

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

7 Amount of contribution (\$)

2000.00

6 Contributor address;

City; State; Zip Code

3720 Miramar Ave.

Dallas, TX 75205

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/23/2020

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lynn McBee

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

3912 Miramar Ave.

Dallas, TX 75205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/23/2020

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Michael Veale

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

1717 Arts Plaza Suite 2207

Dallas, TX 75201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/24/2020

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Craig Holcomb

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

1409 S. Lamar St.

Dallas, TX 75215

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
7 of 18

2 FILER NAME

Chad West

3 Filer ID (Ethics Commission Filers)

4 Date
02/24/2020

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

Cooper Koch

7 Amount of contribution (\$)

250.00

6 Contributor address; City; State; Zip Code

2126 Kessler Pkwy Dallas, TX 75208

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
02/25/2020

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

Carl Anderson

Amount of contribution (\$)

1000.00

Contributor address; City; State; Zip Code

2929 Carlisle St. Suite 210 Dallas, TX 75204

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/26/2020

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

Scott Chase

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

1700 Pacific Ave. Suite 3700 Dallas, TX 75201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
02/27/2020

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

Wendy Krispin

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

528 S. Hall St. Dallas, TX 75226

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Chad West

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

02/27/2020

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

Charles OConnell

7 Amount of contribution (\$)

1000.00

6 Contributor address;

City; State; Zip Code

634 Kessler Reserve Ct.

Dallas, TX 75208

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

Date

02/27/2020

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Paul Wingo

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

1227 Woodlawn Ave.

Dallas, TX 75208

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/28/2020

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Steve Atkinson

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

5926 Tree Shadow Trail

Dallas, TX 75252

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/28/2020

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Daniel Harrell

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

5119 Milam St.

Dallas, TX 75206

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
9 of 18

2 FILER NAME

Chad West

3 Filer ID (Ethics Commission Filers)

4 Date
02/29/2020

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

Steve Habgood

7 Amount of contribution (\$)

1000.00

6 Contributor address; City; State; Zip Code

1544 Eastus Dr.

Dallas, TX 75208

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/02/2020

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

Chris Heinbaugh

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

1801 Annex Ave. Suite 507

Dallas, TX 75204

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/03/2020

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

Chris Hamilton

Amount of contribution (\$)

1000.00

Contributor address; City; State; Zip Code

5521 Swiss Ave.

Dallas, TX 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/03/2020

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

Jennifer Owen

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

6541 Arborist Ln.

Dallas, TX 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
10 of 18

2 FILER NAME

Chad West

3 Filer ID (Ethics Commission Filers)

4 Date
03/04/2020

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

Brent Rodgers

7 Amount of contribution (\$)

1000.00

6 Contributor address; City; State; Zip Code

3527 Oak Lawn Ave. Dallas, TX 75219

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/04/2020

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

Travis Rowe

Amount of contribution (\$)

1000.00

Contributor address; City; State; Zip Code

1222 Greenbriar Ln. Kemp, TX 75143

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/05/2020

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

Apt Assn of Greater Dallas

Amount of contribution (\$)

1000.00

Contributor address; City; State; Zip Code

5728 LBJ Frwy. Suite 100 Dallas, TX 75240

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/05/2020

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

Richard Chesney

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

2911 Turtle Creek Blvd. Suite 820 Dallas, TX 75201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
11 of 18

2 FILER NAME

Chad West

3 Filer ID (Ethics Commission Filers)

4 Date
03/05/2020

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

Dallas Builders Association

6 Contributor address; City; State; Zip Code

5816 W. Plano Pkwy. Plano, TX 75093

7 Amount of contribution (\$)
500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/05/2020

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

Ryan Garcia

Contributor address; City; State; Zip Code

3901 Travis St. Suite 102 Dallas, TX 75204

Amount of contribution (\$)
50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/05/2020

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

Charles Gearing

Contributor address; City; State; Zip Code

9332 Mercer Dr. Dallas, TX 75228

Amount of contribution (\$)
100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/05/2020

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

Pam Gerber

Contributor address; City; State; Zip Code

4435 Holland Ave. Dallas, TX 75219

Amount of contribution (\$)
100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
12 of 18

2 FILER NAME

Chad West

3 Filer ID (Ethics Commission Filers)

4 Date
03/05/2020

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Hudson Henley

6 Contributor address;

City; State; Zip Code

5415 Ursula Ln.

Dallas, TX 75229

7 Amount of contribution (\$)

1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/05/2020

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Scott Lake

Contributor address;

City; State; Zip Code

6141 Prospect Ave.

Dallas, TX 75214

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/05/2020

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Francis Luttmner

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

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

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

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

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

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		
Date 01/21/2020	Candidate / Officeholder name 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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/29/2020	Candidate / Officeholder name 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
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: 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 <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
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
	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 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
	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: 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		
Date 02/17/2020	Candidate / Officeholder 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		
Date 02/24/2020	Candidate / Officeholder 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		
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	
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	
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	

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		
Date 02/26/2020	Candidate / Officeholder name Chad West PLLC	
Amount (\$) 40.00	Office sought Office held	
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/27/2020	Candidate / Officeholder name Chad West PLLC	
Amount (\$) 1000.00	Office sought Office held	
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
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: 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 Office held		
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 Office held		
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 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: 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	
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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
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	
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: 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	

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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	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: _____	

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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		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	
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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
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	
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: 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	

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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	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>	

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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	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	
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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		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	

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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	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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