Signature of officer administering oath

City of Dallas City	Secretary's Office	1500 Marilla Street, 5DS		(214)670-3738
Supplemen Officeholde	tal Report r		FOR Cover She	MSR etSR
1. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST MI Chad A	2. Total Pages Filed: 49	
	NICKNAME	LAST SUFFIX West	3. Office Held Dallas City Coun	cil District 1
4. SUPPLEMENTAL REPORT TYPE	★ January 15 C July 15	c 30th day before election c Runoff c 8th day before election c Exceeded \$500 limit	c 15th day after camp treasurer appointmer (officeholder only) c Final Report	
5. PERIOD / COVERED		7/1/2021 THROUGH 12/31/2021		
6. ELECTION	Month Day Year	c Primary ⊂ Runoff 🗶 Ge	eneral c Spe	cial c N/A
7. OFFICE- HOLDER	CONTRIBUTION TOTALS	PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS TEMIZED		\$0.00
	EVDENDITUDE	OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOA	\$0.00	
	EXPENDITURE TOTALS	3. TOTAL OFFICEHOLDER EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$0.00		
8. POLITICAL	CONTRIBUTION TOTALS	E TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN DISPOSS		\$ 31,466.92 \$ 0.00
(Campaign)		6. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 26,103.30
	EXPENDITURE	7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS UNLESS ITEMIZED		\$0.00
	TOTALS	8. TOTAL POLITICAL EXPENDITURES		\$ 0.00
9. OFFICEHOLDER FUI FOR CAMPAIGN PUR		9. TOTAL DOLLAR AMOUNT OF OFFICEHOLDER CONTRIBU CAMPAIGN EXPEND TURES DURING THE REPORTING PERI		\$0.00
10. AFFIDAVIT		I swear, or affirm, under penalty of perjuing is true and correct and includes all inform me under Title 15, Election code.		
AFFIX NOTARY STA	MP / SEAL ABOVE	***ELECTRONICALLY CERTIFIED***		
		Signature of Candidate or C	Officeholder	
Sworn to and subscribed	before me, by the said Mr C	Chad A West, th	his the 14th	day
of January , 2	20_ 22 , to certify which	n, witness my hand and seal of office.		

Printed name of officer administering oath

SCHEDULE A1

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

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAMI Mr Chad A We		3 Filer ID (Ethics Commission Filers)
4 Date 12/02/2021	5 Full name of contributor out-of-state PAC (ID#: Thomas Adair	7 Amount of contribution (\$) 100.00
Campaign Contribution	6 Contributor address; City; State; Zip Co 1001 14th St Suite 112 Plano, TX 75074	
8 Principal occ	cupation / Job title (See Instructions) 9 Employer (See	ee Instructions)
Date 11/13/2021	Full name of contributor	Amount of contribution (\$)
Campaign Contribution	Contributor address; City; State; Zip Co 1999 McKinney Ave. Suite 1804 Dallas, TX 75201	
Principal occi	upation / Job title (See Instructions) Employer (Se	ee Instructions)
Date 12/01/2021	Full name of contributor	Amount of contribution (\$) 1000.00
Campaign Contribution	Contributor address; City; State; Zip Co. 1052 Kessler Pkwy. Dallas, TX 75208	de
Principal occ	upation / Job title (See Instructions) Employer (Se	ee Instructions)
Date 08/12/2021	Full name of contributor	Amount of contribution (\$) 1000.00
Campaign Contribution	Contributor address; State: Zip Coo 2000 McKinney Ave. Suite 1000 Dallas, TX 75221	de
Principal occ	upation / Job title (See Instructions) Employer (Se	ee Instructions)

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SCHEDULE A1

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

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 2 of 11
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mr Chad A West			
4 Date	5 Full name of contributor out-of-state PAC (ID)#:)	7 Amount of contribution (\$)
08/12/2021	Melanie Byrne		1000.00
Campaign Contribution	6 Contributor address; City; 3720 Miramar Ave. Dallas, TX	State; Zip Code X 75205	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
08/12/2021	Tim Byrne		1000.00
Campaign Contribution	Contributor address; City; 3720 Miramar Ave. Dallas, TX	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID	D#:)	Amount of contribution (\$)
12/01/2021	Cindy Carpenter-Smith		250.00
Campaign Contribution	Contributor address; City; S 1542 W. Colorado Blvd Dallas, TX	State; Zip Code X 75208	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 11/12/2021	Full name of contributor)#:)	Amount of contribution (\$) 500.00
Campaign Contribution	Contributor address; City; Dallas, TX	State: Zip Code X 75201	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)

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SCHEDULE A1

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

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 3 of 11
2 FILER NAME Mr Chad A Wes				3 Filer ID (Ethics Commission Filers)
4 Date 08/12/2021	5 Full name of contributor Jeannie Courtwright	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$) 100.00
Campaign Contribution	6 Contributor address; 6758 Avalon Ave.	City; Dallas,	State; Zip Code , TX 75210	
8 Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruc	ltions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
08/12/2021 Campaign Contribution	Jeff Courtwright Contributor address; 6758 Avalon Ave.	City; Dallas,	State; Zip Code , TX 75210	100.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 11/22/2021	Full name of contributor Morgan Cox	out-of-state PAC	C (ID#:)	Amount of contribution (\$) 949.70
Campaign Contribution	Contributor address; 4445 Buena Vista St.	City; Dallas,	State; Zip Code TX 75205	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 11/14/2021	Full name of contributor Giles Davidson	out-of-state PAC	C (ID#:)	Amount of contribution (\$) 250.00
Campaign Contribution	Contributor address; 1111 N. Montclair Ave.	City; Dallas,	State: Zip Code TX 75208	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)

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SCHEDULE A1

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

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 4 of 11
2 FILER NAME Mr Chad A West				3 Filer ID (Ethics Commission Filers)
4 Date 08/26/2021	5 Full name of contributor Keith Dilling	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$) 949.70
Campaign Contribution	6 Contributor address; 13208 Meandering Way	City; Dallas,	State; Zip Code , TX 75240	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date 12/01/2021	Full name of contributor Michelle Dye	out-of-state PAC	(ID#:)	Amount of contribution (\$) 100.00
Campaign Contribution	Contributor address; 1123 Lausanne Ave	City; Dallas,	State; Zip Code ,TX 75208	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 11/12/2021	Full name of contributor Aimee Furness 1	out-of-state PAC	C (ID#:)	Amount of contribution (\$) 949.70
Campaign Contribution	Contributor address; 1950 W. Colorado Blvd.	City; Dallas,	State; Zip Code , TX 75208	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 11/21/2021	Full name of contributor Pam Gerber		C (ID#:)	Amount of contribution (\$) 250.00
Campaign Contribution	Contributor address; 4435 Holland Ave.		State; Zip Code ,TX 75219	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)

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SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 5 of 11
2 FILER NAME Mr Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date 11/14/2021	Full name of contributor	7 Amount of contribution (\$) 237.20
Campaign Contribution	6 Contributor address; City; State; Zip Code 2905 Wellborn St. Dallas, TX 75219	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Inst	ructions)
Date 12/02/2021	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Campaign Contribution	Contributor address; City; State; Zip Code 3355 Blackburn St. Suite 3202 Dallas, TX 75204	
Principal occup	pation / Job title (See Instructions) Employer (See Inst	ructions)
Date 11/17/2021	Full name of contributor	Amount of contribution (\$)
Campaign Contribution	Contributor address; City; State; Zip Code 1801 Annex Ave. Suite 507 Dallas, TX 75204	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ructions)
Date 11/12/2021	Full name of contributor □ out-of-state PAC (ID#: Kathy Hewitt	_) Amount of contribution (\$) 949.70
Campaign Contribution	Contributor address; City; State: Zip Code 1410 Yakimo Dr. Dallas, TX 75208	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ructions)

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SCHEDULE A1

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

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 6 of 11
2 FILER NAME Mr 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 (\$)
12/01/2021	Cynthia Jaggi	_		949.70
Campaign Contribution	6 Contributor address; 626 Rainbow Dr.	City; Dallas,	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	C (ID#:)	Amount of contribution (\$)
12/02/2021	Augustine Jalomo 2			250.00
Campaign Contribution	Contributor address; 607 W. Canty St.	City; Dallas,	State; Zip Code , TX 75208	
Principal occup	nation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
11/24/2021	Scott Kahle			949.70
Campaign Contribution	Contributor address; 3401 Lee Pkwy. Suite 2201	City; Dallas,	State; Zip Code , TX 75219	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	iions)
Date 12/01/2021	Full name of contributor Kathleen Keller	out-of-state PAC	> (ID#:)	Amount of contribution (\$) 1000.00
Campaign Contribution	Contributor address; 6004 Candlestick Dr.	City; Harrist	State: Zip Code burg, PA 17112	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)

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SCHEDULE A1

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

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 7 of 11
2 FILER NAME Mr Chad A West	i			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	: (ID#:)	7 Amount of contribution (\$)
11/15/2021	Veletta Lill			250.00
Campaign Contribution	6 Contributor address; 622 Blair Blvd.	City; Dallas,	State; Zip Code TX 75223	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	iions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
12/01/2021	Charles D. Marlett			1000.00
Campaign Contribution	Contributor address; 4005 Dunhaven Rd.	City; Dallas,	State; Zip Code TX 75220	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
12/01/2021	Amy Messer			250.00
Campaign Contribution	Contributor address; 1126 Lausanne Ave	City; Dallas,	State; Zip Code TX 75208	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 12/03/2021	Full name of contributor Brooke Moser	out-of-state PAC	; (ID#:)	Amount of contribution (\$) 949.70
Campaign Contribution	Contributor address; 1234 Lausanne Ave	City; Dallas,	State: Zip Code TX 75208	
Principal occup	Dation / Job title (See Instructions)		Employer (See Instruct	iions)

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SCHEDULE A1

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

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 8 of 11
2 FILER NAME Mr Chad A West	i			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
12/02/2021	Dave Neumann			94.70
Campaign Contribution	6 Contributor address; 6318 Turner Way	City; Dallas,	State; Zip Code TX 75230	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
11/15/2021	Jennifer Owen			949.70
Campaign Contribution	Contributor address; 6541 Arborist Ln.	City; Dallas,	State; Zip Code TX 75214	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
11/13/2021	LUCILO PENA			500.00
Campaign Contribution	Contributor address; 1717 ARTS PLAZA Suite	Citv:	State: Zip Code	
Principal occu	Dation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 12/01/2021	Full name of contributor John Phillips	out-of-state PAC	· (ID#:)	Amount of contribution (\$) 500.00
Campaign Contribution	Contributor address; 1210 N. Winnetka Ave.	City; Dallas,	State: Zip Code TX 75208	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)

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SCHEDULE A1

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

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 9 of 11
2 FILER NAME Mr 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 (\$)
12/03/2021	Jim Pitts Consulting		1000.00
Campaign Contribution	6 Contributor address; City; 3800 Stratford Ave. Dallas,	State; Zip Code TX 75205	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
08/12/2021	Delores Jean Pogue		1000.00
Campaign Contribution	Contributor address; City; 2000 McKinney Ave. Suite 1000 Dallas,	State; Zip Code TX 75221	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
12/01/2021	Gabor Racz		1000.00
Campaign Contribution	Contributor address; City; 702 Rainbow Dr. Dallas,	State; Zip Code TX 75208	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 12/01/2021	Bret Schuch	(ID#:)	Amount of contribution (\$) 500.00
Campaign Contribution	Contributor address; City; 1215 N. Windomere Ave Dallas,	State: Zip Code TX 75208	
Principal occup	nation / Job title (See Instructions)	Employer (See Instruc	tions)

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SCHEDULE A1

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

The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: 10 of 11
2 FILER NAME Mr Chad A West			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (I	D#:)	7 Amount of contribution (\$)
12/01/2021	Chris Schwegmann		1000.00
Campaign Contribution	6 Contributor address; City; 1052 Kessler Pkwy. Dallas, T	State; Zip Code CX 75208	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
11/15/2021	Andy Smith		237.20
Campaign Contribution	Contributor address; City; 3525 Turtle Creek Blvd. Suite 21D Dallas, T	State; Zip Code "X 75219	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)
12/01/2021	Ashley Spears		949.70
Campaign Contribution	Contributor address; City; 1177 Lausanne Ave Dallas, T	State; Zip Code X 75208	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 11/30/2021	Full name of contributor	D#:)	Amount of contribution (\$) 500.00
Campaign Contribution	Contributor address; City; 1639 Handley Dr. Dallas, T	State: Zip Code X 75208	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

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SCHEDULE A1

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

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 11 of 11
2 FILER NAME Mr 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 (\$)
11/14/2021	Daniel Waldmann			250.00
Campaign Contribution	6 Contributor address; 1111 N. Montclair Ave.	City;	State; Zip Code TX 75208	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
12/01/2021	Ryan Windham			1000.00
Campaign Contribution	Contributor address; 606 Monssen Dr	City;	State; Zip Code TX 75224	
Principal occup	nation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	ATTAOLIABBITI	0141 000150		UEEDED.

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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: 1 of 37	2 FILER NAME Mr Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
07/15/2021	SPCA of Texas		
6 Amount (\$) 310.89 Officeholder Funds for Officeholder Expenditures	7 Payee address; 2400 Lone Star Drive Dallas, TX 75212	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Sponsorship	
	(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		
07/19/2021	Katy Seitzler		
Amount (\$) 200.00	Payee address; 217 Sycamore Creek Roalllen, TX 75002	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Marketing	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
07/21/2021	Dallas Youth Sports		
Amount (\$) 250.00	Payee address;	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures	2524 West Ledbetter Dri⊉allas, TX 75233		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Sponsorship	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed a	above)
1 Total pages Schedule F1: 2 of 37	2 FILER NAME Mr Chad A West		3 Filer ID (Ethics Commission	on Filers)
4 Date	5 Payee name			
07/23/2021	Benny Guzman			
6 Amount (\$) 100.00	7 Payee address; 306 South Montreal AvenDrellas, TX 75208	City;	State; Zip Co	ode
Officeholder Funds for Officeholder Expenditures				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	Advertising Expense	Donation		
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 hel	d
Date	Payee name			
07/26/2021	Chad West			
Amount (\$) 750.14	Payee address;	City;	State; Zip Co	de
Officeholder Funds for Officeholder Expenditures	3606 South Tyler Street Dallas, TX 75224			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	Volunteer Meals		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	d
Date	Payee name			
07/26/2021	Human Rights			
Amount (\$) 1260.00	Payee address;	City;	State; Zip Co	de
Officeholder Funds for Officeholder Expenditures	3606 South Tyler Street Dallas, TX 75224			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Donation		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office he	ld
	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 37	2 FILER NAME Mr Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
07/27/2021	Chad West PLLC		
6 Amount (\$) 31.27 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	Advertising Expense	Mailchimp Reimburs	sement
	(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/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
07/30/2021	PayPal DFW		
Amount (\$) 120.00	Payee address; 3606 South Tyler Street Dallas, TX 75224	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Advertising	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
08/09/2021	Tanglewood Resort		
Amount (\$) 133.58	Payee address; 290 Tanglewood Circle Pottsboro, TX 75076	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures	270 Tanigle wood Choic Totalogio, TT 75070		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Officeholder Expense	Lodging	
	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: 4 of 37	2 FILER NAME Mr Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	l l	
08/10/2021	Salad and Go		
6 Amount (\$) 37.04 Officeholder Funds for Officeholder Expenditures	7 Payee address; 5101 Ross Avenue Dallas, TX 75206	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fundraising	Fundraising Expense	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
08/10/2021	Cibo Divino		
Amount (\$) 45.97	Payee address; 1868 Sylvan 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	Meals	Constituant Meeting	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
08/10/2021	Chad West PLLC		
Amount (\$) 31.27	Payee address;	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures	3606 South Tyler Street Dallas, TX 75224		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Mailchimp Reimburse	ment
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	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: 5 of 37	2 FILER NAME Mr Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
08/12/2021	Copynet Digital Imaging Solutions		
6 Amount (\$) 110.45 Officeholder Funds for Officeholder Expenditures	7 Payee address; P.O. Box 860545 Plano, TX 75086	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Copies	
	(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/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
08/12/2021	Oak Cliff Lions Club		
Amount (\$) 50.00	Payee address; P.O. Box 4445 Dallas, TX 75208	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures	1.0. Box 4445 Dallas, 1X 73200		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Membeship Dues	
	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		
08/16/2021	Ascension Café		
Amount (\$) 16.03	Payee address; 200 Crescent Court Dallas, TX 75201	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures	200 Gregoria Gara Banas, 111 / 5201		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Officeholder Expense	Meeting re zoning iss	sue
	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: 6 of 37	2 FILER NAME Mr Chad A West		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
08/18/2021	Turner House			
6 Amount (\$) 300.00 Officeholder Funds for Officeholder Expenditures	7 Payee address; 401 North Rosemont Avenuelas, 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 Austin	n, 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			
08/18/2021	ActBlue Charles			
Amount (\$) 1000.00	Payee address; 3606 South Tyler Street Dallas, TX 75224	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Political Contribution	1	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
08/26/2021	Benny Guzman			
Amount (\$) 40.00	Payee address; 306 South Montreal Aventhedlas, TX 75208	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	300 South Montreal Avenatures, 174 73200			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Advertising Expense	Football Team Donat	ion	
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 7 of 37	2 FILER NAME Mr Chad A West		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name		1	
08/26/2021	Chad West PLLC			
6 Amount (\$) 31.27 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	Advertising Expense	Mailchimp Reimburs	sement	
	(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			
08/30/2021	Chad West			
Amount (\$) 791.79	Payee address; 3606 South Tyler Street Dallas, TX 75224	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	Reimbursement		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/01/2021	ABC Party Headquarters			
Amount (\$) 38.97	Payee address; 1414 West Davis Street Dallas, TX 75208	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	1414 West Davis Succe Dallas, 17/75200			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Supplies	Supplies for Campaig	gn Event	
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: 8 of 37	2 FILER NAME Mr Chad A West		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
09/01/2021	Cibo Divino			
6 Amount (\$) 84.40 Officeholder Funds for Officeholder Expenditures	7 Payee address; 1868 Sylvan 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	Meals	Volunteer Meals		
	(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			
09/01/2021	Glorias			
Amount (\$) 113.59	Payee address; 600 North Bishop AvenuÐallas, TX 75208	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures		T 5		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fundraising	Fundraising Expense		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/02/2021	Elite News			
Amount (\$) 3500.00	Payee address; P.O. Box 380071 Duncanville, TX 75138	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	1.0. Box 300071 Duncanvine, 1% 73130			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Advertising Expense	Marketing		
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	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

Oreal Garar ayment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 9 of 37	2 FILER NAME Mr Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
09/08/2021	Copynet Digital Imaging Solutions		
6 Amount (\$) 146.92 Officeholder Funds for	7 Payee address; P.O. Box 860545 Plano, TX 75086	City;	State; Zip Code
Officeholder Expenditures			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Copies	
	(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		
09/13/2021	Barcelona Wine		
Amount (\$) 103.63	Payee address; 5016 Miller Avenue Dallas, TX 75206	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures	,		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Meals	Council Event	
EXPENDITURE		<u> </u>	
	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/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/15/2021	Dallas Youth Sports		
Amount (¢)	Payee address;	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures	2524 West Ledbetter Dri Dallas, TX 75233	- 3,	, , ,
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Fall Event Sponsorsh	ip
	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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		,
1 Total pages Schedule F1: 10 of 37	2 FILER NAME Mr Chad A West		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
09/15/2021	Chad West PLLC			
6 Amount (\$) 31.27 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	Advertising Expense	Mailchimp Reimburs	sement	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/17/2021	Miriam La Cocina			
Amount (\$) 85.45	Payee address;	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	2015 Woodall Rodgers Freeway Dallas, TX 75201			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meals	Constituant Meeting		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	gexpense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/17/2021	Ashley Wysocki Campaign			
Amount (\$) 500.00	Payee address; 5323 Spring Valley Road Suite 150	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	Dallas, TX 75254			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	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	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

oreal card ayment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 11 of 37	2 FILER NAME Mr Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
09/17/2021	Oak Cliff Lions Club		
6 Amount (\$) 50.00	7 Payee address; P.O. Box 4445 Dallas, 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	Advertising Expense	Membeship Dues	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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		
09/21/2021	Express Shop		
Amount (\$) 23.25	Payee address; 200 Crescent Court Dallas, TX 75201	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures	, , , , , , , , , , , , , , , , , , , ,		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Gift	Gift	
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		
09/22/2021	Tom Thumb		
Amount (\$) 34.43	Payee address; 315 South Hampton RoadDallas, TX 75208	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures	010 00000 11000 000000, 111 / 0200		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Volunteers	Volunteer Party	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 12 of 37	2 FILER NAME Mr Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
09/22/2021	Mamas Daughter		
6 Amount (\$) 83.06 Officeholder Funds for Officeholder Expenditures	7 Payee address; 2014 Irving Boulevard Dallas, TX 75207	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Volunteers	Volunteer Party	
	(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		
09/24/2021	North Texas Giving Day		
Amount (\$) 252.50	Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures		D : #	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Donation	Donation	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/24/2021	PayPayl DDJ		
Amount (\$) 500.00	Payee address; 3606 S Tyler Street Dallas, TX 75225	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures	3000 S Tyler Sueet Dallas, 1A 73223		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Donation	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS 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

Oreal Garar ayment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 13 of 37	2 FILER NAME Mr Chad A West		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
09/27/2021	Parigi			
6 Amount (\$) 31.52	7 Payee address; 3311 Oak Lawn Avenue Dallas, TX 75219	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	Meals	Constituant 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/Oh	Candidate / Officeholder name I	Office sought		Office held
Date	Payee name			
09/27/2021	Saint Martins Wine			
Amount (\$) 163.98	Payee address; 3020 Greenville Avenue Dallas, TX 75206	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meals	Constituant Meeting		
EXI ENDITORE	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			
10/01/2021	Elissa Wev For Judge			
Amount (\$) 500.00	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	Campaign Contribution	Donation		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	outer (eriter a satisge	.,,
1 Total pages Schedule F1: 14 of 37	2 FILER NAME Mr Chad A West		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
10/01/2021 6 Amount (\$)	Benny Guzman	City:	State;	Zip Code
30.00	7 Payee address; 306 South Montreal AvenDadlas, TX 75208	City;	State,	Zip Code
Officeholder Funds for Officeholder Expenditures	200 2000 110200 1110200			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Advertising Expense	Donation		
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/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/05/2021	Dallas Zoo Manag			
Amount (\$) 750.00	Payee address;	City;	State;	Zip Code
	3606 South Tyler Street Dallas, TX 75224			
Officeholder Funds for Officeholder Expenditures		1		
	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 Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/06/2021	Ascension Café			
Amount (\$) 18.94	Payee address; 200 Crescent Court Dallas, TX 75219	City;	State;	Zip Code
Officeholder Funds for	200 Crescent Court Dallas, 1A /3219			
Officeholder Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Meals	Constituant Meeting		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	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: 15 of 37	2 FILER NAME Mr Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
10/07/2021	Rise n Thyme		
6 Amount (\$) 16.46 Officeholder Funds for Officeholder Expenditures	7 Payee address; 211 South Akard Street Dallas, TX 75202	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Meals	Constituant 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		
10/07/2021	Grange Hall		
Amount (\$) 99.89	Payee address; 4445 Travis Street Dallas, TX 75205	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures		5	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Volunteers	Volunteer Party	
	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		
10/07/2021	Rosemont Dads		
Amount (\$) 300.00	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	Donation	Donation	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		Onice sought	Office Held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Carer (errier a categor	,
1 Total pages Schedule F1: 16 of 37	2 FILER NAME Mr Chad A West		3 Filer ID (Ethics	Commission Filers)
4 Date 10/08/2021	5 Payee name Benny Guzman			
6 Amount (\$) 300.00 Officeholder Funds for Officeholder Expenditures	7 Payee address; 306 South Montreal AveilDadlas, TX 75208	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Donation		
	(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			
10/08/2021	Chad West, PLLC			
Amount (\$) 31.27 Officeholder Funds for Officeholder Expenditures	Payee address; 3606 South Tyler Street Dallas, TX 75224	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Mailchimp Reimburs	ement	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name			
10/12/2021	Nuvo			
Amount (\$) 8.61 Officeholder Funds for Officeholder Expenditures	Payee address; 3311 Oak Lawn Avenue Dallas, TX 75219	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gift	Gift		
	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
	·			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 17 of 37	2 FILER NAME Mr Chad A West		3 Filer ID (Ethics Commi	ission Filers)
4 Date	5 Payee name			
10/20/2021	Benny Guzman			
$ \begin{array}{c} \textbf{6} \;\; \text{Amount (\$)} \\ \\ 50.00 \\ \\ \text{Officeholder Funds for} \\ \\ \text{Officeholder Expenditures} \end{array} $	7 Payee address; 306 South Montreal AvenDadlas, TX 75208	City;	State; Zip	Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Donation		
	(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 I	held
Date	Payee name			
10/20/2021	Oak Cliff Chamber of Commerce			
Amount (\$) 400.00	Payee address; 1001 North Bishop AvenDallas, 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	Advertising Expense	Membership Dues		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office h	neld
Date	Payee name			
10/21/2021	Dallas Youth Sports			
Amount (\$) 1000.00	Payee address;	City;	State; Zip	Code
Officeholder Funds for Officeholder Expenditures	2524 West Ledbetter Dri⊉allas, TX 75233			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	X-Mas Event Sponso	rship	
	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	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: 18 of 37	2 FILER NAME Mr Chad A West		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
10/25/2021	Xaman Café			
6 Amount (\$) 41.04 Officeholder Funds for Officeholder Expenditures	7 Payee address; 334 Jefferson Boulevard Dallas, TX 75208	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Volunteers	Volunteer Meals		
	(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			
10/25/2021	Hunkys Old Fashion			
Amount (\$) 41.51 Officeholder Funds for	Payee address; 3930 Cedar Springs RoaDallas, TX 75219	City;	State;	Zip Code
Officeholder Expenditures		1 5		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meals	Constituant Meeting		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
	-			
10/28/2021	EKPNA			
Amount (\$) 500.00	Payee address; 446 West Greenbriar Lan⊌allas, TX 75208	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	440 West Greenorial Earleanas, 17/13/200			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Sponsorship		
	Check if travel outside of Texas. Complete Schedule T.	Check if 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 o	complete this form.	Carer (errer a carego	3.7.1.01.1.01.01.01.01.01.07
1 Total pages Schedule F1:	2 FILER NAME Mr Chad A West		3 Filer ID (Ethics	s Commission Filers)
4 Date 11/01/2021	5 Payee name West Village			
6 Amount (\$) 19.53 Officeholder Funds for Officeholder Expenditures	7 Payee address; 3699 McKinney Avenue Dallas, TX 75204	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Meals	(b) Description Constituant Meeting		
	(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/Oh	Candidate / Officeholder name	Office sought		Office held
Date 11/02/2021	Payee name			
Amount (\$) 500.00 Officeholder Funds for Officeholder Expenditures	Michael Orozco Campaign Fund Payee address; 5016 Groom Lane Dallas, TX 75227	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Donation		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$) 17.31 Officeholder Funds for Officeholder Expenditures	Amazon Payee address; 3606 South Tyler Street Dallas, TX 75224	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Supplies	Description Supplies		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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: 20 of 37	2 FILER NAME Mr Chad A West	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
11/02/2021	Chad West, PLLC			
6 Amount (\$) 31.27 Officeholder Funds for Officeholder Expenditures	7 Payee address; 3606 South Tyler Street Dallas, TX 75208	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Mailchimp Reimburs	sement	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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			
11/02/2021	Benny Guzman			
Amount (\$) 800.00	Payee address; 306 South Montreal AvenDadlas, TX 75208	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures		T 5		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	Labor and Mileage		
	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			
11/02/2021	Ascension Café			
Amount (\$) 19.24	Payee address; 200 Crescent Court Dallas, TX 75201	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	,			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Meals	Constituant Meeting		
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
Credit Card Payment

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 21 of 37	2 FILER NAME Mr Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
11/02/2021	Amazon		
6 Amount (\$) 21.41 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	Supplies	Supplies	
	(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/OF	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
11/03/2021	Taylor Adams		
Amount (\$) 500.00	Payee address;	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures	519 North Oak Cliff Boulevard Dallas, TX 75208		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract Labor	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
Date	Payee name		
11/03/2021	Sylvan Avenue		
Amount (\$) 49.92	Payee address; 1888 Sylvan Avenue Suite F250	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures	Dallas, TX 75208		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Meals	Constituant 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 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 o	complete this form.	outer (other a sategor	,
1 Total pages Schedule F1: 22 of 37	2 FILER NAME Mr Chad A West		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
11/04/2021	PayPayl Goo			
6 Amount (\$) 1000.00	7 Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	241.45, 111,622.			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	Advertising Expense	Donation		
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			
11/10/2021	DirtFlowers			
Amount (\$) 105.00	Payee address;	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	417 North Bishop AvenuĐallas, TX 75208			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Gift	GIft		
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			
11/10/2021	The Well Community			
Amount (\$) 250.00	Payee address; 125 Sunset 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	Advertising Expense	Sponsorship		
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austii	n, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	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: 23 of 37	2 FILER NAME Mr Chad A West		3 Filer ID (Ethics C	ommission Filers)
4 Date	5 Payee name		1	
11/12/2021	Uncle Julios			
6 Amount (\$) 269.04 Officeholder Funds for Officeholder Expenditures	7 Payee address; 4125 Lemmon Avenue Dallas, TX 75219	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Volunteers	Volunteer Party		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Of	fice held
Date	Payee name			
11/15/2021	Whole Foods			
Amount (\$) 109.70	Payee address; 2510 McKinney Avenue Dallas, TX 75201	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Volunteers	Supplies and Food fo	or volunteers	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Of	fice held
Date	Payee name			
11/15/2021	Oak Cliff Lions Club			
Amount (\$) 25.00	Payee address; P.O. Box 4445 Dallas, TX 75208	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	1.0. Dox 4445 Dallas, 1A 73200			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Membership Dues		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	0	ffice 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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above	e)
1 Total pages Schedule F1: 24 of 37	2 FILER NAME Mr Chad A West		3 Filer ID (Ethics Commission F	ilers)
4 Date	5 Payee name			
11/15/2021	Simply To Impress			
6 Amount (\$) 808.63	7 Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State; Zip Code	
Officeholder Funds for Officeholder Expenditures				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Print Materials	Fliers		
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/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
11/16/2021	Dash for the Beads			
Amount (\$)	Payee address;	City;	State; Zip Code	
1000.00	3606 S Tyler Street Dallas, TX 75224			
Officeholder Funds for 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 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			
11/17/2021	Hyatt Regency			
Amount (\$) 16.00	Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State; Zip Code	
Officeholder Funds for	2330 2 1300 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
Officeholder Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Campaign event cost		
	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	SCHEDIII E VS VIE	:DED	
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SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 25 of 37	2 FILER NAME Mr Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
11/17/2021	Hyatt Regency		
$ \begin{array}{c} \textbf{6} \ \text{Amount (\$)} \\ 12.99 \\ \\ \text{Officeholder Funds for} \\ \\ \text{Officeholder Expenditures} \\ \end{array} $	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	Event Expense	Campaign event cost	
	(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		
11/17/2021	Hyatt Regency		
Amount (\$) 12.99	Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Expense	Campaign event cost	
	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		
11/18/2021	Hilton Anatole		
Amount (\$) 10.00	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	Event Expense	Campaign event cost	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austii	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.	Other (enter a category r	ot listed above)
1 Total pages Schedule F1: 26 of 37	2 FILER NAME Mr Chad A West		3 Filer ID (Ethics Co	ommission Filers)
4 Date	5 Payee name			
11/18/2021	Benny Guzman			
6 Amount (\$) 55.00	7 Payee address; 306 South Montreal Aventhadlas, 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	Advertising Expense	Reimbursement		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living exp	pense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Of	fice held
Date	Payee name			
11/23/2021	Southwest Airlines Inflight			
Amount (\$) 8.00	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	Internet Expense	Internet fee		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living exp	pense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Off	ïce held
Date	Payee name			
11/23/2021	Tithe.Ly			
Amount (\$) 1000.00	Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	Junus, 177 75224			
	Category (See Categories listed at the top of this schedule)	Description		<u> </u>
PURPOSE OF EXPENDITURE	Donation	Donation		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	0	ffice 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 o	complete this form.	Other (enter a category not listed abov	e)
1 Total pages Schedule F1: 27 of 37	2 FILER NAME Mr Chad A West		3 Filer ID (Ethics Commission F	ilers)
4 Date	5 Payee name			
11/24/2021	Mailchimp			
6 Amount (\$) 93.80 Officeholder Funds for	7 Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State; Zip Code	
Officeholder Expenditures				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Marketing		
	(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			
12/02/2021	ActBlue Donateto Somerville MA			
Amount (\$) 250.00	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	Donation	Donation		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
12/02/2021	Chad West, PLLC			
Amount (\$) 116.00	Payee address;	City;	State; Zip Code	
Officeholder Funds for Officeholder Expenditures	3606 South Tyler Street Dallas, TX 75224			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Stamp Reimbursemen	nt	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Other (enter a catego	ry not listed above)
1 Total pages Schedule F1: 28 of 37	2 FILER NAME Mr Chad A West		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
12/03/2021	Dirt Flowers			
6 Amount (\$) 156.96	7 Payee address; 417 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	Gift	Gift		
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/Oh	Candidate / Officeholder name I	Office sought		Office held
Date	Payee name			
12/03/2021	Dirt Flowers			
Amount (\$)	Payee address;	City;	State;	Zip Code
143.97	417 North Bishop AvenuDallas, TX 75208			
Officeholder Funds for Officeholder Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Gift	Gift		
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			
12/06/2021	Parigi			
Amount (\$) 56.40	Payee address; 3311 Oak Lawn Avenue Dallas, TX 75219	City;	State;	Zip Code
Officeholder Funds for	3311 Oak Lawii Avenue Dallas, 1A /3219			
Officeholder Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Meals	Constituant Meeting		
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	ł			
	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 (effici a category	not listed above)
1 Total pages Schedule F1: 29 of 37	2 FILER NAME Mr Chad A West		3 Filer ID (Ethics C	commission Filers)
4 Date	5 Payee name			
12/06/2021	Stonewall Democrats			
6 Amount (\$) 60.00	7 Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures		_		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Advertising Expense	Donation		
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	0	ffice held
Date	Payee name			
12/06/2021	Target			
Amount (\$) 658.35	Payee address;	City;	State;	Zip Code
Officeholder Funds for	3606 S Tyler Street Dallas, TX 75224			
Officeholder Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Print Materials	Printer and supplies f	for campaing	
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Of	ffice held
Date	Payee name			
12/07/2021	Chad West PLLC			
Amount (\$) 132.45	Payee address; 3606 South Tyler Street Dallas, TX 75224	City;	State;	Zip Code
Officeholder Funds for	2000 20dd 1, 101 20100 2 dding, 111 / 222 .			
Officeholder Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Reimbursement		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living ex	pense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	C	Office held
expenditure to benefit C/OF	1			
	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.	Other (enter a categor	y not listed above)
1 Total pages Schedule F1: 30 of 37	2 FILER NAME Mr Chad A West		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
12/08/2021	Delphinium			
6 Amount (\$) 129.84	7 Payee address; 5806 West Lovers Lane Dallas, TX 75225	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Gift	Gift		
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			
12/08/2021	Delphinium			
Amount (\$)	Payee address;	City;	State;	Zip Code
124.43	5806 West Lovers Lane Dallas, TX 75225			
Officeholder Funds for Officeholder Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Gift	Gift		
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			
12/09/2021	Chad West			
Amount (\$) 132.12	Payee address; 810 North Bishop AvenuÐallas, TX 75208	City;	State;	Zip Code
Officeholder Funds for	515 I of the Dishop TrondDanas, 17, 13200			
Officeholder Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Reimbursement		
	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: 31 of 37	2 FILER NAME Mr Chad A West		3 Filer ID (Ethics Commiss	sion Filers)
4 Date	5 Payee name			
12/13/2021	Walgreens			
6 Amount (\$) 6.16 Officeholder Funds for Officeholder Expenditures	7 Payee address; 1306 North Beckley AveDadlas, TX 75208	City;	State; Zip C	ode
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 Aust	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office he	eld
Date	Payee name			
12/13/2021	Nuvo			
Amount (\$) 221.91	Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State; Zip C	ode
Officeholder Funds for Officeholder Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gift	Gift		
	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 he	eld
Date	Payee name			
12/13/2021	The Statler			
Amount (\$) 811.88	Payee address;	City;	State; Zip C	ode
Officeholder Funds for Officeholder Expenditures	1914 Commerce Street Dallas, TX 75201			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Farewell Party for Co	onstituant	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office h	eld
	ATTACH ADDITIONAL COPIES OF THIS	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.	Carer (errier a categ	3.7.1.01.1.01.01.1.1.01.01.1
1 Total pages Schedule F1: 32 of 37	2 FILER NAME Mr Chad A West		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
12/13/2021	Waterproof			
6 Amount (\$) 2176.63	7 Payee address; 1914 Commerce Street Dallas, TX 75201	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	Fundraising	Fundraising Expense		
EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/13/2021	Oak Cliff Lions Club			
Amount (\$) 25.00	Payee address;	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	P.O. Box 4445 Dallas, TX 75208			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Membership Dues		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/16/2021	Sixty Vines			
Amount (\$)	Payee address;	City;	State;	Zip Code
155.25	500 Crescent Court Suite 160	Oity,	olato,	2.15 0000
Officeholder Funds for Officeholder Expenditures	Dallas, TX 75201			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meals	Constituant Meeting		
	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
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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 37	2 FILER NAME Mr Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
12/17/2021	CVS Pharmacy		
$ \begin{array}{c} \textbf{6} \ \text{Amount (\$)} \\ 10.70 \\ \\ \text{Officeholder Funds for} \\ \\ \text{Officeholder Expenditures} \\ \end{array} $	7 Payee address; 108 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 Aust	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		
12/17/2021	Victoria Perez		
Amount (\$) 500.00	Payee address; 808 Rutherford Road Waxahachie, TX 75165	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	Bonus	
	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		
12/20/2021	Enos Pizza		
Amount (\$) 100.00	Payee address;	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures	407 North Bishop AvenuDallas, TX 75208		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Gifts	Gifts	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED .

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 34 of 37	2 FILER NAME Mr Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
12/20/2021	Paradiso		
$ \begin{array}{c} \textbf{6} \;\; \text{Amount (\$)} \\ 100.00 \\ \\ \text{Officeholder Funds for} \\ \\ \text{Officeholder Expenditures} \\ \end{array} $	7 Payee address; 308 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	Gifts	Gifts	
	(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/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/20/2021	National Anthem		
Amount (\$) 275.16	Payee address; 3606 South Tyler Street Dallas, TX 75224	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fundraising	Fundraising Expense	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/23/2021	Chad West PLLC		
Amount (\$) 38.97	Payee address; 3606 South Tyler Street Dallas, TX 75224	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures	3000 South Tyler Street Danas, TX 73224		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Reimbursement	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	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.	,	
1 Total pages Schedule F1: 35 of 37	2 FILER NAME Mr Chad A West		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
12/24/2021	Waterproof			
6 Amount (\$) 76.52 Officeholder Funds for Officeholder Expenditures	7 Payee address; 1914 Commerce Street Dallas, TX 75201	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Meals	Meals		
	(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			
12/24/2021	Mailchimp			
Amount (\$) 93.80	Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Marketing		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/24/2021	ActBlue P. Kings Somerville MA			
Amount (\$) 1000.00	Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	Sood Tytel Bacet Ballas, 111 7522			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Advertising Expense	Donation		
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	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: 36 of 37	2 FILER NAME Mr Chad A West		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name		1	
12/28/2021	Oak Cliff Chamber of Commerce			
6 Amount (\$) 350.00 Officeholder Funds for Officeholder Expenditures	7 Payee address; 1001 North Bishop AvenDallas, TX 75208	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Membership Dues		
	(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			
12/28/2021	Katy Seitzler			
Amount (\$) 301.00	Payee address; 217 Sycamore Creek Roa l llen, TX 75002	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures		D : #		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Email, Marketing Ca	ımpaign Communic	ations
	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			
12/29/2021	The Mercury			
Amount (\$) 325.08	Payee address; 11909 Preston Road Suite 1418	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	Dallas, TX 75230			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Fundraising	Fundraising Expense	;	
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
Credit Card Payment

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

laries/Wages/Contract Labor Other (enter a

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 37 of 37	2 FILER NAME Mr Chad A West		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
12/31/2021	SQ Emporium Pie			
6 Amount (\$) 80.00	7 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			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Gift	Gift		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/31/2021	The Mercury			
Amount (\$) 205.12	Payee address; 11909 Preston Road Suite 1418	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	Dallas, TX 75230			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Fundraising	Fundraising Expense	;	
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	