

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

38

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>	
	Chad				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	NICKNAME	LAST	SUFFIX	Date Received	
	West				
5 CANDIDATE/ OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #;		CITY;	STATE;	ZIP CODE
	3606 S Tyler Street		Dallas TX 75224		
6 CAMPAIGN TREASURER NAME	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked	
	( 214 )	509 7555			
7 CAMPAIGN TREASURER ADDRESS	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
	Benny			Date Processed	
8 CAMPAIGN TREASURER PHONE	NICKNAME	LAST	SUFFIX	Date Imaged	
	Guzman				
9 REPORT TYPE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
	306 S Montreal Ave Dallas TX 75208				
10 PERIOD COVERED	Area Code: ( 469 ) Phone Number: 616 4558				
	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
11 ELECTION	Month / Day / Year		Month / Day / Year		
	01 / 01 / 2020		06 / 30 / 2020		
12 OFFICE	ELECTION DATE		ELECTION TYPE		
	Month / Day / Year		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special    July Semi-Annual		
13 OFFICE SOUGHT (if known)	OFFICE HELD (if any)		OFFICE SOUGHT (if known)		
	Council District 1		Council District 1		

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

**14 C/OH NAME**

Chad West

**15 Filer ID** (Ethics Commission Filers)

**16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

**17 CONTRIBUTION  
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. **TOTAL POLITICAL CONTRIBUTIONS**  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 46150.00

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$ 0.00

4. **TOTAL POLITICAL EXPENDITURES**

\$ 23811.51

**CONTRIBUTION  
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 0.00

**OUTSTANDING  
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

**18 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\*\*\*ELECTRONICALLY CERTIFIED\*\*\*

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Chad West, this the 30th  
day of June, 20 20, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER NAME

Chad West

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 46,150.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 23,811.51
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Chad West

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

02/04/2020

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Lee Kleinman

**7** Amount of contribution (\$)

1000.00

**6** Contributor address;

City; State; Zip Code

7336 Hill Forest Dr

Dallas, TX 75230

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

## Date

02/07/2020

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

LUCILO PENA

## Amount of contribution (\$)

500.00

## Contributor address;

City; State; Zip Code

1717 ARTS PLAZA Suite 2311 DALLAS, TX 75201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

02/10/2020

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Bobby Abtahi

## Amount of contribution (\$)

1000.00

## Contributor address;

City; State; Zip Code

1126 N. Zang

Dallas, TX 75203

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

02/10/2020

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Tre &amp; Lauren Black

## Amount of contribution (\$)

1000.00

## Contributor address;

City; State; Zip Code

751 Kessler Lake Dr.

Dallas, TX 75208

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
2 of 18

**2** FILER NAME

Chad West

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

**4** Date  
02/10/2020

**5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Calvert Collins-Bratton

**7** Amount of contribution (\$)

250.00

**6** Contributor address; City; State; Zip Code

4618 Heatherbrook Dr. Dallas, TX 75244

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

**9** Employer (See Instructions)

Date  
02/10/2020

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Dustin Marshall

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

6464 Mimosa Ln. Dallas, TX 75230

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/10/2020

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Bruce Reid

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

1603 612 Spruce Ave. Lake Forest, IL 60045

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/11/2020

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Chris Aslam

Amount of contribution (\$)

1000.00

Contributor address; City; State; Zip Code

P.O. Box 496539 Garland, TX 75049

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
3 of 18

**2** FILER NAME

Chad West

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

**4** Date  
02/11/2020

**5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Alex Olshansky

**7** Amount of contribution (\$)

1000.00

**6** Contributor address; City; State; Zip Code

45 Main St. Suite 502

Brooklyn, NY 11201

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

**9** Employer (See Instructions)

Date  
02/12/2020

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jimmy O'Reilly

Amount of contribution (\$)

1000.00

Contributor address; City; State; Zip Code

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/12/2020

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Logan Waller

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

5115 McKinney Ave. Suite F

Dallas, TX 75205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/13/2020

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Chris Luna

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

801 Holden Ct.

Garland, TX 75044

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
4 of 18

**2** FILER NAME

Chad West

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

**4** Date  
02/16/2020

**5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Kathy Hewitt

**6** Contributor address; City; State; Zip Code  
2828 Routh St. Suite 100 Dallas, TX 75201

**7** Amount of contribution (\$)  
500.00

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

**9** Employer (See Instructions)

Date  
02/16/2020

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Ann Margolin

Contributor address; City; State; Zip Code  
2828 Hood St. Suite 1604 Dallas, TX 75219

Amount of contribution (\$)  
1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/18/2020

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Benjamin Atkins

Contributor address; City; State; Zip Code  
45 Main St. Suite 502 Brooklyn, NY 11201

Amount of contribution (\$)  
1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/18/2020

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Mark Clayton

Contributor address; City; State; Zip Code  
1500 Marilla St. Suite 5FS Dallas, TX 75201

Amount of contribution (\$)  
1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
5 of 18

**2** FILER NAME

Chad West

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

**4** Date  
02/18/2020

**5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Milton Olsoff

**7** Amount of contribution (\$)

1000.00

**6** Contributor address; City; State; Zip Code

45 Main St. Suite 5022

Brooklyn, NY 11201

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

**9** Employer (See Instructions)

Date  
02/22/2020

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Michael Blackwell

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

8845 Fenchurch Rd.

Dallas, TX 75238

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/23/2020

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Mike Ablon

Amount of contribution (\$)

1000.00

Contributor address; City; State; Zip Code

8222 Douglas Ave. Suite 390

Dallas, TX 75225

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/23/2020

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Mike Anglin

Amount of contribution (\$)

1000.00

Contributor address; City; State; Zip Code

1414 W. Colorado Blvd.

Dallas, TX 75208

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
6 of 18

**2** FILER NAME

Chad West

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

**4** Date  
02/23/2020

**5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Tim & Melanie Byrne

**7** Amount of contribution (\$)

2000.00

**6** Contributor address; City; State; Zip Code

3720 Miramar Ave.

Dallas, TX 75205

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

**9** Employer (See Instructions)

Date  
02/23/2020

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Lynn McBee

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

3912 Miramar Ave.

Dallas, TX 75205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/23/2020

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Michael Veale

Amount of contribution (\$)

1000.00

Contributor address; City; State; Zip Code

1717 Arts Plaza Suite 2207

Dallas, TX 75201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
02/24/2020

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Craig Holcomb

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

1409 S. Lamar St.

Dallas, TX 75215

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Chad West

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

02/24/2020

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Cooper Koch

**7** Amount of contribution (\$)

250.00

**6** Contributor address;

City; State; Zip Code

2126 Kessler Pkwy

Dallas, TX 75208

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

## Date

02/25/2020

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Carl Anderson

## Amount of contribution (\$)

1000.00

## Contributor address;

City; State; Zip Code

2929 Carlisle St. Suite 210

Dallas, TX 75204

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Date

02/26/2020

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Scott Chase

## Amount of contribution (\$)

500.00

## Contributor address;

City; State; Zip Code

1700 Pacific Ave. Suite 3700

Dallas, TX 75201

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Date

02/27/2020

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Wendy Krispin

## Amount of contribution (\$)

250.00

## Contributor address;

City; State; Zip Code

528 S. Hall St.

Dallas, TX 75226

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
8 of 18

**2** FILER NAME

Chad West

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

**4** Date  
02/27/2020

**5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Charles OConnell

**7** Amount of contribution (\$)

1000.00

**6** Contributor address; City; State; Zip Code

634 Kessler Reserve Ct. Dallas, TX 75208

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

**9** Employer (See Instructions)

Date

02/27/2020

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Paul Wingo

Amount of contribution (\$)

1000.00

Contributor address; City; State; Zip Code

1227 Woodlawn Ave. Dallas, TX 75208

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/28/2020

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Steve Atkinson

Amount of contribution (\$)

1000.00

Contributor address; City; State; Zip Code

5926 Tree Shadow Trail Dallas, TX 75252

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/28/2020

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Daniel Harrell

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

5119 Milam St. Dallas, TX 75206

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Chad West

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

02/29/2020

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Steve Habgood

**7** Amount of contribution (\$)

1000.00

**6** Contributor address;

City; State; Zip Code

1544 Eastus Dr.

Dallas, TX 75208

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

## Date

03/02/2020

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Chris Heinbaugh

## Amount of contribution (\$)

100.00

## Contributor address;

City; State; Zip Code

1801 Annex Ave. Suite 507

Dallas, TX 75204

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

03/03/2020

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Chris Hamilton

## Amount of contribution (\$)

1000.00

## Contributor address;

City; State; Zip Code

5521 Swiss Ave.

Dallas, TX 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

03/03/2020

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jennifer Owen

## Amount of contribution (\$)

250.00

## Contributor address;

City; State; Zip Code

6541 Arborist Ln.

Dallas, TX 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Chad West

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

03/04/2020

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Brent Rodgers

**7** Amount of contribution (\$)

1000.00

**6** Contributor address;

City; State; Zip Code

3527 Oak Lawn Ave.

Dallas, TX 75219

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

## Date

03/04/2020

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Travis Rowe

## Amount of contribution (\$)

1000.00

## Contributor address;

City; State; Zip Code

1222 Greenbriar Ln.

Kemp, TX 75143

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

03/05/2020

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Apt Assn of Greater Dallas

## Amount of contribution (\$)

1000.00

## Contributor address;

City; State; Zip Code

5728 LBJ Frwy. Suite 100

Dallas, TX 75240

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

03/05/2020

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Richard Chesney

## Amount of contribution (\$)

250.00

## Contributor address;

City; State; Zip Code

2911 Turtle Creek Blvd. Suite 820 Dallas, TX 75201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
11 of 18

2 FILER NAME

Chad West

3 Filer ID (Ethics Commission Filers)

4 Date  
03/05/2020

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Dallas Builders Association

6 Contributor address; City; State; Zip Code

5816 W. Plano Pkwy. Plano, TX 75093

7 Amount of contribution (\$)  
500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
03/05/2020

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Ryan Garcia

Contributor address; City; State; Zip Code

3901 Travis St. Suite 102 Dallas, TX 75204

Amount of contribution (\$)  
50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/05/2020

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Charles Gearing

Contributor address; City; State; Zip Code

9332 Mercer Dr. Dallas, TX 75228

Amount of contribution (\$)  
100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/05/2020

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Pam Gerber

Contributor address; City; State; Zip Code

4435 Holland Ave. Dallas, TX 75219

Amount of contribution (\$)  
100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
12 of 18

**2** FILER NAME

Chad West

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

**4** Date  
03/05/2020

**5** Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Hudson Henley

**6** Contributor address;

City; State; Zip Code

5415 Ursula Ln.

Dallas, TX 75229

**7** Amount of contribution (\$)  
1000.00

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

**9** Employer (See Instructions)

Date  
03/05/2020

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Scott Lake

Contributor address;

City; State; Zip Code

6141 Prospect Ave.

Dallas, TX 75214

Amount of contribution (\$)  
1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/05/2020

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Francis Luttmmer

Contributor address;

City; State; Zip Code

6941 Desco Dr.

Dallas, TX 75225

Amount of contribution (\$)  
250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/05/2020

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Ben Mackey

Contributor address;

City; State; Zip Code

307 N. Polk St.

Dallas, TX 75208

Amount of contribution (\$)  
500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
13 of 18

**2** FILER NAME

Chad West

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

**4** Date  
03/05/2020

**5** Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Charles D. Marlett

**7** Amount of contribution (\$)

1000.00

**6** Contributor address;

City; State; Zip Code

4005 Dunhaven Rd.

Dallas, TX 75220

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

**9** Employer (See Instructions)

Date

03/05/2020

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

John Matthews

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

320 W. Main St.

Lewisville, TX 75057

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/2020

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Frank Mihalopoulos

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

3932 Potomac Ave.

Dallas, TX 75205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/2020

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Bill Ohland

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

P.O. Box 595789

Dallas, TX 75359

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Chad West

**3** Filer ID (Ethics Commission Filers)**4** Date  
03/05/2020**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jim Pitts

**7** Amount of contribution (\$)

1000.00

**6** Contributor address;

City; State; Zip Code

3800 Stratford Ave.

Dallas, TX 75205

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

Date

03/05/2020

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Andy Smith

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

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

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/2020

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Miguel Solis

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

2215 Eriksson Ln.

Dallas, TX 75204

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/2020

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Kristian Teleki

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

3251 Canyon Oaks Dr.

Argyle, TX 76226

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
15 of 18

**2** FILER NAME

Chad West

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

**4** Date  
03/05/2020

**5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Leobardo Trevino

**7** Amount of contribution (\$)

1000.00

**6** Contributor address; City; State; Zip Code

1111 W. Mockingbird Ln. Dallas, TX 75247

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

**9** Employer (See Instructions)

Date  
03/05/2020

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Roger Wedell

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

1318 Elmwood Blvd. Dallas, TX 75224

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/05/2020

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Joel Williams III

Amount of contribution (\$)

1000.00

Contributor address; City; State; Zip Code

4323 Lorraine Ave. Dallas, TX 75205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
03/05/2020

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Ryan Windham

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

606 Monssen Dr Dallas, TX 75224

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Chad West

**3** Filer ID (Ethics Commission Filers)**4** Date  
  
03/11/2020**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Maureen Milligan

**7** Amount of contribution (\$)

250.00

**6** Contributor address;

City; State; Zip Code

5918 Williamstown Rd

Dallas, TX 75230

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

Date

03/11/2020

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Sally West

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

735 Marina Village Dr.

Grand Rivers, KY 42045

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/27/2020

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Lucy Billingsley

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

1722 Routh St.

Dallas, TX 75201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/31/2020

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Barry Hancock

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

4514 Travis St. Suite 326

Dallas, TX 75205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Chad West

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

04/25/2020

**5** Full name of contributor☐ out-of-state PAC (ID#: \_\_\_\_\_)

Andy Payne

**7** Amount of contribution (\$)

1000.00

**6** Contributor address;

City; State; Zip Code

3500 Maple Ave. Suite 1250

Dallas, TX 75219

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

## Date

05/27/2020

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

James Taylor

## Amount of contribution (\$)

100.00

## Contributor address;

City; State; Zip Code

1028 Cedar Hill Ave.

Dallas, TX 75208

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Date

06/04/2020

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Pete Schenkel

## Amount of contribution (\$)

1000.00

## Contributor address;

City; State; Zip Code

614 N. Bishop Ave. Suite 3

Dallas, TX 75208

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

## Date

06/05/2020

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Kyle Wick

## Amount of contribution (\$)

350.00

## Contributor address;

City; State; Zip Code

1212 N. Oak Cliff Blvd.

Dallas, TX 75208

## Principal occupation / Job title (See Instructions)

## Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
18 of 18

**2** FILER NAME

Chad West

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

**4** Date

06/13/2020

**5** Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Edward Mertic

**7** Amount of contribution (\$)

100.00

**6** Contributor address;

City; State; Zip Code

1154 N. Clinton Ave

Dallas, TX 75208

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

**9** Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 3 of 17	<b>2</b> FILER NAME Chad West	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/29/2020	<b>5</b> Payee name Chad West PLLC	
<b>6</b> Amount (\$) 30.20	<b>7</b> Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising Expense	<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Mailchimp Reimbursement
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date 02/10/2020	Payee name Chad West PLLC	
Amount (\$) 30.20	Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Mailchimp Reimbursement
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	
Date 02/12/2020	Payee name Qualigraphics Inc	
Amount (\$) 132.35	Payee address; City; State; Zip Code 934 Stevens Woods Court Dallas, TX 75208	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Push Cards for CW Campaign
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 6 of 17	<b>2</b> FILER NAME Chad West	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/24/2020	<b>5</b> Payee name Chad West PLLC	
<b>6</b> Amount (\$) 30.20	<b>7</b> Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Mailchimp Reimbursement
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/24/2020	Candidate / Officeholder name Edgar Johnson	
Amount (\$) 45.00	Payee address; City; State; Zip Code 3636 West Redbird Lane Dallas, TX 75237	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Parade Help
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/24/2020	Candidate / Officeholder name Keisha Rhodes VOID	
Amount (\$) 45.00	Payee address; City; State; Zip Code 5600 SMU Boulevard Suite 123 Dallas, TX 75206	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Parade Help
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 10 of 17		<b>2</b> FILER NAME Chad West		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 03/09/2020		<b>5</b> Payee name Carla McKinzie			
<b>6</b> Amount (\$) 45.00		<b>7</b> Payee address; City; State; Zip Code 901 Zang Boulevard Suite 208, Dallas, TX 75208			
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  Contract Labor		<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Reimbursement	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 03/11/2020		Payee name Sylvia Collins			
Amount (\$) 150.00		Payee address; City; State; Zip Code 409 East Ninth Street Suite 104, Dallas, TX 75203			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Contract Labor		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Campaign Help	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 03/12/2020		Payee name The Well Community			
Amount (\$) 300.00		Payee address; City; State; Zip Code 125 Sunset Avenue Dallas, TX 75208			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Advertising Expense		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Sponsorship	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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