CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G | iuide explains how to complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: 19 |
|---|---|---|---|
| 3 CANDIDATE / OFFICEHOLDER | MS / MRS / MR FIRST Chad | MI | OFFICE USE ONLY |
| NAME | NICKNAME LAST West | SUFFIX | Date Received |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | | elity; state; zip code | |
| Change of Address | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER (214) 509 7555 | EXTENSION | Date Hand-delivered or Date Postmarked |
| 6 CAMPAIGN TREASURER | MS / MRS / MR FIRST | МІ | Receipt # Amount \$ |
| NAME | Mr Benny LAST | | Date Processed |
| | Guzman | | Date Imaged |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SU 1147 N Madison Ave | JITE #; CITY; STATE; Dallas TX 75208 | ZIP CODE |
| | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER | EXTENSION | |
| 9 REPORT TYPE | X January 15 30th day before el | ection Runoff | 15th day after campaign treasurer appointment (Officeholder Only) |
| | July 15 8th day before elec | ction Exceeded \$500 limit | Final Report (Attach C/OH - FR) |
| 10 PERIOD COVERED | Month Day Year 07 / 01 / 2019 | Month THROUGH 12 | Day Year 2019 |
| 11 ELECTION | Month Day Year Primary Mean Month Day Year Mark Mark Mark Mark Mark Mark Mark Ma | Runoff Other Description Special | |
| 12 OFFICE | OFFICE HELD (if any) Council District 1 | 13 OFFICE SOUGHT (if known Council District 1 | |
| GO TO PAGE 2 | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME | | | 15 | Filer ID (Ethics Commission Filers) | |
|---------------------------------------|---|--|--------------------------|---|--|
| Chad West | | | | | |
| 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 N | IAME | | |
| Additional Pages | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER | ADDRESS | | |
| 17 CONTRIBUTION TOTALS | | OLITICAL CONTRIBUTIONS OF \$50 S, LOANS, OR GUARANTEES OF L | | \$ 0.00 | |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUAF | RANTEES OF LOANS) | \$ 2700.00 | |
| EXPENDITURE TOTALS | | OLITICAL EXPENDITURES OF \$100 ITEMIZED | O OR LESS, | \$ 0.00 | |
| | 4. TOTAL | POLITICAL EXPENDITURES | | \$ 19422.60 | |
| CONTRIBUTION BALANCE | | OLITICAL CONTRIBUTIONS MAINTA ORTING PERIOD | AINED AS OF THE LAST DAY | \$ 0.00 | |
| OUTSTANDING LOAN TOTALS | | RINCIPAL AMOUNT OF ALL OUTSTA Y OF THE REPORTING PERIOD | ANDING LOANS AS OF THE | \$ 0.00 | |
| 18 AFFIDAVIT | | | | | |
| | | true and co | | ry, that the accompanying report is tion required to be reported by me | |
| | | ***EI | LECTRONICALLY CER | TIFIED*** | |
| | | | Signature of Candida | te or Officeholder | |
| AFFIX NOTARY STAM | P/SEALABOVE | | | | |
| Sworn to and subsc | ribed before me, b | by the said <u>Chad West</u> | | , this the | |
| day of <u>January</u> | , 2020, | o certify which, witness my har | nd and seal of office. | | |
| Signature of officer a | administering oath | Printed name of officer adm | ninistering 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 Con | | mmission Filers) | |
|-----|--|--|------------------|--------------------|
| 21 | | JLE SUBTOTALS F SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 2,700.00 |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ 0.00 |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ 0.00 |
| 4. | | SCHEDULE E: LOANS | | \$ 0.00 |
| 5. | | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO | NTRIBUTIONS | \$ 19,422.60 |
| 6. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ 0.00 |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | | | \$ 0.00 |
| 8. | | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ 0.00 |
| 9. | | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN | NDS | \$ 0.00 |
| 10. | | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A | BUSINESS OF C/OH | \$ 0.00 |
| 11. | | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO | NTRIBUTIONS | \$ 0.00 |
| 12. | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER | IONS | \$ 0.00 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| The | Instruction Guide explains how to complete this | form. | 1 Total pages Schedule A1: 1 of 1 |
|----------------------------------|---|-------------------------|---------------------------------------|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) |
| Chad West | | | |
| 4 Date | 5 Full name of contributor out-of-state PAC | (ID#:) | 7 Amount of contribution (\$) |
| 11/19/2019 | MetroTex Assoc of Realtors | | 2500.00 |
| | 6 Contributor address; City; State | ; Zip Code | |
| | 8201 N Stemmons Fwy Dallas, | TX 75247 | |
| | | | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruc | tions) |
| Date | Full name of contributor | (ID#:) | Amount of contribution (\$) |
| 08/14/2019 | Lien Pham | | 200.00 |
| 00,11,201 | | ; Zip Code | 200.00 |
| | 110 S Bernice Suite Dr Garland | d, TX 75042 | |
| | | -, /- /- | |
| Principal occup Nail Salon Ow | nation / Job title (See Instructions) ner | Employer (See Instruct | tions) |
| Date | Full name of contributor | (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) |
| | | | |
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Candidate/Officeholder/Politica Credit Card Payment | Al Committee Legal Services Salaries/ | Wages/Contract Labor | Other (enter a category not listed above) |
|--|---|----------------------|---|
| Credit Card Fayment | The Instruction Guide explains how to | complete this form. | |
| 1 Total pages Schedule F1: 1 of 15 | 2 FILER NAME Chad West | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 07/30/2019 | 5 Payee name Big Frog Custom T-Shirst | | |
| 6 Amount (\$) 682.00 | 7 Payee address; City; State; Zip Code 322 West Davis St Dallas, TX 75208 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | | tside of Texas. Complete Schedule T. TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | Office held |
| Date 07/08/2019 | Payee name Katy Seitzler | | |
| Amount (\$) 175.00 | Payee address; City; State; Zip Code 217 Sycamore Creek Roalllen, TX 75002 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contract Labor | | side of Texas. Complete Schedule T. TX, officeholder living expense ement |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date 07/08/2019 | Payee name Big Frog Custom T-Shirst | | |
| Amount (\$) 56.29 | Payee address; City; State; Zip Code 322 West Davis St Dallas, TX 75208 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | | side of Texas. Complete Schedule T. TX, officeholder living expense E Event |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Candidate/Officeholder/Politica | al Committee Legal Services | Salaries/ | Wages/Contract Labor | Other (enter a category not listed above) | |
|--|---|--|----------------------|---|-----|
| Credit Card Payment | The Instruction | n Guide explains how to | complete this form. | | |
| 1 Total pages Schedule F1: 2 of 15 | 2 FILER NAME Chad West | | | 3 Filer ID (Ethics Commission File | rs) |
| 4 Date 07/08/2019 | 5 Payee name Anna Casey | | | | |
| 6 Amount (\$) 10000.00 | | City; State; Zip Code allas, TX 75208 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories list Contract Labor | ed at the top of this schedule) | | utside of Texas. Complete Schedule T. n, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholde | r name | Office sought | Office held | |
| Date 07/09/2019 | Payee name Michael Orozco for Consta | ıble | | | |
| Amount (\$) 250.00 | | City; State; Zip Code allas, TX 75208 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories list Donation | ed at the top of this schedule) | | tside of Texas. Complete Schedule T. , TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholde | r name | Office sought | Office held | |
| Date 07/22/2019 | Payee name Dallas Youth Sports | | | | |
| Amount (\$) 250.00 | | City; State; Zip Code allas, TX 75224 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories list Donation | ed at the top of this schedule) | | ntside of Texas. Complete Schedule T. | |
| Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officehold | er name | Office sought | Office held | |
| | ATTACH ADDITIO | NAL COPIES OF THIS | S SCHEDULE AS NEE | EDED | |

SCHEDULE F1

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 15 | 2 FILER NAME Chad West | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 07/25/2019 | 5 Payee name Chad West PLLC | <u>'</u> |
| 6 Amount (\$) 26.65 | 7 Payee address; City; State; Zip Code 3606 S Tyler St Dallas, TX 75208 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Mail Account |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought Office held |
| Date 08/08/2019 | Payee name Adamson Athletics | |
| Amount (\$) 60.00 | Payee address; City; State; Zip Code 201 E. 9th St Dallas, TX 75203 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Donation | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation |
| Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought Office held |
| Date 08/08/2019 | Payee name Katy Seitzler | |
| Amount (\$) 250.00 | Payee address; City; State; Zip Code 217 Sycamore Creek Roa M llen, TX 75002 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Social Media Management |
| Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEEDED |

SCHEDULE F1

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)

| Gredit Gard'i ayment | The Instruction Guide explains how to | complete this form. | |
|--|---|---------------------|---|
| 1 Total pages Schedule F1: 4 of 15 | 2 FILER NAME Chad West | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 08/09/2019 | 5 Payee name Dallas Voice | | |
| 6 Amount (\$) 598.00 | 7 Payee address; City; State; Zip Code 1825 Market Center Blv (Dallias, 2HM 75207 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | | utside of Texas. Complete Schedule T. 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 | | |
| 08/12/2019 | Chad West PLLC | | |
| Amount (\$) 26.65 | Payee address; City; State; Zip Code 3606 S Tyler St Dallas, TX 75208 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | | ntside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | Office held |
| Date 08/14/2019 | Payee name NLLEO | | |
| Amount (\$) 100.00 | Payee address; City; State; Zip Code P.O. Box 226411 Dallas, TX 75222 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Donation | | utside of Texas. Complete Schedule T. 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Candidate/Officeholder/Politica | al Committee Legal Services Salaries | Wages/Contract Labor | Other (enter a category not listed above) |
|---|--|----------------------|---|
| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
| 1 Total pages Schedule F1: 5 of 15 | 2 FILER NAME Chad West | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 08/20/2019 | 5 Payee name Mansfield Soccer Association | | |
| 6 Amount (\$) 100.00 | 7 Payee address; City; State; Zip Code 2363 Highway 287 N Su M a 206 eld, TX 76063 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Donation | | outside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | Office held |
| Date 09/05/2019 | Payee name Katy Seitzler | | |
| Amount (\$) 425.00 | Payee address; City; State; Zip Code 217 Sycamore Creek Roadllen, TX 75002 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | | utside of Texas. Complete Schedule T. n, TX, officeholder living expense gement |
| Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | Office held |
| Date 08/09/2019 | Payee name D.A.C.A.C. | | |
| Amount (\$) 35.00 | Payee address; City; State; Zip Code 3630 Harry Hines Blvd Dallas, TX 75219 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees for Membership | | utside of Texas. Complete Schedule T. 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

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 15 | 2 FILER NAME Chad West | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 09/10/2019 | 5 Payee name Chad West PLLC | ' |
| 6 Amount (\$) 26.65 | 7 Payee address; City; State; Zip Code 3606 S Tyler St Dallas, TX 75208 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Mail Account |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought Office held |
| Date 09/12/2019 | Payee name Nick Hellyar Campaign | |
| Amount (\$) 250.00 | Payee address; City; State; Zip Code 3606 S Tyler St Dallas, TX 75224 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Donation | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Donation |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought Office held |
| Date 09/25/2019 | Payee name Chad West PLLC | |
| Amount (\$) 26.65 | Payee address; City; State; Zip Code 3606 S Tyler St Dallas, TX 75208 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Mail Account |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | S SCHEDULE AS NEEDED |

SCHEDULE F1

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: 7 of 15 | 2 FILER NAME Chad West | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/01/2019 | 5 Payee name Katy Seitzler | | |
| 6 Amount (\$) 312.50 | 7 Payee address; City; State; Zip Code 217 Sycamore Creek Roa t llen, TX 75002 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | | utside of Texas. Complete Schedule T. n, TX, officeholder living expense ement |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date 10/01/2019 | Payee name Katy Seitzler | | |
| Amount (\$) 122.38 | Payee address; City; State; Zip Code 217 Sycamore Creek Roa A llen, TX 75002 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | | tside of Texas. Complete Schedule T. , TX, officeholder living expense ement |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date 10/10/2019 | Payee name Chad West PLLC | | |
| Amount (\$) 30.20 | Payee address; City; State; Zip Code 3606 S Tyler St Dallas, TX 75208 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | | tside of Texas. Complete Schedule T. , 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

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. | outer (other a datagety herholds above) |
|---|--|---------------------|---|
| 1 Total pages Schedule F1: 8 of 15 | · | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/14/2019 | 5 Payee name Jesse Perez | | |
| 6 Amount (\$) 314.62 | 7 Payee address; City; State; Zip Code 3606 S Tyler St Dallas, TX 75224 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contract Labor | | utside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | Office held |
| Date 10/16/2019 | Payee name Sunset Art Studios | | |
| Amount (\$) 400.00 | Payee address; City; State; Zip Code 1811 Balboa Pl Dallas, TX 75224 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Donation | | tside of Texas. Complete Schedule T. , TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date 10/17/2019 | Payee name Avery Carey | | |
| Amount (\$) 30.00 | Payee address; City; State; Zip Code 9221 Amberton Pkwy Sulball (TX 75241 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contract Labor | | ntside of Texas. Complete Schedule T. |
| 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
|---|--|---|---|
| 1 Total pages Schedule F1: 9 of 15 | 2 FILER NAME Chad West | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/17/2019 | 5 Payee name Ivy Carey | | |
| 6 Amount (\$) 30.00 | 7 Payee address; City; State; Zip Code 9221 Amberton Pkwy Sullallak TX 75241 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contract Labor | | utside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | Office held |
| Date 10/24/2019 | Payee name Chad West PLLC | | |
| Amount (\$) 30.20 | Payee address; City; State; Zip Code 3606 S Tyler St Dallas, TX 75208 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Mail Account | |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date 10/28/2019 | Payee name Tom Adair | | |
| Amount (\$) 250.00 | Payee address; City; State; Zip Code P.O. Box 862017 Plano, TX 75086 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Donation | | tside of Texas. Complete Schedule T. , 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

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: 10 of 15 | 2 FILER NAME Chad West | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 10/30/2019 | 5 Payee name EcoLatino | | | |
| 6 Amount (\$) 500.00 | 7 Payee address; City; State; Zip Code 5322 Whispering Oaks Diballas, TX 75236 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | | utside of Texas. Complete Schedule T. n, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought | Office held | |
| Date 10/30/2019 | Payee name Benny Guzman | | | |
| Amount (\$) 100.00 | Payee address; City; State; Zip Code 1147 N Madison Dallas, TX 75208 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Donation | Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Christmas Caring - Pink Level | | |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held | |
| Date 11/01/2019 | Payee name Katy Seitzler | | | |
| Amount (\$) 187.50 | Payee address; City; State; Zip Code 217 Sycamore Creek Roadllen, TX 75002 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | | ntside of Texas. Complete Schedule T. r, TX, officeholder living expense ement | |
| 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Candidate/Officeholder/Politica | al Committee Legal Services Salaries | s/Wages/Contract Labor | Other (enter a category not listed above) |
|--|---|------------------------|--|
| Credit Card Payment | The Instruction Guide explains how to | o complete this form. | |
| 1 Total pages Schedule F1: 11 of 15 | 2 FILER NAME Chad West | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/11/2019 | 5 Payee name Chad West PLLC | | |
| 6 Amount (\$) 30.20 | 7 Payee address; City; State; Zip Code 3606 S Tyler St Dallas, TX 75208 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | | outside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/Oł | Candidate / Officeholder name H | Office sought | Office held |
| Date 11/20/2019 | Payee name Ledbetter Eagle Ford Community | | |
| Amount (\$) 186.20 | Payee address; City; State; Zip Code 2522 Fort Worth Ave Suffice 1404, TX 75211 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Donation | | utside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | Office held |
| Date 11/25/2019 | Payee name Chad West PLLC | | |
| Amount (\$) 30.20 | Payee address; City; State; Zip Code 3606 S Tyler St Dallas, TX 75208 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | | utside of Texas. Complete Schedule T. 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 TH | IS SCHEDULE AS NE | EDED |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Candidate/Officeholder/Politica | al Committee Legal Services Salaries/ | Wages/Contract Labor | Other (enter a category not listed above) |
|--|---|----------------------|---|
| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
| 1 Total pages Schedule F1: 12 of 15 | 2 FILER NAME Chad West | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/14/2019 | 5 Payee name Rosemont Dads Club | | |
| 6 Amount (\$) 150.00 | 7 Payee address; City; State; Zip Code 1851 Timbergrove Cir Dallas, TX 75208 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Donation | | utside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| Date 11/21/2019 | Payee name Ledbetter Eagle Ford Community | | |
| Amount (\$) 77.16 | Payee address; City; State; Zip Code 2522 Fort Worth Ave Suite 40st, TX 75211 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Donation | | utside of Texas. Complete Schedule T. n, TX, officeholder living expense S |
| Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | Office held |
| Date 12/05/2019 | Payee name EcoLation | | |
| Amount (\$) 500.00 | Payee address; City; State; Zip Code 5322 Whispering Oaks Diballas, TX 75236 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | | utside of Texas. Complete Schedule T. 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 NEI | EDED |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Candidate/Officeholder/Politica | al Committee Legal Services Salaries | /Wages/Contract Labor | Other (enter a category not listed above) |
|--|---|-----------------------|--|
| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
| 1 Total pages Schedule F1: 13 of 15 | 2 FILER NAME Chad West | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/09/2019 | 5 Payee name Qualigraphics | | |
| 6 Amount (\$) 1030.65 | 7 Payee address; City; State; Zip Code 2909 Cole Ave #300 Dallas, TX 75204 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | | side of Texas. Complete Schedule T. TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OI | Candidate / Officeholder name H | Office sought | Office held |
| Date 12/10/2019 | Payee name Chad West PLLC | | |
| Amount (\$) 30.20 | Payee address; City; State; Zip Code 3606 S Tyler St Dallas, TX 75208 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | | ide of Texas. Complete Schedule T. TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | Office held |
| Date 12/26/2019 | Payee name Chad West PLLC | | |
| Amount (\$) 30.20 | Payee address; City; State; Zip Code 3606 S Tyler St Dallas, TX 75208 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | | ide of Texas. Complete Schedule T. TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | Office held |
| | ATTACH ADDITIONAL COPIES OF THI | S SCHEDULE AS NEEI | DED |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

| Candidate/Officeholder/Politica | al Committee Legal Services Salaries | /Wages/Contract Labor | Other (enter a category not listed above) |
|--|---|-----------------------|--|
| Credit Card Payment | The Instruction Guide explains how to | complete this form. | |
| 1 Total pages Schedule F1: 14 of 15 | 2 FILER NAME Chad West | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 08/09/2019 | 5 Payee name Casey Thomas Campaign | | |
| 6 Amount (\$) 250.00 | 7 Payee address; City; State; Zip Code P.O. Box 763203 Dallas, TX 75376 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | | utside of Texas. Complete Schedule T. n, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | Office held |
| Date 09/17/2019 | Payee name EKPNA | | |
| Amount (\$) 500.00 | Payee address; City; State; Zip Code P.O. Box 224962 Dallas, TX 75222 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | | utside of Texas. Complete Schedule T. n, TX, officeholder living expense asor |
| Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | Office held |
| Date 10/01/2019 | Payee name Katy Seitzler | | |
| Amount (\$) 312.50 | Payee address; City; State; Zip Code 217 Sycamore Creek Roadllen, TX 75002 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | | utside of Texas. Complete Schedule T. n, TX, officeholder living expense ement |
| Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | Office held |
| | ATTACH ADDITIONAL COPIES OF THI | S SCHEDULE AS NEI | EDED |

SCHEDULE F1

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 15 | 2 FILER NAME Chad West | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/06/2019 | 5 Payee name Katy Seitzler | | |
| 6 Amount (\$) 325.00 | 7 Payee address; City; State; Zip Code 217 Sycamore Creek Roadllen, TX 75002 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | | utside of Texas. Complete Schedule T. TX, officeholder living expense ement |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought | Office held |
| Date 12/28/2019 | Payee name Katy Seitzler | | |
| Amount (\$) 325.00 | Payee address; City; State; Zip Code 217 Sycamore Creek Roalllen, TX 75002 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | | tside of Texas. Complete Schedule T. TX, officeholder living expense ement |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | tside of Texas. Complete Schedule T. , 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 |