CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete	this form.	1 Filer ID (Ethics Commission F	Total pages fil 42	ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIF	RST d	МІ	OFFICE	USE ONLY
NAME	NICKNAME LA Wes	sт t	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT 810 Bishop Ave	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NU (214) 406 78		EXTENSION		or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIF Benr	RST N y	MI	Receipt #	Amount \$
NAME	NICKNAME LA		SUFFIX	Date Processed	
	Guzı		33.7.11	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLI 306 Montreal Ave	EASE); APT / SUI	TE #; CITY; Dallas TX 75:	STATE; 208	ZIP CODE
(Residence or Business)	AREA CODE PHONE NU	IMRED	EXTENSION		
8 CAMPAIGN TREASURER PHONE	()	MIDEIX	LATENSION		
9 REPORT TYPE	January 15	30th day before ele	ection Runoff	15th day af treasurer a (Officeholde	
	X July 15	8th day before elect	tion Exceeded Modif Reporting Limit	ied Final Repor	t (Attach C/OH - FR)
10 PERIOD COVERED	Month Day	Year	M	onth Day Year	
COVERED	04 / 28 /	2023	THROUGH 06	6 / 30 / 202	3
11 ELECTION	Month Day Year 05 06 2023	Primary Mary General	Runoff Other Descrip		
12 OFFICE	OFFICE HELD (if any) Dallas City Council Distric	t 1	13 OFFICE SOUGHT (if Council District	•	
14 NOTICE FROM POLITICAL COMMITTEE(S)	POLITICAL THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S NOTICE OF SUCH MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S NOTICE OF SUCH MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S NOTICE OF SUCH MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S NOTICE OF SUCH MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S NOTICE OF SUCH MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S NOTICE OF SUCH MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S NOTICE OF SUCH MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S NOTICE OF SUCH MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S NOTICE OF SUCH MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S NOTICE OF SUCH MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S NOTICE OF SUCH MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S NOTICE OF SUCH MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S NOTICE OF SUCH MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S NOTICE OF SUCH MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S NOTICE OF SUCH MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S NOTICE OF SUCH MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S NOTICE OF SUCH MAY HAVE BEEN MAY HAVE BE				DER'S KNOWLEDGE OR
COMMITTEE(3)	COMMITTEE TYPE COMMITTEE	NAME			
Additional Pages	GENERAL	ADDRESS			
	SPECIFIC COMMITTEE	CAMPAIGN TREA	SURER NAME		
	COMMITTEE	CAMPAIGN TREA	ASURER ADDRESS		
		GO TO F	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Chad A West		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTH PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF	LOANS) \$ 4960.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 60840.69
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF OF REPORTING PERIOD	THE LAST DAY \$ 18220.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOA LAST DAY OF THE REPORTING PERIOD	NS AS OF THE \$ 0.00
	wear, or affirm, under penalty of perjury, that the accompanying repuired to be reported by me under Title 15, Election Code.	ort is true and correct and includes all information
	ELECTR	ONICALLY CERTIFIED
	Signatu	ure of Candidate or Officeholder
	Please complete either option	below:
(1) Affidavit		
NOTARY STAMP/SEA	_	
		17th July
Sworn to and subscribed	bolore me by	this the 17th day of July,
$20 \phantom{0000000000000000000000000000000000$	which, witness my hand and seal of office.	
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of	of birth is
My address is		,,,
	(street) (city)	
Executed in	County, State of , on the day o	f, 20 (month) (year)
	Signature	of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME Chad A West	20 Filer ID (Ethics Co.	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4,960.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTI	ONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4.	SCHEDULE E: LOANS		\$ 0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITIC	AL CONTRIBUTIONS	\$ 60,840.69
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLI	TICAL CONTRIBUTIONS	\$ 0.00
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSON	\$ 0.00	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTION	S TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITIC	CAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTO TO FILER	TRIBUTIONS RETURNED	\$ 0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The	Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A1: 1 of 3
2 FILER NAME Chad A West			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of contribution (\$)
05/08/2023	Jeff Carey		1000.00
	6 Contributor address; City; Sta 300 E Round Grove Suite 621 Lewisville,	ate; Zip Code	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor)	Amount of contribution (\$)
04/28/2023	Roy Choi		1000.00
	Contributor address; City; St 5909 Luther Lane Suite 1006 Dallas, TX	ate; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor)	Amount of contribution (\$)
05/03/2023	Raul Estrada		1000.00
	Contributor address; City; Sta 1636 Cedar Hill Ave Dallas, TX	ate; Zip Code 75208	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 05/01/2023	Full name of contributor out-of-state PAC (ID#:_ Robert Gossett)	Amount of contribution (\$) 100.00
	Contributor address; City; St 1540 Junior Drive Dallas, TX	ate: Zip Code 75208	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)

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

If the requested information is not applicable, **DO NOT include this page in the report.**

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 2 of 3
2 FILER NAME Chad A West				3 Filer ID (Ethics Commission Filers)
4 Date 04/29/2023	 5 Full name of contributor David Luther 6 Contributor address; 619 Kessler Springs Ave 	City;	State; Zip Code	7 Amount of contribution (\$) 50.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date 04/28/2023	Full name of contributor Maggie Parker Contributor address; 1954 Cedar Crest Blvd	City;	State; Zip Code	Amount of contribution (\$) 150.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 05/30/2023	Full name of contributor Ryan Patterson Contributor address; 1215 Stafford Street	City	State; Zip Code	Amount of contribution (\$) 500.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 05/04/2023	Full name of contributor Billy Prewett Contributor address; 4234 McFarlin Blvd	out-of-state PAC	State: Zip Code	Amount of contribution (\$) 1000.00
Principal occup	4234 McFarlin Blvd pation / Job title (See Instructions)	Dallas,	Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 3 of 3
2 FILER NAME Chad A West			3 Filer ID (Ethics Commission Filers)
4 Date 04/30/2023	Carl Scherrieb 6 Contributor address; City;	State; Zip Code orth, TX 76132	7 Amount of contribution (\$) 10.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date 04/28/2023	Cylena Smith Contributor address; City;	State; Zip Code TX 75233	Amount of contribution (\$) 50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 04/30/2023	Robert Snyder Contributor address: City:	State; Zip Code orth, TX 76164	Amount of contribution (\$) 100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	iions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 1 of 36	2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date 04/28/2023	5 Payee name Taco y Vino		
6 Amount (\$) 162.35	7 Payee address; 213 West Eighth Street Dallas, TX 75208	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Meeting with Board & Commission Members	(b) Description Meeting	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
04/28/2023	Express Shop		
Amount (\$) 78.45	Payee address; 200 Crescent Court Dallas, TX 75208	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Supplies	Supplies	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 04/28/2023	Payee name DiffaDallas.Org		
Amount (\$) 500.00	Payee address; 2050 North Stemmons FiDawas, TX 75207	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Donation	Donation	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 2 of 36	2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date 05/01/2023	5 Payee name Benny Guzman		
6 Amount (\$) 920.00	7 Payee address; 306 Montreal Avenue Dallas, TX 75208	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Signs	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05/01/2023	USPS		
Amount (\$) 25.20	Payee address; 515 Centre Street Dallas, TX 75208	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Postage	Postage	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 05/01/2023	Payee name R+D Dallas		
Amount (\$) 90.31	Payee address; 8300 Preston Center Plazalas, TX 75225	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Meeting with Board & Commission Members	Meeting	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 3 of 36	2 FILER NAME Chad A West		3 Filer ID (Ethics	s Commission Filers)
4 Date 05/01/2023	5 Payee name Revelers			
6 Amount (\$) 140.64	7 Payee address; 412 North Bishop AvenuĐallas, TX 75208	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Meals for Volunteers	(b) Description Meals		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	ı expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/01/2023	Ascension Coffee			
Amount (\$) 55.16	Payee address; 1621 Oak Lawn Avenue Dallas, TX 75207	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Coffee Meeting	Meals		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 05/01/2023	Payee name The Pour House			
Amount (\$) 56.43	Payee address; 1919 Skillman Street Dallas, TX 75206	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Meeting with Board & Commission Members	Description Meeting		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 4 of 36	2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date 05/01/2023	5 Payee name Topgolf		
6 Amount (\$) 170.88	7 Payee address; 8787 Park Lane Dallas, TX 75231	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Meeting with Constituents	(b) Description Meals	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05/01/2023	Beverleys		
Amount (\$) 166.16	Payee address; 3215 North Fitzhugh Ave Dauktas, TX 75204	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fundraising Meeting	Fundraising	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 05/01/2023	Payee name The Pour House		
Amount (\$) 287.38	Payee address; 1919 Skillman Street Dallas, TX 75206	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Party for Campaign Supporters	Meeting	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 5 of 36	2 FILER NAME Chad A West		3 Filer ID (Ethics	s Commission Filers)
4 Date 05/01/2023	5 Payee name Old Oak Cliff Company			
6 Amount (\$) 250.00	7 Payee address; 1300 South Polk Street SDadd 22,2TX 75224	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gifts	(b) Description Gifts		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/01/2023	Beretta Gallery			
Amount (\$) 259.80	Payee address; 41 Highland Park VillageDallas, TX 75205	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gifts	Gifts		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 05/01/2023	Payee name Benny Guzman			
Amount (\$) 80.00	Payee address; 306 Montreal Avenue Dallas, TX 75208	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Big Signs		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 6 of 36	2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date 05/01/2023	5 Payee name Benny Guzman		
6 Amount (\$) 40.00	7 Payee address; 306 Montreal Avenue Dallas, TX 75208	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Reimbursement	(b) Description Gas	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05/01/2023	Al Biernats		
Amount (\$) 310.33	Payee address; 4217 Oak Lawn Avenue Dallas, TX 75219	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fundraising Meeting	Fundraising	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 05/01/2023	Payee name Chad West		
Amount (\$) 35.00	Payee address; 810 North Bishop AvenuÐallas, TX 75208	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement	Description T Shirt	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	, ,	,
1 Total pages Schedule F1: 7 of 36	2 FILER NAME Chad A West		3 Filer ID (Ethics	s Commission Filers)
4 Date 05/01/2023	5 Payee name David De La Fuente			
6 Amount (\$) 12000.00	7 Payee address; 106 South Clinton Avenu∂allas, TX 75208	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Contract Labor	Consulting		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/01/2023	Marina Ruiz			
Amount (\$) 670.00	Payee address; 5322 Whispering Oaks Dibadeas, TX 75236	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	Block-walker		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 05/01/2023	Payee name Aureliano Garrido			
Amount (\$) 670.00	Payee address; 1911 Grauwyler Road Irving, TX 75061	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	Block-walker		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 8 of 36	2 FILER NAME Chad A West		3 Filer ID (Ethics	s Commission Filers)
4 Date 05/01/2023	5 Payee name Narda S Caballero			
6 Amount (\$) 670.00	7 Payee address; 1911 Grauwyler Road Irving, TX 75061	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Block-walker		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/02/2023	Hilda Duarte			
Amount (\$) 1640.00	Payee address; 1413 Range Drive Suite M 0squite, TX 75149	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	Poll worker		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 05/02/2023	Payee name Susan Craig Lopez			
Amount (\$) 1360.00	Payee address; 2734 West Jefferson Bou lDalhad , TX 75211	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Poll worker		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	, ,	,
1 Total pages Schedule F1: 9 of 36	2 FILER NAME Chad A West		3 Filer ID (Ethics	Commission Filers)
4 Date 05/02/2023	5 Payee name Mail House			
6 Amount (\$) 1840.58	7 Payee address; 2276 Vantage Street Dallas, TX 75207	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Advertising		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/02/2023	Ascension Coffee			
Amount (\$) 21.16	Payee address; 1621 Oak Lawn Avenue Dallas, TX 75207	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	B&C Meeting	Meeting		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 05/02/2023	Payee name BBBop Seoul			
Amount (\$) 50.84	Payee address; 828 West Davis Street Dallas, TX 75208	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) B&C Meeting	Description Meeting		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 10 of 36	2 FILER NAME Chad A West		3 Filer ID (Ethics (Commission Filers)
4 Date 05/02/2023	5 Payee name Enos Pizza			
6 Amount (\$) 52.10	7 Payee address; 407 North Bishop AvenuĐallas, TX 75208	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) B&C Meeting	(b) Description Meeting		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living e	xpense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
05/02/2023	Blue Guardian Donation - Back the Blue			
Amount (\$) 500.00	Payee address; P.O. Box 226411 Dallas, TX 75201	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contribution	Contribution		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	ffice held
Date 05/02/2023	Payee name Blue Guardian Donation - Back the Blue			
Amount (\$) 500.00	Payee address; P.O. Box 226411 Dallas, TX 75201	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description Contribution		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 11 of 36	2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date 05/02/2023	5 Payee name Metro Debt Collect		
6 Amount (\$) 3800.00	7 Payee address; 620 North Bishop AvenuĐallas, TX 75208	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Rent	(b) Description Campaign Office Re	nt
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05/03/2023	InFocus Campaign		
Amount (\$) 1125.33	Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Mailers	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 05/05/2023	Payee name Taco y Vino		
Amount (\$) 137.67	Payee address; 213 West Eighth Street Dallas, TX 75208	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	B&C Meeting	Meeting	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 12 of 36	2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date 05/05/2023	5 Payee name ABC Party Headquarters		
6 Amount (\$) 157.35	7 Payee address; 1414 West Davis Street Dallas, TX 75208	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Supplies	(b) Description Supplies	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05/05/2023	Chad West		
Amount (\$) 65.00	Payee address; 810 North Bishop AvenuĐallas, TX 75208	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Meals	Meals	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 05/05/2023	Payee name Oak Cliff Lions Club		
Amount (\$) 50.00	Payee address; P.O. Box 4445 Dallas, TX 75208	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Member Dues	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 13 of 36	2 FILER NAME Chad A West		3 Filer ID (Ethics Commission	n Filers)
4 Date 05/05/2023	5 Payee name Cibo Divino			
6 Amount (\$) 144.01	7 Payee address; 1868 Sylvan Avenue Sui (addia) OTX 75208	City;	State; Zip Code	е
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) B&C Meeting	(b) Description Meeting		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
05/05/2023	Blue Dahlia			
Amount (\$) 348.47	Payee address; 400 N Bishop Avenue Dallas, TX 75208	City;	State; Zip Code	е
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gifts	Gifts		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date 05/08/2023	Payee name Tom Thumb			
Amount (\$) 190.38	Payee address; 200 N. Hampton Road Dallas, TX 75211	City;	State; Zip Code	е
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Supplies	Description Supplies		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	I
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	ouror (ornor a datogo	.yot.llotou abovo,
1 Total pages Schedule F1: 14 of 36	2 FILER NAME Chad A West		3 Filer ID (Ethics	Commission Filers)
4 Date 05/08/2023	5 Payee name The Pour House			
6 Amount (\$) 206.73	7 Payee address; 1000 W Davis Street Dallas, TX 75208	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	B&C Meeting	Meeting		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/08/2023	Cretias Bakery			
Amount (\$) 770.00	Payee address; 228 West Davis Street Dallas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meals for election party	Meals		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 05/08/2023	Payee name BBBop Seoul			
Amount (\$) 978.09	Payee address; 700 West Davis Street Dallas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Election Party	Meals		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 15 of 36	2 FILER NAME Chad A West		3 Filer ID (Ethics	s Commission Filers)
4 Date 05/08/2023	5 Payee name InFocus Campaign			
6 Amount (\$) 1010.55	7 Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Mailers	(b) Description Mailers		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/08/2023	Marina Ruiz			
Amount (\$) 660.00	Payee address; 5322 Whispering Oaks Dibadras, TX 75236	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	Block-walking		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 05/08/2023	Payee name Aureliano Garrido			
Amount (\$) 660.00	Payee address; 1911 Grauwyler Road - Irving, TX 75061	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	Block-walking		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 16 of 36	2 FILER NAME Chad A West		3 Filer ID (Ethics	s Commission Filers)
4 Date 05/08/2023	5 Payee name Narda Caballero			
6 Amount (\$) 660.00	7 Payee address; 1911 Graywyler Road Irving, TX 75061	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Block-walking		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/08/2023	Susan Craig Lopez			
Amount (\$) 240.00	Payee address; 2734 West Jefferson Bou lDaldard, TX 75211	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	Block-walking		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 05/08/2023	Payee name Benny Guzman			
Amount (\$) 1290.00	Payee address; 306 Montreal Avenue Dallas, TX 75208	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Signs		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 17 of 36	2 FILER NAME Chad A West		3 Filer ID (Ethics Commission File	rs)
4 Date 05/08/2023	5 Payee name Benny Guzman			
6 Amount (\$) 300.00	7 Payee address; 306 Montreal Avenue Dallas, TX 75208	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Signs		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
05/08/2023	Benny Guzman			
Amount (\$) 260.00	Payee address; 306 Montreal Avenue Dallas, TX 75208	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Mileage	Mileage and meals R	Reimbursement	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date 05/08/2023	Payee name Alejandro Sanchez			
Amount (\$) 100.00	Payee address; 3140 Dyer Street Dallas, TX 75275	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	Block-walking		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 18 of 36	2 FILER NAME Chad A West		3 Filer ID (Ethics C	Commission Filers)
4 Date 05/08/2023	5 Payee name Beyonce Salazar-Brown			
6 Amount (\$) 100.00	7 Payee address; 3140 Dyer Street Dallas, TX 75275	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Block-walking		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living ex	kpense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	0	ffice held
Date	Payee name			
05/08/2023	Holland Koontz			
Amount (\$) 100.00	Payee address; 3140 Dyer Street Dallas, TX 75275	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	Block-walking		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living ex	rpense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	0	ffice held
Date 05/08/2023	Payee name Usman Baig			
Amount (\$) 100.00	Payee address; 3140 Dyer Street Dallas, TX 75275	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	Block-walking		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 19 of 36	2 FILER NAME Chad A West		3 Filer ID (Ethics	Commission Filers)
4 Date 05/08/2023	5 Payee name Ferris Lachman			
6 Amount (\$) 100.00	7 Payee address; 3140 Dyer Street Dallas, TX 75275	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Block-walking		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/08/2023	Alex Severs-Turner			
Amount (\$) 100.00	Payee address; 3140 Dyer Street Dallas, TX 75275	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	Block-walking		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(Office held
Date 05/08/2023	Payee name Mollie Essner			
Amount (\$) 100.00	Payee address; 3140 Dyer Street Dallas, TX 75275	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	Block-walking		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1: 20 of 36	2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date 05/08/2023	5 Payee name Giselle Ocana		
6 Amount (\$) 100.00	7 Payee address; 3140 Dyer Street Dallas, TX 75275	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Block-walking	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
05/09/2023	Cibo Divino		
Amount (\$) 85.36	Payee address; 1868 Sylvan Avenue Sui โอสปิสเติกTX 75208	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Meals	Meals	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 05/09/2023	Payee name Spectrum		
Amount (\$) 169.52	Payee address; P.O. Box 60074 City of Industry, CA 91716	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Internet	Description Internet	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NE	EDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 21 of 36	2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date 05/09/2023	5 Payee name Atmos Energy		
6 Amount (\$) 311.41	7 Payee address; P.O. Box 740353 Cincinnati, OH 45274	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Utilities	(b) Description Utilities	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05/09/2023	Xoom Energy		
Amount (\$) 55.14	Payee address; P.O. Box 660133 Dallas, TX 75266	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Utilities	Utilities	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 05/09/2023	Payee name Chad West PLLC		
Amount (\$) 63.00	Payee address; 3606 South Tyler Street Dallas, TX 75224	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office supplies	Description Stamps	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	outer (orner a catego	ny normotod abovo,
1 Total pages Schedule F1: 22 of 36	2 FILER NAME Chad A West		3 Filer ID (Ethics	Commission Filers)
4 Date 05/10/2023	5 Payee name Chad West			
6 Amount (\$) 39.09	7 Payee address; 810 North Bishop AvenuĐallas, TX 75208	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	travel in district	Travel in district		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/11/2023	Ashley Long			
Amount (\$) 175.00	Payee address; 2700 Canton Street Dallas, TX 75226	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	Photos		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 05/11/2023	Payee name Skate Parks for Dallas			
Amount (\$) 3000.00	Payee address; 6904 Bob O Link Drive Dallas, TX 75214	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation	Oak Cliff Skate Park		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 23 of 36	2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date 05/12/2023	5 Payee name Writers Garret Donation		
6 Amount (\$) 700.00	7 Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description Donation	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05/15/2023	Tom Thumb		
Amount (\$) 316.22	Payee address; 200 N Hampton Dallas, TX 75211	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Supplies	Supplies for voluntee	ers
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 05/15/2023	Payee name Paypal Writers Garr		
Amount (\$) 20.00	Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Donation	Donation	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austii	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
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SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 24 of 36	2 FILER NAME Chad A West		3 Filer ID (Ethics	Commission Filers)
4 Date 05/15/2023	5 Payee name Benny Guzman			
6 Amount (\$) 1115.00	7 Payee address; 306 Montreal Avenue Dallas, TX 75208	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Signs		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/15/2023	Benny Guzman			
Amount (\$) 140.00	Payee address; 306 Montreal Avenue Dallas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Reimbursement	Gas		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 05/15/2023	Payee name El Carlos Elegante			
Amount (\$) 189.95	Payee address; 1400 N Riverfront Blvd Dallas, TX 75207	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Meeting	Description Fundraising		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		,
1 Total pages Schedule F1: 25 of 36	2 FILER NAME Chad A West		3 Filer ID (Ethic	s Commission Filers)
4 Date 05/15/2023	5 Payee name EatzIs			
6 Amount (\$) 94.33	7 Payee address; 100 Oak Lawn Avenue Dallas, TX 75219	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gifts	(b) Description Gifts		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 05/15/2023	Payee name			
03/13/2023	Paradiso			
Amount (\$) 130.27	Payee address; 100 N Bishop Avenue Dallas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gifts	Gifts		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 05/15/2023	Payee name Go Fund Me Hel			
Amount (\$) 1200.00	Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Donation		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 26 of 36	2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date 05/22/2023	5 Payee name Target		
6 Amount (\$) 417.27	7 Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Supplies	(b) Description Storage Supplies	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
05/23/2023	Benny Guzman		
Amount (\$) 750.00	Payee address; 306 Montreal Avenue Dallas, TX 75208	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract Labor	Signs	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 05/23/2023	Payee name Benny Guzman		
Amount (\$) 60.00	Payee address; 306 Montreal Avenue Dallas, TX 75208	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement	Description Gas	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 27 of 36	2 FILER NAME Chad A West		3 Filer ID (Ethics	Commission Filers)
4 Date 05/25/2023	5 Payee name Cretias Bakery			
6 Amount (\$) 15.00	7 Payee address; 228 West Davis Street Dallas, TX 75208	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gifts	(b) Description Gifts		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/25/2023	Cibo Divino			
Amount (\$) 53.03	Payee address; 1868 Sylvan Avenue SuilodDaQTX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fundraising Meeting	Fundraising		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 05/26/2023	Payee name Mailchimp			
Amount (\$) 137.51	Payee address; 123 State Street Atlanta, GA 40022	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Advertising		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 28 of 36	2 FILER NAME Chad A West		3 Filer ID (Ethics	Commission Filers)
4 Date 05/31/2023	5 Payee name Benny Guzman			
6 Amount (\$) 480.00	7 Payee address; 306 Montreal Avenue Dallas, TX 75208	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Signs		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living e	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
05/31/2023	Benny Guzman			
Amount (\$) 30.00	Payee address; 306 Montreal Avenue Dallas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Reimbursement	Gas		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	Office held
Date 05/31/2023	Payee name Chad West			
Amount (\$) 977.80	Payee address; 810 North Bishop AvenuÐallas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor Reimb	Contract Labor		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	, ,	,
1 Total pages Schedule F1: 29 of 36	2 FILER NAME Chad A West		3 Filer ID (Ethics	Commission Filers)
4 Date 05/31/2023	5 Payee name Chad West PLLC			
6 Amount (\$) 1409.63	7 Payee address; 3606 South Tyler Street Dallas, TX 75224	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Reimbursement	(b) Description Hats and Shipment		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/31/2023	Viasat In-Flight			
Amount (\$) 19.00	Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Internet	Internet		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 05/31/2023	Payee name TLF Abbott Flori			
Amount (\$) 107.53	Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts	Description Flowers		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
Total pages Schedule F1: 30 of 36	2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date 06/01/2023	5 Payee name Katy Seitzler		
6 Amount (\$) 70.00	7 Payee address; 217 Sycamore Creek Roadllen, TX 75002	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Contract Labor	Campaign Communic	cations
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
06/01/2023	American		
Amount (\$) 637.81	Payee address; 111 State Street Fort Worth, TX 76111	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Travel out of District	Out of District Trave	1
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 06/02/2023	Payee name DEX Imaging		
Amount (\$) 114.50	Payee address; P.O. Box 9356311 Clearwater, FL 33762	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Printing	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 31 of 36	2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date 06/02/2023	5 Payee name Chad West		
6 Amount (\$) 18.13	7 Payee address; 810 North Bishop AvenuĐallas, TX 75208	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	In district travel	Uber	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
06/05/2023	Benny Guzman		
Amount (\$) 160.00	Payee address; 306 Montreal Avenue Dallas, TX 75208	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract Labor	Signs	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 06/05/2023	Payee name The Dallas Assembly		
Amount (\$) 549.85	Payee address; 3606 s Tyler street Dallas, TX 75224	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Member Dues	Member Dues	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 32 of 36	2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)	
4 Date 06/06/2023	5 Payee name DocNetwork			
6 Amount (\$) 164.00	7 Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Supplies	(b) Description Office Supplie		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
06/06/2023	Oak Cliff Lions Club			
Amount (\$) 150.00	Payee address; P.O. Box 4445 Dallas, TX 75208	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Member Dues	Member Dues		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date 06/06/2023	Payee name Camp Wisdom UMC			
Amount (\$) 350.00	Payee address; 1300 West Camp Wisdom allas, TX 75208	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation	Juneteenth Financial	Support	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	, , ,	,
1 Total pages Schedule F1: 33 of 36	2 FILER NAME Chad A West		3 Filer ID (Ethics C	commission Filers)
4 Date 06/20/2023	5 Payee name Stevens Park			
6 Amount (\$) 182.69	7 Payee address; 111 Monclair Ave Dallas, TX 75208	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description Donation		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	0	ffice held
Date	Payee name			
06/22/2023	Elena Guzman			
Amount (\$) 630.00	Payee address; 810 North Bishop AvenuÐallas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	Contract Labor		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Of	ffice held
Date 06/23/2023	Payee name Elena Guzman			
Amount (\$) 574.00	Payee address; 810 North Bishop AvenuÐallas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	Contract Labor		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1: 34 of 36	2 FILER NAME Chad A West		3 Filer ID (Ethics	Commission Filers)	
4 Date 06/26/2023	5 Payee name Go Oak Cliff LLC				
6 Amount (\$) 4850.00	7 Payee address; 1300 South Polk Street SDadd 295TX 75224	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description Donation			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
06/26/2023	Amazon				
Amount (\$) 587.08	Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Supplies	Supplies			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date 06/26/2023	Payee name Total Wine and More				
Amount (\$) 124.26	Payee address; 111 Oak Lawn Avenue Dallas, TX 75219	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts	Description Gifts			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED		

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1: 35 of 36	2 FILER NAME Chad A West		3 Filer ID (Ethics	s Commission Filers)	
4 Date 06/27/2023	5 Payee name Mailchimp				
6 Amount (\$) 137.51	7 Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Advertising			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
06/27/2023	The Home Depot				
Amount (\$) 596.13	Payee address; 111 Fort Worth Ave Dallas, TX 75211	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Storage Supplies	Storage Supplies			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date 06/27/2023	Payee name NOCUPP				
Amount (\$) 365.00	Payee address; P.O. Box 226216 Dallas, TX 75222	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Annual Membership			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED		

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1: 36 of 36	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission Filers)			
4 Date 06/29/2023	5 Payee name Chad West PLLC				
6 Amount (\$) 862.32	7 Payee address; 3606 South Tyler Street Dallas, TX 75224	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) travel in district	(b) Description Travel in district			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	neck if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED		