

# Supplemental Report Officeholder

# FORM Cover Sheet SR

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
1 of 18

2 FILER NAME

Chad West

3 Filer ID (Ethics Commission Filers)

4 Date

02/04/2020

Officeholder  
Contribution

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Lee Kleinman

6 Contributor address;

City; State; Zip Code

7336 Hill Forest Dr

Dallas, TX 75230

7 Amount of contribution (\$)

1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/07/2020

Officeholder  
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

LUCILO PENA

Contributor address;

City; State; Zip Code

1717 ARTS PLAZA Suite 2311

DALLAS, TX 75201

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/10/2020

Officeholder  
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Bobby Abtahi

Contributor address;

City; State; Zip Code

1126 N. Zang

Dallas, TX 75203

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/10/2020

Officeholder  
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Tre & Lauren Black

Contributor address;

City; State; Zip Code

751 Kessler Lake Dr.

Dallas, TX 75208

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

The Instruction Guide explains how to complete this form.

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

Chad West

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

02/10/2020

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

Calvert Collins-Bratton

**6** Contributor address;

City; State; Zip Code

4618 Heatherbrook Dr.

Dallas, TX 75244

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

250.00

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

## Date

02/10/2020

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Dustin Marshall

## Contributor address;

City; State; Zip Code

6464 Mimosa Ln.

Dallas, TX 75230

## Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

02/10/2020

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Bruce Reid

## Contributor address;

City; State; Zip Code

1603 612 Spruce Ave.

Lake Forest, IL 60045

## Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

02/11/2020

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Chris Aslam

## Contributor address;

City; State; Zip Code

P.O. Box 496539

Garland, TX 75049

## Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

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

**2** FILER NAME

Chad West

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

**4** Date

02/11/2020

Officeholder  
Contribution

**5** Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Alex Olshansky

**6** Contributor address;

City; State; Zip Code

45 Main St. Suite 502

Brooklyn, NY 11201

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

1000.00

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

**9** Employer (See Instructions)

Date

02/12/2020

Officeholder  
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jimmy O'Reilly

Contributor address;

City; State; Zip Code

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

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/12/2020

Officeholder  
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Logan Waller

Contributor address;

City; State; Zip Code

5115 McKinney Ave. Suite F

Dallas, TX 75205

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/13/2020

Officeholder  
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Chris Luna

Contributor address;

City; State; Zip Code

801 Holden Ct.

Garland, TX 75044

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

The Instruction Guide explains how to complete this form.

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

Chad West

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

02/16/2020

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

Kathy Hewitt

**6** Contributor address;

City; State; Zip Code

2828 Routh St. Suite 100

Dallas, TX 75201

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

500.00

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

## Date

02/16/2020

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Ann Margolin

## Contributor address;

City; State; Zip Code

2828 Hood St. Suite 1604

Dallas, TX 75219

## Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

02/18/2020

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Benjamin Atkins

## Contributor address;

City; State; Zip Code

45 Main St. Suite 502

Brooklyn, NY 11201

## Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

02/18/2020

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Mark Clayton

## Contributor address;

City; State; Zip Code

1500 Marilla St. Suite 5FS

Dallas, TX 75201

## Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

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

**2** FILER NAME

Chad West

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

**4** Date

02/18/2020

Officeholder  
Contribution

**5** Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Milton Olsoff

**6** Contributor address;

City; State; Zip Code

45 Main St. Suite 5022

Brooklyn, NY 11201

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

1000.00

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

**9** Employer (See Instructions)

Date

02/22/2020

Officeholder  
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Michael Blackwell

Contributor address;

City; State; Zip Code

8845 Fenchurch Rd.

Dallas, TX 75238

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/23/2020

Officeholder  
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Mike Ablon

Contributor address;

City; State; Zip Code

8222 Douglas Ave. Suite 390

Dallas, TX 75225

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/23/2020

Officeholder  
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Mike Anglin

Contributor address;

City; State; Zip Code

1414 W. Colorado Blvd.

Dallas, TX 75208

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

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

**2** FILER NAME

Chad West

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

**4** Date

02/23/2020

Officeholder  
Contribution

**5** Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Tim & Melanie Byrne

**6** Contributor address;

City; State; Zip Code

3720 Miramar Ave.

Dallas, TX 75205

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

2000.00

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

**9** Employer (See Instructions)

Date

02/23/2020

Officeholder  
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Lynn McBee

Contributor address;

City; State; Zip Code

3912 Miramar Ave.

Dallas, TX 75205

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/23/2020

Officeholder  
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Michael Veale

Contributor address;

City; State; Zip Code

1717 Arts Plaza Suite 2207

Dallas, TX 75201

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/24/2020

Officeholder  
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Craig Holcomb

Contributor address;

City; State; Zip Code

1409 S. Lamar St.

Dallas, TX 75215

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

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

**2** FILER NAME

Chad West

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

**4** Date

02/24/2020

Officeholder  
Contribution

**5** Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Cooper Koch

**6** Contributor address;

City; State; Zip Code

2126 Kessler Pkwy

Dallas, TX 75208

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

250.00

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

**9** Employer (See Instructions)

Date

02/25/2020

Officeholder  
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Carl Anderson

Contributor address;

City; State; Zip Code

2929 Carlisle St. Suite 210

Dallas, TX 75204

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/26/2020

Officeholder  
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Scott Chase

Contributor address;

City; State; Zip Code

1700 Pacific Ave. Suite 3700

Dallas, TX 75201

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/27/2020

Officeholder  
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Wendy Krispin

Contributor address;

City; State; Zip Code

528 S. Hall St.

Dallas, TX 75226

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

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

**2** FILER NAME

Chad West

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

**4** Date

02/27/2020

Officeholder  
Contribution

**5** Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Charles OConnell

**6** Contributor address;

City; State; Zip Code

634 Kessler Reserve Ct.

Dallas, TX 75208

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

1000.00

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

**9** Employer (See Instructions)

Date

02/27/2020

Officeholder  
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Paul Wingo

Contributor address;

City; State; Zip Code

1227 Woodlawn Ave.

Dallas, TX 75208

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/28/2020

Officeholder  
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Steve Atkinson

Contributor address;

City; State; Zip Code

5926 Tree Shadow Trail

Dallas, TX 75252

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/28/2020

Officeholder  
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Daniel Harrell

Contributor address;

City; State; Zip Code

5119 Milam St.

Dallas, TX 75206

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

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

The Instruction Guide explains how to complete this form.

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

Chad West

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

02/29/2020

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

Steve Habgood

**6** Contributor address;

City; State; Zip Code

1544 Eastus Dr.

Dallas, TX 75208

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

1000.00

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

## Date

03/02/2020

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Chris Heinbaugh

## Contributor address;

City; State; Zip Code

1801 Annex Ave. Suite 507

Dallas, TX 75204

## Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

03/03/2020

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Chris Hamilton

## Contributor address;

City; State; Zip Code

5521 Swiss Ave.

Dallas, TX 75214

## Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

03/03/2020

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jennifer Owen

## Contributor address;

City; State; Zip Code

6541 Arborist Ln.

Dallas, TX 75214

## Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
10 of 18

2 FILER NAME

Chad West

3 Filer ID (Ethics Commission Filers)

4 Date

03/04/2020

Officeholder  
Contribution

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Brent Rodgers

6 Contributor address;

City; State; Zip Code

3527 Oak Lawn Ave.

Dallas, TX 75219

7 Amount of contribution (\$)

1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/04/2020

Officeholder  
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Travis Rowe

Contributor address;

City; State; Zip Code

1222 Greenbriar Ln.

Kemp, TX 75143

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/2020

Officeholder  
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Apt Assn of Greater Dallas

Contributor address;

City; State; Zip Code

5728 LBJ Frwy. Suite 100

Dallas, TX 75240

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/2020

Officeholder  
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Richard Chesney

Contributor address;

City; State; Zip Code

2911 Turtle Creek Blvd. Suite 820 Dallas, TX 75201

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

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

**2** FILER NAME

Chad West

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

**4** Date

03/05/2020

Officeholder  
Contribution

**5** Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Dallas Builders Association

**6** Contributor address;

City; State; Zip Code

5816 W. Plano Pkwy.

Plano, TX 75093

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

500.00

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

**9** Employer (See Instructions)

Date

03/05/2020

Officeholder  
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Ryan Garcia

Contributor address;

City; State; Zip Code

3901 Travis St. Suite 102

Dallas, TX 75204

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/2020

Officeholder  
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Charles Gearing

Contributor address;

City; State; Zip Code

9332 Mercer Dr.

Dallas, TX 75228

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/05/2020

Officeholder  
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Pam Gerber

Contributor address;

City; State; Zip Code

4435 Holland Ave.

Dallas, TX 75219

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

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

The Instruction Guide explains how to complete this form.

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

Chad West

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

03/05/2020

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

Hudson Henley

**6** Contributor address;

City; State; Zip Code

5415 Ursula Ln.

Dallas, TX 75229

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

1000.00

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

## Date

03/05/2020

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Scott Lake

## Contributor address;

City; State; Zip Code

6141 Prospect Ave.

Dallas, TX 75214

## Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

03/05/2020

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Francis Luttmmer

## Contributor address;

City; State; Zip Code

6941 Desco Dr.

Dallas, TX 75225

## Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

03/05/2020

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Ben Mackey

## Contributor address;

City; State; Zip Code

307 N. Polk St.

Dallas, TX 75208

## Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

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

The Instruction Guide explains how to complete this form.

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

Chad West

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

03/05/2020

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

Charles D. Marlett

**6** Contributor address;

City; State; Zip Code

4005 Dunhaven Rd.

Dallas, TX 75220

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

1000.00

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

## Date

03/05/2020

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

John Matthews

## Contributor address;

City; State; Zip Code

320 W. Main St.

Lewisville, TX 75057

## Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

03/05/2020

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Frank Mihalopoulos

## Contributor address;

City; State; Zip Code

3932 Potomac Ave.

Dallas, TX 75205

## Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

03/05/2020

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Bill Ohland

## Contributor address;

City; State; Zip Code

P.O. Box 595789

Dallas, TX 75359

## Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

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

The Instruction Guide explains how to complete this form.

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

Chad West

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

03/05/2020

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

Jim Pitts

**6** Contributor address;

City; State; Zip Code

3800 Stratford Ave.

Dallas, TX 75205

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

1000.00

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

## Date

03/05/2020

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Andy Smith

## Contributor address;

City; State; Zip Code

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

## Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

03/05/2020

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Miguel Solis

## Contributor address;

City; State; Zip Code

2215 Eriksson Ln.

Dallas, TX 75204

## Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

03/05/2020

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Kristian Teleki

## Contributor address;

City; State; Zip Code

3251 Canyon Oaks Dr.

Argyle, TX 76226

## Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**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

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

Leobardo Trevino

**6** Contributor address;

City; State; Zip Code

1111 W. Mockingbird Ln.

Dallas, TX 75247

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

1000.00

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

## Date

03/05/2020

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Roger Wedell

## Contributor address;

City; State; Zip Code

1318 Elmwood Blvd.

Dallas, TX 75224

## Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

03/05/2020

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Joel Williams III

## Contributor address;

City; State; Zip Code

4323 Lorraine Ave.

Dallas, TX 75205

## Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

03/05/2020

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Ryan Windham

## Contributor address;

City; State; Zip Code

606 Monssen Dr

Dallas, TX 75224

## Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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



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

The Instruction Guide explains how to complete this form.

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

Chad West

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

03/11/2020

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

Maureen Milligan

**6** Contributor address;

City; State; Zip Code

5918 Williamstown Rd

Dallas, TX 75230

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

250.00

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

## Date

03/11/2020

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Sally West

## Contributor address;

City; State; Zip Code

735 Marina Village Dr.

Grand Rivers, KY 42045

## Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

03/27/2020

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Lucy Billingsley

## Contributor address;

City; State; Zip Code

1722 Routh St.

Dallas, TX 75201

## Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

## Date

03/31/2020

Officeholder  
Contribution

## Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Barry Hancock

## Contributor address;

City; State; Zip Code

4514 Travis St. Suite 326

Dallas, TX 75205

## Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
17 of 18

2 FILER NAME

Chad West

3 Filer ID (Ethics Commission Filers)

4 Date

04/25/2020

Officeholder  
Contribution

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Andy Payne

6 Contributor address;

City; State; Zip Code

3500 Maple Ave. Suite 1250

Dallas, TX 75219

7 Amount of contribution (\$)

1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

05/27/2020

Officeholder  
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

James Taylor

Contributor address;

City; State; Zip Code

1028 Cedar Hill Ave.

Dallas, TX 75208

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/04/2020

Officeholder  
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Pete Schenkel

Contributor address;

City; State; Zip Code

614 N. Bishop Ave. Suite 3

Dallas, TX 75208

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

06/05/2020

Officeholder  
Contribution

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Kyle Wick

Contributor address;

City; State; Zip Code

1212 N. Oak Cliff Blvd.

Dallas, TX 75208

Amount of contribution (\$)

350.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

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

**2** FILER NAME

Chad West

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

**4** Date

06/13/2020

Officeholder  
Contribution

**5** Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Edward Mertic

**6** Contributor address;

City; State; Zip Code

1154 N. Clinton Ave

Dallas, TX 75208

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

100.00

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

**9** Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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