CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15	Filer ID (Ethics Commission Filers)	
Chad West					
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER N	IAME		
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER	ADDRESS		
17 CONTRIBUTION TOTALS		OLITICAL CONTRIBUTIONS OF \$50 S, LOANS, OR GUARANTEES OF L		\$ 0.00	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUAF	RANTEES OF LOANS)	\$ 2700.00	
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 ITEMIZED	O OR LESS,	\$ 0.00	
	4. TOTAL	POLITICAL EXPENDITURES		\$ 19422.60	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTA ORTING PERIOD	AINED AS OF THE LAST DAY	\$ 0.00	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTA Y OF THE REPORTING PERIOD	ANDING LOANS AS OF THE	\$ 0.00	
18 AFFIDAVIT					
		true and co		ry, that the accompanying report is tion required to be reported by me	
		EI	LECTRONICALLY CER	TIFIED	
			Signature of Candida	te or Officeholder	
AFFIX NOTARY STAM	P/SEALABOVE				
Sworn to and subsc	ribed before me, b	by the said <u>Chad West</u>		, this the	
day of <u>January</u>	, 2020,	o certify which, witness my har	nd and seal of office.		
Signature of officer a	administering oath	Printed name of officer adm	ninistering oath	Title of officer administering oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	19 FILER NAME Chad West 20 Filer ID (Ethics Con		mmission Filers)	
21		JLE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,700.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4.		SCHEDULE E: LOANS		\$ 0.00
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 19,422.60
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$ 0.00
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$ 0.00
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ 0.00
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 0.00
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	IONS	\$ 0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	Complete this form.
1 Total pages Schedule F1: 3 of 15	2 FILER NAME Chad West	3 Filer ID (Ethics Commission Filers)
4 Date 07/25/2019	5 Payee name Chad West PLLC	<u>'</u>
6 Amount (\$) 26.65	7 Payee address; City; State; Zip Code 3606 S Tyler St Dallas, TX 75208	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Mail Account
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date 08/08/2019	Payee name Adamson Athletics	
Amount (\$) 60.00	Payee address; City; State; Zip Code 201 E. 9th St Dallas, TX 75203	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date 08/08/2019	Payee name Katy Seitzler	
Amount (\$) 250.00	Payee address; City; State; Zip Code 217 Sycamore Creek Roa M llen, TX 75002	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Social Media Management
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Other (enter a category not listed above)

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1: 6 of 15	2 FILER NAME Chad West	3 Filer ID (Ethics Commission Filers)
4 Date 09/10/2019	5 Payee name Chad West PLLC	'
6 Amount (\$) 26.65	7 Payee address; City; State; Zip Code 3606 S Tyler St Dallas, TX 75208	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Mail Account
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date 09/12/2019	Payee name Nick Hellyar Campaign	
Amount (\$) 250.00	Payee address; City; State; Zip Code 3606 S Tyler St Dallas, TX 75224	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Donation
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date 09/25/2019	Payee name Chad West PLLC	
Amount (\$) 26.65	Payee address; City; State; Zip Code 3606 S Tyler St Dallas, TX 75208	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Mail Account
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 7 of 15	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date 10/01/2019	5 Payee name Katy Seitzler		
6 Amount (\$) 312.50	7 Payee address; City; State; Zip Code 217 Sycamore Creek Roa t llen, TX 75002		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		utside of Texas. Complete Schedule T. n, TX, officeholder living expense ement
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 10/01/2019	Payee name Katy Seitzler		
Amount (\$) 122.38	Payee address; City; State; Zip Code 217 Sycamore Creek Roa A llen, TX 75002		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		tside of Texas. Complete Schedule T. , TX, officeholder living expense ement
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 10/10/2019	Payee name Chad West PLLC		
Amount (\$) 30.20	Payee address; City; State; Zip Code 3606 S Tyler St Dallas, TX 75208		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 10 of 15	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)	
4 Date 10/30/2019	5 Payee name EcoLatino			
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 5322 Whispering Oaks Diballas, TX 75236			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		utside of Texas. Complete Schedule T. n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held	
Date 10/30/2019	Payee name Benny Guzman			
Amount (\$) 100.00	Payee address; City; State; Zip Code 1147 N Madison Dallas, TX 75208			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Christmas Caring - Pink Level		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date 11/01/2019	Payee name Katy Seitzler			
Amount (\$) 187.50	Payee address; City; State; Zip Code 217 Sycamore Creek Roallen, TX 75002			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		ntside of Texas. Complete Schedule T. n, TX, officeholder living expense ement	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica	al Committee Legal Services Sa	laries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains ho	ow to complete this form.	
1 Total pages Schedule F1: 11 of 15	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date 11/11/2019	5 Payee name Chad West PLLC		
6 Amount (\$) 30.20	7 Payee address; City; State; Zip C 3606 S Tyler St Dallas, TX 75208	ode	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Advertising	Check if travel o	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 11/20/2019	Payee name Ledbetter Eagle Ford Community		
Amount (\$) 186.20	Payee address; City; State; Zip C 2522 Fort Worth Ave Sulibal404, TX 75211	ode	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched Donation	Check if travel or	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 11/25/2019	Payee name Chad West PLLC		
Amount (\$) 30.20	Payee address; City; State; Zip C 3606 S Tyler St Dallas, TX 75208	ode	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched Advertising	Check if travel or	utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 15 of 15	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date 12/06/2019	5 Payee name Katy Seitzler		
6 Amount (\$) 325.00	7 Payee address; City; State; Zip Code 217 Sycamore Creek Roadllen, TX 75002		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		utside of Texas. Complete Schedule T. TX, officeholder living expense ement
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 12/28/2019	Payee name Katy Seitzler		
Amount (\$) 325.00	Payee address; City; State; Zip Code 217 Sycamore Creek Roalllen, TX 75002		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		tside of Texas. Complete Schedule T. TX, officeholder living expense ement
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

City Secretary's Office

Supplement Officeholder	al Report		FOR Cover She	MSR
1. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST MI Chad	2. Total Pages Filed: 17	
	NICKNAME	LAST SUFFIX West	3. Office Held Council District 1	
4. SUPPLEMENTAL REPORT TYPE	☆ January 15	c 30th day before election c Runoff	c 15th day after campa treasurer appointmen (officeholder only)	
	c July 15	c 8th day before election c Exceeded \$500 limit	c Final Report	
5. PERIOD / COVERED		7/1/2019 THROUGH 12/31/2019		
6. ELECTION	Month Day Year			
		c Primary c Runoff $oldsymbol{X}$	General c Spec	cial c N/A
7. OFFICE- HOLDER	CONTRIBUTION TOTALS	1. TOTAL OFFICEHOLDER CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$0.00		\$0.00
		2. TOTAL OFFICEHOLDER CONTRIBUTIONS OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LO	DANS)	\$0.00
	EXPENDITURE	3. TOTAL OFFICEHOLDER EXPENDITURES OF \$100 OR L	ESS, UNLESS ITEMIZED	\$ 0.00
	TOTALS	4. TOTAL OFFICEHOLDER EXPENDITURES		\$ 0.00
8. POLITICAL	CONTRIBUTION TOTALS	5. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$ 0.00
(Campaign)		6. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 2,700.00
	EXPENDITURE	7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS UNLESS ITEMIZED		\$ 0.00
	TOTALS	8. TOTAL POLITICAL EXPENDITURES		\$ 19,422.60
9. OFFICEHOLDER FUN FOR CAMPAIGN PURF		9. TOTAL DOLLAR AMOUNT OF OFFICEHOLDER CONTRIE CAMPAIGN EXPEND TURES DURING THE REPORTING PE		\$0.00
10. AFFIDAVIT		I swear, or affirm, under penalty of perj is true and correct and includes all infor me under Title 15, Election code.		
		ELECTRONICALLY C	ERTIFIED	
AFFIX NOTARY STAN	1P / SEAL ABOVE	Signature of Candidate or	Officeholder	
Sworn to and subscribed b	pefore me, by the saidChac	I West	this the12th	day
of January , 20	20, to certify which,	witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of officer adm	ninistering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 1 of 1
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Chad West			
4 Date	5 Full name of contributor out-of-state PAC (ID	D#:)	7 Amount of contribution (\$)
11/19/2019	MetroTex Assoc of Realtors		2500.00
Commoion	6 Contributor address; City; State;	Zip Code	
Campaign Contribution	8201 N Stemmons Fwy Dallas, T	X 75247	
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
09/14/2010	Lien Pham		200.00
08/14/2019	Contributor address; City; State;	Zin Code	200.00
Campaign			
Contribution	110 S Bernice Suite Dr Garland,	TX 75042	
Principal occup Nail Salon Ow	ation / Job title (See Instructions) ner	Employer (See Instructi	ons)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
	ATTACH ADDITIONAL CORIES OF	THIS SCHEDI II E AS NE	EDED

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1: 1 of 15	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	'	
07/30/2019	Big Frog Custom T-Shirst		
6 Amount (\$) 682.00	7 Payee address; City; State; Zip Code 322 West Davis St Dallas, TX 75208		
Campaign Funds for Campaign Expenditures			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Advertising		side of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin,	TX, officeholder living expense
		T-Shirts fro Stampede	e Event
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
07/08/2019	Katy Seitzler		
Amount (\$) 175.00	Payee address; City; State; Zip Code		
Campaign Funds for	217 Sycamore Creek Roadllen, TX 75002		
Campaign Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Contract Labor		side of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin,	TX, officeholder living expense
		Social Media Manage	ment
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
07/08/2019	Big Frog Custom T-Shirst		
Amount (\$) 56.29	Payee address; City; State; Zip Code 322 West Davis St Dallas, TX 75208		
Campaign Funds for	322 West Davis St Dallas, 1A /3208		
Campaign Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Advertising	Check if travel outs	side of Texas. Complete Schedule T.
OF EXPENDITURE			TX, officeholder living expense
		T-Shirts fro Stampede	Event
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED
1			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 2 of 15	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
07/08/2019	Anna Casey		
6 Amount (\$) 10000.00	7 Payee address; City; State; Zip Code 3606 S. Tyler St Dallas, TX 75208		
Campaign Funds for Campaign Expenditures	•		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	Contract Labor		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
EXPENDITURE		Consultation	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
07/09/2019	Michael Orozco for Constable		
Amount (\$) 250.00	Payee address; City; State; Zip Code 410 S Beckley Dallas, TX 75208		
Campaign Funds for Campaign Expenditures	,		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Donation		tside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	, TX, officeholder living expense
		Donation	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
07/22/2019	Dallas Youth Sports		
Amount (\$) 250.00	Payee address; City; State; Zip Code 3040 S Hampton Rd Dallas, TX 75224		
Campaign Funds for Campaign Expenditures	3040 S Hampton Ru Danas, 17/3224		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Donation	Check if travel ou	stside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	, TX, officeholder living expense
-		Donation	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 3 of 15	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
07/25/2019	Chad West PLLC		
6 Amount (\$) 26.65 Campaign Funds for	7 Payee address; City; State; Zip Code 3606 S Tyler St Dallas, TX 75208		
Campaign Expenditures	(2) Cotogony (Con Cotogonian listed at the top of this subadula)	(b) Description	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	utside of Texas. Complete Schedule T.
PURPOSE OF	Advertising		n, TX, officeholder living expense
EXPENDITURE		Mail Account	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
08/08/2019	Adamson Athletics		
Amount (\$) 60.00	Payee address; City; State; Zip Code		
Campaign Funds for Campaign Expenditures	201 E. 9th St Dallas, TX 75203		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
08/08/2019	Katy Seitzler		
	Tuty Bettzler		
Amount (\$) 250.00	Payee address; City; State; Zip Code		
Amount (\$) 250.00 Campaign Funds for Campaign Expenditures			
Campaign Funds for	Payee address; City; State; Zip Code	Description	
Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 217 Sycamore Creek Roadllen, TX 75002	Check if travel ou	tside of Texas. Complete Schedule T.
Campaign Funds for Campaign Expenditures	Payee address; City; State; Zip Code 217 Sycamore Creek Roadllen, TX 75002 Category (See Categories listed at the top of this schedule)	Check if travel ou	, TX, officeholder living expense
Campaign Funds for Campaign Expenditures PURPOSE OF	Payee address; City; State; Zip Code 217 Sycamore Creek Roallen, TX 75002 Category (See Categories listed at the top of this schedule) Advertising Candidate / Officeholder name	Check if travel ou Check if Austin	, TX, officeholder living expense

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	,
1 Total pages Schedule F1: 4 of 15	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
08/09/2019	Dallas Voice		
6 Amount (\$) 598.00	7 Payee address; City; State; Zip Code 1825 Market Center Blvd Suite 240		
Campaign Funds for Campaign Expenditures	Dallas, TX 75207		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Advertising		tside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	, TX, officeholder living expense
		Half Page Display Ac	i
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
08/12/2019	Chad West PLLC		
Amount (\$) 26.65	Payee address; City; State; Zip Code		
Campaign Funds for	3606 S Tyler St Dallas, TX 75208		
Campaign Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Advertising		side of Texas. Complete Schedule T.
OF EXPENDITURE			TX, officeholder living expense
		Mail Account	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
08/14/2019	NLLEO		
Amount (\$) 100.00	Payee address; City; State; Zip Code		
	P.O. Box 226411 Dallas, TX 75222		
Campaign Funds for Campaign Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Donation		tside of Texas. Complete Schedule T.
EXPENDITURE			, TX, officeholder living expense
		Donation	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Carididate/Officerfolder/Politica	The Instruction Guide explains how to c	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 5 of 15	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
08/20/2019	Mansfield Soccer Association		
6 Amount (\$) 100.00 Campaign Funds for	7 Payee address; City; State; Zip Code 2363 Highway 287 N Suite 206 Mansfield, TX 76063		
Campaign Expenditures	,		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Donation		utside of Texas. Complete Schedule T.
OF EXPENDITURE		Donation	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/05/2019	Katy Seitzler		
Amount (\$)	Payee address; City; State; Zip Code		
425.00 Campaign Funds for	217 Sycamore Creek Roadllen, TX 75002		
Campaign Expenditures			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		tside of Texas. Complete Schedule T. TX, officeholder living expense ement
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
08/09/2019	D.A.C.A.C.		
Amount (\$) 35.00	Payee address; City; State; Zip Code 3630 Harry Hines Blvd Dallas, TX 75219		
Campaign Funds for Campaign Expenditures	3030 Harry Times Bivu Danas, 1A 73219		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Fees for Membership		tside of Texas. Complete Schedule T.
EXPENDITURE		General Member Fee	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica	al Committee Legal Serv	ices Salaries/	Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Ins	truction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 6 of 15	2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name			
09/10/2019	Chad West PLLC			
6 Amount (\$) 26.65	7 Payee address; 3606 S Tyler St	City; State; Zip Code Dallas, TX 75208		
Campaign Funds for Campaign Expenditures				
8	(a) Category (See Category	ories listed at the top of this schedule)	(b) Description	
PURPOSE	Advertising			utside of Texas. Complete Schedule T.
OF EXPENDITURE			Check if Austi	n, TX, officeholder living expense
			Mail Account	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Office	eholder name	Office sought	Office held
Date	Payee name			
09/12/2019	Nick Hellyar Campa	ign		
Amount (\$)	Payee address;	City; State; Zip Code		
250.00	3606 S Tyler St	Dallas, TX 75224		
Campaign Funds for Campaign Expenditures				
	Category (See Catego	ories listed at the top of this schedule)	Description	
PURPOSE	Donation			utside of Texas. Complete Schedule T.
OF EXPENDITURE			Check if Austir	n, TX, officeholder living expense
			Campaign Donation	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Office	eholder name	Office sought	Office held
Date	Payee name			
09/25/2019	Chad West PLLC			
Amount (\$) 26.65	Payee address;	City; State; Zip Code		
Campaign Funds for	3606 S Tyler St	Dallas, TX 75208		
Campaign Expenditures				
	Category (See Catego	ories listed at the top of this schedule)	Description	
PURPOSE	Advertising		Check if travel or	utside of Texas. Complete Schedule T.
OF EXPENDITURE	-		Check if Austin	n, TX, officeholder living expense
LAF LINDITORE			Mail Account	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Offic	eholder name	Office sought	Office held
	ATTACH AD	DITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Cardidate/Officerfolder/Politica	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 7 of 15	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	l	
10/01/2019	Katy Seitzler		
6 Amount (\$) 312.50 Campaign Funds for	7 Payee address; City; State; Zip Code 217 Sycamore Creek Roadllen, TX 75002		
Campaign Expenditures			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Advertising		utside of Texas. Complete Schedule T.
OF EXPENDITURE			n, TX, officeholder living expense
		Social Media Manage	ement
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/01/2019	Katy Seitzler		
Amount (\$)	Payee address; City; State; Zip Code		
122.38	217 Sycamore Creek Roadllen, TX 75002		
Campaign Funds for Campaign Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Advertising		tside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin,	, TX, officeholder living expense
		Social Media Manage	ement
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/10/2019	Chad West PLLC		
Amount (\$) 30.20	Payee address; City; State; Zip Code		
Campaign Funds for	3606 S Tyler St Dallas, TX 75208		
Campaign Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Advertising	Check if travel out	tside of Texas. Complete Schedule T.
OF EXPENDITURE			, TX, officeholder living expense
		Mail Account	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica	l Committee Legal Service	s Salaries/	Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instru	ction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 8 of 15	2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name			
10/14/2019	Jesse Perez			
6 Amount (\$) 314.62	7 Payee address; 3606 S Tyler St	City; State; Zip Code Dallas, TX 75224		
Campaign Funds for Campaign Expenditures				
8	(a) Category (See Categorie	s listed at the top of this schedule)	(b) Description	
PURPOSE	Contract Labor			utside of Texas. Complete Schedule T.
OF EXPENDITURE			Check if Austir	n, TX, officeholder living expense
			Repairs	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeho	older name	Office sought	Office held
Date	Payee name			
10/16/2019	Sunset Art Studios			
Amount (\$)	Payee address;	City; State; Zip Code		
400.00	1811 Balboa Pl	Dallas, TX 75224		
Campaign Funds for Campaign Expenditures				
	Category (See Categorie	s listed at the top of this schedule)	Description	
PURPOSE OF	Donation			tside of Texas. Complete Schedule T.
EXPENDITURE			Check if Austin	, TX, officeholder living expense
			Donation	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeho	older name	Office sought	Office held
Date	Payee name			
10/17/2019	Avery Carey			
Amount (\$) 30.00	Payee address;	City; State; Zip Code		
Campaign Funds for	9221 Amberton Pkwy S	Dallas, TX 75241		
Campaign Expenditures		,		
	Category (See Categorie	s listed at the top of this schedule)	Description	
PURPOSE	Contract Labor		Check if travel ou	tside of Texas. Complete Schedule T.
OF EXPENDITURE			Check if Austin	, TX, officeholder living expense
			Block Walker	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeh	older name	Office sought	Office held
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 9 of 15	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
10/17/2019	Ivy Carey		
6 Amount (\$) 30.00	7 Payee address; City; State; Zip Code 9221 Amberton Pkwy Suite 177		
Campaign Funds for Campaign Expenditures	Dallas, TX 75241		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Contract Labor		tside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/24/2019	Chad West PLLC		
Amount (\$) 30.20	Payee address; City; State; Zip Code		
Campaign Funds for Campaign Expenditures	3606 S Tyler St Dallas, TX 75208		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/28/2019	Tom Adair		
Amount (\$) 250.00	Payee address; City; State; Zip Code		
Campaign Funds for Campaign Expenditures	P.O. Box 862017 Plano, TX 75086		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Donation	Check if travel ou	tside of Texas. Complete Schedule T.
OF EXPENDITURE			, TX, officeholder living expense
		Donation	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1: 10 of 15	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
10/30/2019	EcoLatino		
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 5322 Whispering Oaks DD allas, TX 75236		
Campaign Funds for Campaign Expenditures			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Advertising		tside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	n, TX, officeholder living expense
		Marketing	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/30/2019	Benny Guzman		
Amount (\$) 100.00	Payee address; City; State; Zip Code		
Campaign Funds for	1147 N Madison Dallas, TX 75208		
Campaign Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Donation	Check if travel out	tside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin,	, TX, officeholder living expense
		Christmas Caring - Pi	ink Level
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/01/2019	Katy Seitzler		
Amount (\$) 187.50	Payee address; City; State; Zip Code		
Campaign Funds for	217 Sycamore Creek Roalllen, TX 75002		
Campaign Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Advertising	Check if travel out	tside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin,	, TX, officeholder living expense
		Social Media Manage	ement
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
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	ATTACH ADDITIONAL COPIES OF THIS	OCHEDOLE NO NEE	נטבט

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica	Al Committee Legal Services Salaries/	Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 11 of 15	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	1	
11/11/2019	Chad West PLLC		
6 Amount (\$) 30.20	7 Payee address; City; State; Zip Code 3606 S Tyler St Dallas, TX 75208		
Campaign Funds for Campaign Expenditures			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Advertising		tside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin,	, TX, officeholder living expense
		Mail Account	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/20/2019	Ledbetter Eagle Ford Community		
Amount (\$)	Payee address; City; State; Zip Code		
186.20	2522 Fort Worth Ave Suite 401		
Campaign Funds for Campaign Expenditures	Dallas, TX 75211		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Donation		side of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin,	TX, officeholder living expense
		Donation for Turkeys	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/25/2019	Chad West PLLC		
Amount (\$) 30.20	Payee address; City; State; Zip Code 3606 S Tyler St Dallas, TX 75208		
Campaign Funds for	Journal Dallas, 1X /3208		
Campaign Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Advertising	Check if travel outs	side of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin,	TX, officeholder living expense
		Mail Account	
Complete ONLY if direct expenditure to benefit C/OF		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Others (actors a extension and listed above)

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 12 of 15	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
10/14/2019	Rosemont Dads Club		
6 Amount (\$) 150.00	7 Payee address; City; State; Zip Code 1851 Timbergrove Cir Dallas, TX 75208		
Campaign Funds for Campaign Expenditures			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Donation		utside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/21/2019	Ledbetter Eagle Ford Community		
Amount (\$) 77.16	Payee address; City; State; Zip Code		
Campaign Funds for	2522 Fort Worth Ave Suite 401 Dallas, TX 75211		
Campaign Expenditures	Danas, 17. 73211		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Donation	Check if travel out	tside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	, TX, officeholder living expense
-		Donation for Turkeys	3
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/05/2019	EcoLation		
Amount (\$) 500.00	Payee address; City; State; Zip Code 5322 Whispering Oaks Diballas, TX 75236		
Campaign Funds for	3322 Winspering Oaks Dibanas, 1A /3230		
Campaign Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Advertising	Check if travel ou	tside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	, TX, officeholder living expense
-		Marketing	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 13 of 15	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
12/09/2019	Qualigraphics		
6 Amount (\$) 1030.65 Campaign Funds for	7 Payee address; City; State; Zip Code 2909 Cole Ave #300 Dallas, TX 75204		
Campaign Expenditures			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	Advertising		utside of Texas. Complete Schedule T. 1, TX, officeholder living expense
EXPENDITURE			i, 1A, unicendider living expense
		Campaign Bracelets	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/10/2019	Chad West PLLC		
Amount (\$) 30.20	Payee address; City; State; Zip Code		
Campaign Funds for	3606 S Tyler St Dallas, TX 75208		
Campaign Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Category (See Categories listed at the top of this schedule) Advertising	Check if travel ou	tside of Texas. Complete Schedule T.
PURPOSE OF EXPENDITURE		Check if travel ou	tside of Texas. Complete Schedule T. , TX, officeholder living expense
OF		Check if travel ou	
OF	Advertising Candidate / Officeholder name	Check if travel ou Check if Austin	
OF EXPENDITURE Complete ONLY if direct	Advertising Candidate / Officeholder name	Check if travel ou Check if Austin Mail Account	, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF	Advertising Candidate / Officeholder name	Check if travel ou Check if Austin Mail Account	, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF	Advertising Candidate / Officeholder name	Check if travel ou Check if Austin Mail Account	, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 12/26/2019	Advertising Candidate / Officeholder name Payee name Chad West PLLC Payee address; City; State; Zip Code	Check if travel ou Check if Austin Mail Account	, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OFD Date 12/26/2019 Amount (\$) 30.20	Advertising Candidate / Officeholder name Payee name Chad West PLLC	Check if travel ou Check if Austin Mail Account	, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 12/26/2019	Advertising Candidate / Officeholder name Payee name Chad West PLLC Payee address; City; State; Zip Code	Check if travel ou Check if Austin Mail Account	, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 12/26/2019 Amount (\$) 30.20 Campaign Funds for	Advertising Candidate / Officeholder name Payee name Chad West PLLC Payee address; City; State; Zip Code	Check if travel ou Check if Austin Mail Account	, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date 12/26/2019 Amount (\$) 30.20 Campaign Funds for Campaign Expenditures	Candidate / Officeholder name Payee name Chad West PLLC Payee address; City; State; Zip Code 3606 S Tyler St Dallas, TX 75208	Check if travel ou Check if Austin Mail Account Office sought Description	, TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 12/26/2019 Amount (\$) 30.20 Campaign Funds for Campaign Expenditures	Advertising Candidate / Officeholder name Payee name Chad West PLLC Payee address; City; State; Zip Code 3606 S Tyler St Dallas, TX 75208 Category (See Categories listed at the top of this schedule)	Check if travel ou Check if Austin Mail Account Office sought Description Check if travel ou Check if Austin	Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 12/26/2019 Amount (\$) 30.20 Campaign Funds for Campaign Expenditures PURPOSE OF	Advertising Candidate / Officeholder name Payee name Chad West PLLC Payee address; City; State; Zip Code 3606 S Tyler St Dallas, TX 75208 Category (See Categories listed at the top of this schedule)	Check if travel ou Check if Austin Mail Account Office sought Description Check if travel ou	Office held Office held tside of Texas. Complete Schedule T.
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 12/26/2019 Amount (\$) 30.20 Campaign Funds for Campaign Expenditures PURPOSE OF EXPENDITURE	Candidate / Officeholder name Payee name Chad West PLLC Payee address; City; State; Zip Code 3606 S Tyler St Dallas, TX 75208 Category (See Categories listed at the top of this schedule) Advertising	Check if travel ou Check if Austin Mail Account Office sought Description Check if travel ou Check if Austin Mail Account	Office held Office held tside of Texas. Complete Schedule T. TX, officeholder living expense
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 12/26/2019 Amount (\$) 30.20 Campaign Funds for Campaign Expenditures PURPOSE OF	Candidate / Officeholder name Payee name Chad West PLLC Payee address; City; State; Zip Code 3606 S Tyler St Dallas, TX 75208 Category (See Categories listed at the top of this schedule) Advertising Candidate / Officeholder name	Check if travel ou Check if Austin Mail Account Office sought Description Check if travel ou Check if Austin	Office held Office held tside of Texas. Complete Schedule T.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Cardidate/Officerfolder/Politica	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 14 of 15	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
08/09/2019	Casey Thomas Campaign		
6 Amount (\$) 250.00 Campaign Funds for	7 Payee address; City; State; Zip Code P.O. Box 763203 Dallas, TX 75376		
Campaign Expenditures	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
8 PURPOSE			utside of Texas. Complete Schedule T.
PURPOSE OF	Advertising		, TX, officeholder living expense
EXPENDITURE		Silver Sponsor Level	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/17/2019	EKPNA		
Amount (\$) 500.00	Payee address; City; State; Zip Code		
Campaign Funds for	P.O. Box 224962 Dallas, TX 75222		
Campaign Expenditures			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		tside of Texas. Complete Schedule T. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/01/2019	Katy Seitzler		
Amount (\$) 312.50	Payee address; City; State; Zip Code		
	217 Sycamore Creek Roadllen, TX 75002		
Campaign Funds for Campaign Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Advertising	Check if travel out	tside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, Social Media Manage	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/	Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 15 of 15	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
12/06/2019	Katy Seitzler		
6 Amount (\$) 325.00	7 Payee address; City; State; Zip Code 217 Sycamore Creek Roadllen, TX 75002		
Campaign Funds for Campaign Expenditures			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Advertising		utside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	n, TX, officeholder living expense
		Social Media Manag	ement
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/28/2019	Katy Seitzler		
Amount (\$)	Payee address; City; State; Zip Code		
325.00	217 Sycamore Creek Roadllen, TX 75002		
Campaign Funds for Campaign Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Advertising		utside of Texas. Complete Schedule T.
EXPENDITURE			n, TX, officeholder living expense
		Social Media Manag	gement
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF			utside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULF AS NEI	FDFD