Chad West PLLC | | | |
| 6 Amount (\$) 1409.63 Campaign Funds for Campaign Expenditures | 7 Payee address; 3606 South Tyler Street Dallas, TX 75224 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Reimbursement | Hats and Shipment | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | ı expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | | Office held |
| Date | Payee name | | | |
| 05/31/2023 | Viasat In-Flight | | | |
| Amount (\$) 19.00 Officeholder Funds for | Payee address; 3606 S Tyler Street Dallas, TX 75224 | City; | State; | Zip Code |
| Officeholder Expenditures | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Internet | Internet | | |
| | 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 | Payee name | | | |
| 05/31/2023 | TLF Abbott Flori | | | |
| Amount (\$) 107.53 | Payee address; 3606 S Tyler Street Dallas, TX 75224 | City; | State; | Zip Code |
| Officeholder Funds for Officeholder Expenditures | Janas, 17 73224 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF | Gifts | Flowers | | |
| EXPENDITURE | | | | |
| | 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 | complete this form. | | |
|--|--|-----------------------|------------------------------------|---------|
| 1 Total pages Schedule F1: 30 of 36 | 2 FILER NAME Chad A West | | 3 Filer ID (Ethics Commission | Filers) |
| 4 Date | 5 Payee name | | | |
| 06/01/2023 | Katy Seitzler | | | |
| 6 Amount (\$) 70.00 Campaign Funds for Campaign Expenditures | 7 Payee address; 217 Sycamore Creek Roadllen, TX 75002 | City; | State; Zip Code | • |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Contract Labor | Campaign Communic | cations | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held | |
| Date | Payee name | | | |
| 06/01/2023 | American | | | |
| Amount (\$) 637.81 Officeholder Funds for | Payee address; 111 State Street Fort Worth, TX 76111 | City; | State; Zip Code | • |
| Officeholder Expenditures | | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Travel out of District | Out of District Trave | 1 | |
| | 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 | Payee name | | | |
| 06/02/2023 | DEX Imaging | | | |
| Amount (\$) 114.50 | Payee address; | City; | State; Zip Code | ÷ |
| Campaign Funds for Campaign Expenditures | P.O. Box 9356311 Clearwater, FL 33762 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE | Advertising Expense | Printing | | |
| OF EXPENDITURE | | | | |
| | 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 e | complete this form. | Other (enter a category nor | listed above) |
|---|---|-----------------------|-------------------------------------|------------------|
| 1 Total pages Schedule F1: 31 of 36 | 2 FILER NAME Chad A West | | 3 Filer ID (Ethics Con | nmission Filers) |
| 4 Date | 5 Payee name | | | |
| 06/02/2023 | Chad West | | | |
| 6 Amount (\$) 18.13 | 7 Payee address; 810 North Bishop AvenuĐallas, TX 75208 | City; | State; Z | ip Code |
| Officeholder Funds for Officeholder Expenditures | | | | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF | In district travel | Uber | | |
| EXPENDITURE | | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expe | nse |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | Offic | e held |
| Date | Payee name | | | |
| 06/05/2023 | Benny Guzman | | | |
| Amount (\$) 160.00 | Payee address; | City; | State; Z | ip Code |
| Campaign Funds for Campaign Expenditures | 306 Montreal Avenue Dallas, TX 75208 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF | Contract Labor | Signs | | |
| EXPENDITURE | Chealtifteered autoids of Taylor Complete School to T | Observatorité Accepti | TV office believe living a superior | |
| | Check if travel outside of Texas. Complete Schedule T. | | in, TX, officeholder living exper | |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Offic | e held |
| Date | Payee name | | | |
| 0.4/0.5/2-2-2 | | | | |
| 06/05/2023 | The Dallas Assembly | | | |
| Amount (\$) 549.85 | Payee address; 3606 s Tyler street Dallas, TX 75224 | City; | State; Z | ip Code |
| Officeholder Funds for Officeholder Expenditures | 2 and 3 17 10 22 . | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Member Dues | Member Dues | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austii | n, TX, officeholder living exper | nse |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Offi | ce held |
| | ATTACH ADDITIONAL CODIES OF THE | COUEDINE AGNET | -DED | |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEE | בטבט | |

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: 32 of 36 | 2 FILER NAME Chad A West | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 06/06/2023 | DocNetwork | | |
| 6 Amount (\$) 164.00 Officeholder Funds for Officeholder Expenditures | 7 Payee address; 3606 S Tyler Street Dallas, TX 75224 | City; | State; Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Office Supplies | Office Supplie | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 06/06/2023 | Oak Cliff Lions Club | | |
| Amount (\$) 150.00 | Payee address; P.O. Box 4445 Dallas, TX 75208 | City; | State; Zip Code |
| Officeholder Funds for Officeholder Expenditures | , | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Member Dues | 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/Oh | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 06/06/2023 | Camp Wisdom UMC | | |
| Amount (\$) 350.00 | Payee address; | City; | State; Zip Code |
| Officeholder Funds for Officeholder Expenditures | 1300 West Camp WisdorDallas, TX 75208 | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Donation | Juneteenth Financial | Support |
| | 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: 33 of 36 | 2 FILER NAME Chad A West | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 06/20/2023 | Stevens Park | | | |
| 6 Amount (\$) 182.69 Officeholder Funds for Officeholder Expenditures | 7 Payee address; 111 Monclair Ave Dallas, TX 75208 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Donation | Donation | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | | Office held |
| Date | Payee name | | | |
| 06/22/2023 | Elena Guzman | | | |
| Amount (\$) 630.00 | Payee address; 810 North Bishop AvenuDallas, TX 75208 | City; | State; | Zip Code |
| Officeholder Funds for Officeholder Expenditures | | | | |
| | 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/OH | Candidate / Officeholder name | Office sought | | Office held |
| Date | Payee name | | | |
| | | | | |
| 06/23/2023 | Elena Guzman | | | |
| Amount (\$) 574.00 | Payee address; 810 North Bishop AvenuÐallas, TX 75208 | City; | State; | Zip Code |
| Officeholder Funds for Officeholder Expenditures | oro North Bishop AvendBahas, 124 73200 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF | Contract Labor | Contract Labor | | |
| EXPENDITURE | | | | |
| | 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: 34 of 36 | 2 FILER NAME Chad A West | | 3 Filer ID (Ethics Commission Filers) | | |
| 4 Date | 5 Payee name | | I | | |
| 06/26/2023 | Go Oak Cliff LLC | | | | |
| 6 Amount (\$) 4850.00 Officeholder Funds for Officeholder Expenditures | 7 Payee address; 1300 South Polk Street Suite 295 Dallas, TX 75224 | City; | State; | Zip Code | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | | |
| PURPOSE OF | Donation | Donation | | | |
| EXPENDITURE | | <u> </u> | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | | Office held | |
| Date | Payee name | | | | |
| 06/26/2023 | Amazon | | | | |
| Amount (\$) 587.08 | Payee address; | City; | State; | Zip Code | |
| Officeholder Funds for Officeholder Expenditures | 3606 S Tyler Street Dallas, TX 75224 | | | | |
| | 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 Austin, TX, officeholder living expense | | | |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | | Office held | |
| Date | Payee name | | | | |
| 06/26/2023 | Total Wine and More | | | | |
| Amount (\$) 124.26 | Payee address; 111 Oak Lawn Avenue Dallas, TX 75219 | City; | State; | Zip Code | |
| Officeholder Funds for Officeholder Expenditures | 111 Oak Lawii 74 Chuc Bahas, 174 73217 | | | | |
| | 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 Austin | n, TX, officeholder living | expense | |
| 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 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: 35 of 36 | 2 FILER NAME Chad A West | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date | 5 Payee name | | | |
| 06/27/2023 | Mailchimp | | | |
| 6 Amount (\$) 137.51 Campaign Funds for Campaign Expenditures | 7 Payee address; 3606 S Tyler Street Dallas, TX 75224 | City; | State; | Zip Code |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | |
| PURPOSE OF EXPENDITURE | Advertising Expense | Advertising | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | n, TX, officeholder living | expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | | Office held |
| Date | Payee name | | | |
| 06/27/2023 | The Home Depot | | | |
| Amount (\$) 596.13 | Payee address; 111 Fort Worth Ave Dallas, TX 75211 | City; | State; | Zip Code |
| Campaign Funds for Campaign Expenditures | | T 5 | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE OF EXPENDITURE | Storage Supplies | Storage Supplies | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | | Office held |
| Date | Payee name | | | |
| | • | | | |
| 06/27/2023 | NOCUPP | | | |
| Amount (\$) 365.00 | Payee address; | City; | State; | Zip Code |
| Officeholder Funds for Officeholder Expenditures | P.O. Box 226216 Dallas, TX 75222 | | | |
| | Category (See Categories listed at the top of this schedule) | Description | | |
| PURPOSE | Advertising Expense | Annual Membership | | |
| OF EXPENDITURE | | | | |
| | 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 | complete this form. | | | |
|---|--|---------------------|--|----------------------|--|
| 1 Total pages Schedule F1: 36 of 36 | 2 FILER NAME Chad A West | | 3 Filer ID (Ethics | s Commission Filers) | |
| 4 Date | 5 Payee name | | | | |
| 06/29/2023 | Chad West PLLC | | | | |
| 6 Amount (\$) 862.32 Officeholder Funds for Officeholder Expenditures | 7 Payee address; 3606 South Tyler Street Dallas, TX 75224 | City; | State; | Zip Code | |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | | | |
| PURPOSE OF EXPENDITURE | travel in district | Travel in district | | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austi | in, TX, officeholder living | expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | | Office held | |
| Date | Payee name | | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code | |
| | Category (See Categories listed at the top of this schedule) | Description | | | |
| PURPOSE OF EXPENDITURE | | | | | |
| | 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 | Payee name | | | | |
| Amount (\$) | Payee address; | City; | State; | Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austi | 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 | EDED | | |