

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 38		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI		Date Received		
	Chad				
	NICKNAME LAST SUFFIX				
	West				
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15		<input type="checkbox"/> Runoff		<input type="checkbox"/> Other (specify)
	<input checked="" type="checkbox"/> July 15		<input type="checkbox"/> Exceeded \$500 limit		
	<input type="checkbox"/> 30th day before election		<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		
	<input type="checkbox"/> 8th day before election		<input type="checkbox"/> Final report		
5 ORIGINAL PERIOD COVERED	Month Day Year	Month Day Year	Date Processed		
	01 / 01 / 2020	THROUGH 06 / 30 / 2020	Date Imaged		

6 EXPLANATION OF CORRECTION

Need to amend the filing to report that the campaign maintains \$24,751.92 in "political contributions maintained"

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

☒ **Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☐ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

*** Electronically Certified ***

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Chad West, this the 13th day of July, 2020, 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

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

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

Chad

NICKNAME

LAST

SUFFIX

West

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3606 S Tyler Street

Dallas TX 75224

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214)

509 7555

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Benny

NICKNAME

LAST

SUFFIX

Guzman

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

306 S Montreal Ave

Dallas TX 75208

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(469)

616 4558

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☒ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

01

01

2020

THROUGH

Month

Day

Year

06

30

2020

11 ELECTION

ELECTION DATE

Month

Day

Year

☐ Primary

☐ Runoff

ELECTION TYPE

☒ Other
Description

July Semi-Annual

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

Council District 1

13 OFFICE SOUGHT (if known)

Council District 1

GO TO PAGE 2

FORM C/OH
COVER SHEET PG 2

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 9/8/2015

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 & 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

6 Contributor address; City; State; Zip Code

4618 Heatherbrook Dr. Dallas, TX 75244

7 Amount of contribution (\$)
250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
02/10/2020

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

Dustin Marshall

Contributor address; City; State; Zip Code

6464 Mimosa Ln. Dallas, TX 75230

Amount of contribution (\$)
250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/10/2020

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

Bruce Reid

Contributor address; City; State; Zip Code

1603 612 Spruce Ave. Lake Forest, IL 60045

Amount of contribution (\$)
250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/11/2020

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

Chris Aslam

Contributor address; City; State; Zip Code

P.O. Box 496539 Garland, TX 75049

Amount of contribution (\$)
1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:
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

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:
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

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code

2828 Routh St. Suite 100

Dallas, TX 75201

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

Amount of contribution (\$)

1000.00

Contributor address; City; State; Zip Code

2828 Hood St. Suite 1604

Dallas, TX 75219

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/18/2020

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

Benjamin Atkins

Amount of contribution (\$)

1000.00

Contributor address; City; State; Zip Code

45 Main St. Suite 502

Brooklyn, NY 11201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/18/2020

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

Mark Clayton

Amount of contribution (\$)

1000.00

Contributor address; City; State; Zip Code

1500 Marilla St. Suite 5FS

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:
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

6 Contributor address;

City; State; Zip Code

3720 Miramar Ave.

Dallas, TX 75205

7 Amount of contribution (\$)

2000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/23/2020

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lynn McBee

Contributor address;

City; State; Zip Code

3912 Miramar Ave.

Dallas, TX 75205

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/23/2020

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Michael Veale

Contributor address;

City; State; Zip Code

1717 Arts Plaza Suite 2207

Dallas, TX 75201

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/24/2020

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Craig Holcomb

Contributor address;

City; State; Zip Code

1409 S. Lamar St.

Dallas, TX 75215

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Chad West

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

02/24/2020

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

6 Contributor address; City; State; Zip Code
3527 Oak Lawn Ave. Dallas, TX 75219

7 Amount of contribution (\$)
1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/04/2020

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Travis Rowe

Contributor address; City; State; Zip Code
1222 Greenbriar Ln. Kemp, TX 75143

Amount of contribution (\$)
1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/05/2020

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Apt Assn of Greater Dallas

Contributor address; City; State; Zip Code
5728 LBJ Frwy. Suite 100 Dallas, TX 75240

Amount of contribution (\$)
1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/05/2020

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Richard Chesney

Contributor address; City; State; Zip Code
2911 Turtle Creek Blvd. Suite 820 Dallas, TX 75201

Amount of contribution (\$)
250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
11 of 18

2 FILER NAME

Chad West

3 Filer ID (Ethics Commission Filers)

4 Date
03/05/2020

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

6 Contributor address;

City; State; Zip Code

4005 Dunhaven Rd.

Dallas, TX 75220

7 Amount of contribution (\$)

1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/05/2020

Full name of contributor

☐ out-of-state PAC (ID#: _____)

John Matthews

Contributor address;

City; State; Zip Code

320 W. Main St.

Lewisville, TX 75057

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/05/2020

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Frank Mihalopoulos

Contributor address;

City; State; Zip Code

3932 Potomac Ave.

Dallas, TX 75205

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/05/2020

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Bill Ohland

Contributor address;

City; State; Zip Code

P.O. Box 595789

Dallas, TX 75359

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Chad West

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

03/05/2020**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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6 of 17	2 FILER NAME Chad West	3 Filer ID (Ethics Commission Filers)
4 Date 02/24/2020	5 Payee name Chad West PLLC	
6 Amount (\$) 30.20	7 Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailchimp Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 02/24/2020	Payee name Edgar Johnson	
Amount (\$) 45.00	Payee address; City; State; Zip Code 3636 West Redbird Lane Dallas, TX 75237	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parade Help
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 02/24/2020	Payee name Keisha Rhodes VOID	
Amount (\$) 45.00	Payee address; City; State; Zip Code 5600 SMU Boulevard Suite 203 Dallas, TX 75206	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Parade Help
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Manager Salary	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/23/2020		Payee name Oak Cliff Lions Club			
Amount (\$) 105.00		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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

Supplemental Report Officeholder

FORM Cover Sheet SR

1. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI		2. Total Pages Filed: 36
		Chad			
	NICKNAME	LAST	SUFFIX		3. Office Held Council District 1
		West			
4. SUPPLEMENTAL REPORT TYPE	<div style="display: flex; justify-content: space-between;"> c January 15 c 30th day before election c Runoff c 15th day after campaign treasurer appointment (officeholder only) </div> <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> July 15 c 8th day before election c Exceeded \$500 limit c Final Report </div>				
5. PERIOD / COVERED	1/1/2020 THROUGH 6/30/2020				
6. ELECTION	<div style="display: flex; justify-content: space-between;"> Month Day Year </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> c Primary c Runoff c General c Special <input checked="" type="checkbox"/> N/A </div>				
7. OFFICE-HOLDER	CONTRIBUTION TOTALS		1. TOTAL OFFICEHOLDER CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$ 0.00
			2. TOTAL OFFICEHOLDER CONTRIBUTIONS OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 46,150.00
	EXPENDITURE TOTALS		3. TOTAL OFFICEHOLDER EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 0.00
			4. TOTAL OFFICEHOLDER EXPENDITURES		\$ 0.00
8. POLITICAL (Campaign)	CONTRIBUTION TOTALS		5. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$ 0.00
			6. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 0.00
	EXPENDITURE TOTALS		7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS UNLESS ITEMIZED		\$ 0.00
			8. TOTAL POLITICAL EXPENDITURES		\$ 23,811.51
9. OFFICEHOLDER FUNDS USED FOR CAMPAIGN PURPOSES		9. TOTAL DOLLAR AMOUNT OF OFFICEHOLDER CONTRIBUTIONS USED FOR CAMPAIGN EXPENDITURES DURING THE REPORTING PERIOD			\$ 0.00
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>10. AFFIDAVIT</p> <p style="margin-top: 20px;">AFFIX NOTARY STAMP / SEAL ABOVE</p> </div> <div style="width: 55%; text-align: center;"> <p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election code.</p> <p style="margin-top: 20px;">***ELECTRONICALLY CERTIFIED***</p> <p>_____ Signature of Candidate or Officeholder</p> </div> </div>					
<p>Sworn to and subscribed before me, by the said <u>Chad West</u>, this the <u>13th</u> day of <u>July</u>, 20 <u>20</u>, to certify which, witness my hand and seal of office.</p>					
<div style="display: flex; justify-content: space-between;"> <div>Signature of officer administering oath</div> <div>Printed name of officer administering oath</div> <div>Title of officer administering oath</div> </div>					

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Chad West

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

02/04/2020

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

Lee Kleinman

6 Contributor address;

City; State; Zip Code

7336 Hill Forest Dr

Dallas, TX 75230

7 Amount of contribution (\$)

1000.00

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

Date

02/07/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

LUCILO PENA

Contributor address;

City; State; Zip Code

1717 ARTS PLAZA Suite 2311

DALLAS, TX 75201

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/10/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Bobby Abtahi

Contributor address;

City; State; Zip Code

1126 N. Zang

Dallas, TX 75203

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/10/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Tre & Lauren Black

Contributor address;

City; State; Zip Code

751 Kessler Lake Dr.

Dallas, TX 75208

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2 of 18

2 FILER NAME

Chad West

3 Filer ID (Ethics Commission Filers)

4 Date

02/10/2020

Officeholder
Contribution

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Calvert Collins-Bratton

6 Contributor address;

City; State; Zip Code

4618 Heatherbrook Dr.

Dallas, TX 75244

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/10/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Dustin Marshall

Contributor address;

City; State; Zip Code

6464 Mimosa Ln.

Dallas, TX 75230

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/10/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Bruce Reid

Contributor address;

City; State; Zip Code

1603 612 Spruce Ave.

Lake Forest, IL 60045

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/11/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Chris Aslam

Contributor address;

City; State; Zip Code

P.O. Box 496539

Garland, TX 75049

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:
3 of 18

2 FILER NAME

Chad West

3 Filer ID (Ethics Commission Filers)

4 Date

02/11/2020

Officeholder
Contribution

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Alex Olshansky

6 Contributor address;

City; State; Zip Code

45 Main St. Suite 502

Brooklyn, NY 11201

7 Amount of contribution (\$)

1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/12/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jimmy O'Reilly

Contributor address;

City; State; Zip Code

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

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/12/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Logan Waller

Contributor address;

City; State; Zip Code

5115 McKinney Ave. Suite F

Dallas, TX 75205

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/13/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Chris Luna

Contributor address;

City; State; Zip Code

801 Holden Ct.

Garland, TX 75044

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:
4 of 18

2 FILER NAME

Chad West

3 Filer ID (Ethics Commission Filers)

4 Date

02/16/2020

Officeholder
Contribution

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kathy Hewitt

6 Contributor address;

City; State; Zip Code

2828 Routh St. Suite 100

Dallas, TX 75201

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/16/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ann Margolin

Contributor address;

City; State; Zip Code

2828 Hood St. Suite 1604

Dallas, TX 75219

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/18/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Benjamin Atkins

Contributor address;

City; State; Zip Code

45 Main St. Suite 502

Brooklyn, NY 11201

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/18/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mark Clayton

Contributor address;

City; State; Zip Code

1500 Marilla St. Suite 5FS

Dallas, TX 75201

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Chad West

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

02/18/2020

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

Milton Olsoff

6 Contributor address;

City; State; Zip Code

45 Main St. Suite 5022

Brooklyn, NY 11201

7 Amount of contribution (\$)

1000.00

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

Date

02/22/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Michael Blackwell

Contributor address;

City; State; Zip Code

8845 Fenchurch Rd.

Dallas, TX 75238

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/23/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mike Ablon

Contributor address;

City; State; Zip Code

8222 Douglas Ave. Suite 390

Dallas, TX 75225

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/23/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mike Anglin

Contributor address;

City; State; Zip Code

1414 W. Colorado Blvd.

Dallas, TX 75208

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
6 of 18

2 FILER NAME

Chad West

3 Filer ID (Ethics Commission Filers)

4 Date

02/23/2020

Officeholder
Contribution

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Tim & Melanie Byrne

6 Contributor address;

City; State; Zip Code

3720 Miramar Ave.

Dallas, TX 75205

7 Amount of contribution (\$)

2000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/23/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lynn McBee

Contributor address;

City; State; Zip Code

3912 Miramar Ave.

Dallas, TX 75205

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/23/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Michael Veale

Contributor address;

City; State; Zip Code

1717 Arts Plaza Suite 2207

Dallas, TX 75201

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/24/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Craig Holcomb

Contributor address;

City; State; Zip Code

1409 S. Lamar St.

Dallas, TX 75215

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
7 of 18

2 FILER NAME

Chad West

3 Filer ID (Ethics Commission Filers)

4 Date

02/24/2020

Officeholder
Contribution

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Cooper Koch

6 Contributor address;

City; State; Zip Code

2126 Kessler Pkwy

Dallas, TX 75208

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/25/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Carl Anderson

Contributor address;

City; State; Zip Code

2929 Carlisle St. Suite 210

Dallas, TX 75204

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/26/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Scott Chase

Contributor address;

City; State; Zip Code

1700 Pacific Ave. Suite 3700

Dallas, TX 75201

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/27/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Wendy Krispin

Contributor address;

City; State; Zip Code

528 S. Hall St.

Dallas, TX 75226

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Chad West

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

02/27/2020

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

Charles OConnell

6 Contributor address;

City; State; Zip Code

634 Kessler Reserve Ct.

Dallas, TX 75208

7 Amount of contribution (\$)

1000.00

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

Date

02/27/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Paul Wingo

Contributor address;

City; State; Zip Code

1227 Woodlawn Ave.

Dallas, TX 75208

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/28/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Steve Atkinson

Contributor address;

City; State; Zip Code

5926 Tree Shadow Trail

Dallas, TX 75252

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/28/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Daniel Harrell

Contributor address;

City; State; Zip Code

5119 Milam St.

Dallas, TX 75206

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Chad West

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

02/29/2020

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

Steve Habgood

6 Contributor address;

City; State; Zip Code

1544 Eastus Dr.

Dallas, TX 75208

7 Amount of contribution (\$)

1000.00

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

Date

03/02/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Chris Heinbaugh

Contributor address;

City; State; Zip Code

1801 Annex Ave. Suite 507

Dallas, TX 75204

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/03/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Chris Hamilton

Contributor address;

City; State; Zip Code

5521 Swiss Ave.

Dallas, TX 75214

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/03/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jennifer Owen

Contributor address;

City; State; Zip Code

6541 Arborist Ln.

Dallas, TX 75214

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
10 of 18

2 FILER NAME

Chad West

3 Filer ID (Ethics Commission Filers)

4 Date

03/04/2020

Officeholder
Contribution

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Brent Rodgers

6 Contributor address;

City; State; Zip Code

3527 Oak Lawn Ave.

Dallas, TX 75219

7 Amount of contribution (\$)

1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/04/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Travis Rowe

Contributor address;

City; State; Zip Code

1222 Greenbriar Ln.

Kemp, TX 75143

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Apt Assn of Greater Dallas

Contributor address;

City; State; Zip Code

5728 LBJ Frwy. Suite 100

Dallas, TX 75240

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Richard Chesney

Contributor address;

City; State; Zip Code

2911 Turtle Creek Blvd. Suite 820

Dallas, TX 75201

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Chad West

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

03/05/2020

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

Dallas Builders Association

6 Contributor address;

City; State; Zip Code

5816 W. Plano Pkwy.

Plano, TX 75093

7 Amount of contribution (\$)

500.00

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

Date

03/05/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ryan Garcia

Contributor address;

City; State; Zip Code

3901 Travis St. Suite 102

Dallas, TX 75204

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Charles Gearing

Contributor address;

City; State; Zip Code

9332 Mercer Dr.

Dallas, TX 75228

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Pam Gerber

Contributor address;

City; State; Zip Code

4435 Holland Ave.

Dallas, TX 75219

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Chad West

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

03/05/2020

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

Hudson Henley

6 Contributor address;

City; State; Zip Code

5415 Ursula Ln.

Dallas, TX 75229

7 Amount of contribution (\$)

1000.00

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

Date

03/05/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Scott Lake

Contributor address;

City; State; Zip Code

6141 Prospect Ave.

Dallas, TX 75214

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Francis Luttmmer

Contributor address;

City; State; Zip Code

6941 Desco Dr.

Dallas, TX 75225

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ben Mackey

Contributor address;

City; State; Zip Code

307 N. Polk St.

Dallas, TX 75208

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Chad West

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

03/05/2020

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

Charles D. Marlett

6 Contributor address;

City; State; Zip Code

4005 Dunhaven Rd.

Dallas, TX 75220

7 Amount of contribution (\$)

1000.00

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

Date

03/05/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

John Matthews

Contributor address;

City; State; Zip Code

320 W. Main St.

Lewisville, TX 75057

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Frank Mihalopoulos

Contributor address;

City; State; Zip Code

3932 Potomac Ave.

Dallas, TX 75205

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Bill Ohland

Contributor address;

City; State; Zip Code

P.O. Box 595789

Dallas, TX 75359

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Chad West

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

03/05/2020

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

Jim Pitts

6 Contributor address;

City; State; Zip Code

3800 Stratford Ave.

Dallas, TX 75205

7 Amount of contribution (\$)

1000.00

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

Date

03/05/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Andy Smith

Contributor address;

City; State; Zip Code

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

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Miguel Solis

Contributor address;

City; State; Zip Code

2215 Eriksson Ln.

Dallas, TX 75204

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kristian Teleki

Contributor address;

City; State; Zip Code

3251 Canyon Oaks Dr.

Argyle, TX 76226

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Chad West

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

03/05/2020

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

Leobardo Trevino

6 Contributor address;

City; State; Zip Code

1111 W. Mockingbird Ln.

Dallas, TX 75247

7 Amount of contribution (\$)

1000.00

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

Date

03/05/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Roger Wedell

Contributor address;

City; State; Zip Code

1318 Elmwood Blvd.

Dallas, TX 75224

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Joel Williams III

Contributor address;

City; State; Zip Code

4323 Lorraine Ave.

Dallas, TX 75205

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ryan Windham

Contributor address;

City; State; Zip Code

606 Monssen Dr

Dallas, TX 75224

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Chad West

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

03/11/2020

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

Maureen Milligan

6 Contributor address;

City; State; Zip Code

5918 Williamstown Rd

Dallas, TX 75230

7 Amount of contribution (\$)

250.00

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

Date

03/11/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Sally West

Contributor address;

City; State; Zip Code

735 Marina Village Dr.

Grand Rivers, KY 42045

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/27/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lucy Billingsley

Contributor address;

City; State; Zip Code

1722 Routh St.

Dallas, TX 75201

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/31/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Barry Hancock

Contributor address;

City; State; Zip Code

4514 Travis St. Suite 326

Dallas, TX 75205

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Chad West

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

04/25/2020

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

Andy Payne

6 Contributor address;

City; State; Zip Code

3500 Maple Ave. Suite 1250

Dallas, TX 75219

7 Amount of contribution (\$)

1000.00

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

Date

05/27/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

James Taylor

Contributor address;

City; State; Zip Code

1028 Cedar Hill Ave.

Dallas, TX 75208

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/04/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Pete Schenkel

Contributor address;

City; State; Zip Code

614 N. Bishop Ave. Suite 3

Dallas, TX 75208

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/05/2020

Officeholder
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kyle Wick

Contributor address;

City; State; Zip Code

1212 N. Oak Cliff Blvd.

Dallas, TX 75208

Amount of contribution (\$)

350.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
18 of 18

2 FILER NAME

Chad West

3 Filer ID (Ethics Commission Filers)

4 Date

06/13/2020

Officeholder
Contribution

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Edward Mertic

6 Contributor address;

City; State; Zip Code

1154 N. Clinton Ave

Dallas, TX 75208

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 16 of 17		2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)	
4 Date 06/24/2020		5 Payee name Chad West			
6 Amount (\$) 130.00 Campaign Funds for Campaign Expenditures		7 Payee address; City; State; Zip Code 808 Bishop Avenue Dallas, TX 75208			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Help Reimb	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 06/25/2020		Payee name Chad West PLLC			
Amount (\$) 30.20 Campaign Funds for Campaign Expenditures		Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailchimp Reimbursement	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 06/25/2020		Payee name Qualigraphics Inc			
Amount (\$) 616.22 Campaign Funds for Campaign Expenditures		Payee address; City; State; Zip Code 934 Stevens Woods Court Dallas, TX 75208			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stainless Steel Tumblers	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
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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: 17 of 17	2 FILER NAME Chad West	3 Filer ID (Ethics Commission Filers)
4 Date 06/25/2020	5 Payee name Chad West PLLC	
6 Amount (\$) 214.85 Campaign Funds for Campaign Expenditures	7 Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal Reimbursement
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <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		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <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		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <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		
Candidate / Officeholder name Office sought Office held		

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