

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

44

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
	Mr	Chad	A			
	NICKNAME	LAST	SUFFIX	Date Received		
		West				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #;		CITY;	STATE;	ZIP CODE	
	3606 S Tyler		Dallas	TX	75224	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(214)	406 7861				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Hand-delivered or Date Postmarked		
	Mr	Benny				
	NICKNAME	LAST	SUFFIX	Receipt # Amount \$		
		Guzman		Date Processed		
				Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY;	STATE;	ZIP CODE	
	1147 N Madison		Dallas	TX	75208	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(214)	431 9494				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)					
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
	03	26	2019	THROUGH	04	24
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
	05	04	2019	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
				Council District 1		

GO TO PAGE 2

FORM C/OH
COVER SHEET PG 2

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

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME
Mr Chad A West

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 23,398.94
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 30,408.18
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 16

2 FILER NAME

Mr Chad A West

3 Filer ID (Ethics Commission Filers)

4 Date
04/22/2019

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

Carl Anderson

7 Amount of contribution (\$)
500.00

6 Contributor address; City; State; Zip Code

2929 Carlisle St. Suite 210 Dallas, TX 75204

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
04/07/2019

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

Stan Aten

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code

3165 O'Bannon Dr. Dallas, TX 75224

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/09/2019

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

Ron Barnhill

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code

2313 Amhearst Ln. Flower Mound, TX 75028

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/28/2019

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

Adam Bazaldua

Amount of contribution (\$)
15.00

Contributor address; City; State; Zip Code

6926 Belteau Ln. Dallas, TX 75227

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 16**2** FILER NAME

Mr Chad A West

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

03/28/2019**5** Full name of contributor☐ out-of-state PAC (ID#: _____)

Britney Bazaldua

7 Amount of contribution (\$)

10.00

6 Contributor address;

City; State; Zip Code

6926 Belteau Ln.

Dallas, TX 75227

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

Date

04/19/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Joseph Beckham

Amount of contribution (\$)

474.70

Contributor address;

City; State; Zip Code

808 N. Hampton Rd.

Dallas, TX 75208

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/09/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Brian Burr

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

4103 Hyde Park Dr.

Sugarland, TX 77479

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/09/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Christian Chernock

Amount of contribution (\$)

474.70

Contributor address;

City; State; Zip Code

1611 Rio Vista Dr.

Dallas, TX 75208

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3 of 16

2 FILER NAME

Mr Chad A West

3 Filer ID (Ethics Commission Filers)

4 Date

04/14/2019

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mike Crandall

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

1036 N. Oak Cliff Blvd.

Dallas, TX 75208

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/24/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Anthony Cuevas

Amount of contribution (\$)

47.20

Contributor address;

City; State; Zip Code

1619 Sylvan Ave.

Dallas, TX 75208

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/23/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Paul Denney

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

1408 N. Riverfront Blvd. Suite 266 Dallas, TX 75207

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/23/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

John Mark Ellis

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

1043 N. Plymouth Rd.

Dallas, TX 75208

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4 of 16

2 FILER NAME

Mr Chad A West

3 Filer ID (Ethics Commission Filers)

4 Date
04/03/2019

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

Jorge Esteban

7 Amount of contribution (\$)
50.00

6 Contributor address; City; State; Zip Code
2202 Melbourne Ave. Dallas, TX 75224

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
04/23/2019

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

Laura Estrada

Amount of contribution (\$)
50.00

Contributor address; City; State; Zip Code
1339 Cedar Hill Ave. Dallas, TX 75208

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/09/2019

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

Michael Fisher

Amount of contribution (\$)
500.00

Contributor address; City; State; Zip Code
614 Tenna Loma Ct. Dallas, TX 75208

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/23/2019

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

Bob Foster

Amount of contribution (\$)
10.00

Contributor address; City; State; Zip Code
701 N. Edgefield Ave Dallas, TX 75208

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

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

Mr Chad A West

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

04/02/2019

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

Jane Gaines

6 Contributor address;

City; State; Zip Code

2136 Kessler Ct.

Dallas, TX 75208

7 Amount of contribution (\$)

50.00

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

Date

04/24/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mary Jo Giudice

Contributor address;

City; State; Zip Code

223 N. Montclair Ave.

Dallas, TX 75208

Amount of contribution (\$)

424.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/28/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lynn Hall

Contributor address;

City; State; Zip Code

2114 Kessler Ct.

Dallas, TX 75208

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/23/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jason Hawthorne

Contributor address;

City; State; Zip Code

1008 N. Oak Cliff Blvd.

Dallas, TX 75208

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:
6 of 16**2** FILER NAME

Mr Chad A West

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

04/23/2019

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

Jeff Herrington

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

1939 Mayflower Dr.

Dallas, TX 75208

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

Date

04/23/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Phillip Huffines

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

409 Ridgeview Dr.

Richardson, TX 75080

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/18/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jason Jones

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

3500 Oak Lawn Ave.

Dallas, TX 75219

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/24/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Glen Jones

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

418 N. Rosemont Ave.

Dallas, TX 75208

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
7 of 16

2 FILER NAME

Mr Chad A West

3 Filer ID (Ethics Commission Filers)

4 Date
04/10/2019

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mari King

6 Contributor address;

City; State; Zip Code

616 Haines Ave.

Dallas, TX 75208

7 Amount of contribution (\$)
100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
04/17/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jim Lake

Contributor address;

City; State; Zip Code

1704 W. Colorado Blvd.

Dallas, TX 75208

Amount of contribution (\$)
1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/23/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Tom Laxson

Contributor address;

City; State; Zip Code

2044 Marydale Dr.

Dallas, TX 75208

Amount of contribution (\$)
25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/28/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Stewart Lee

Contributor address;

City; State; Zip Code

1212 N. Edgefield Ave.

Dallas, TX 75208

Amount of contribution (\$)
200.00

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 16

2 FILER NAME

Mr Chad A West

3 Filer ID (Ethics Commission Filers)

4 Date

03/27/2019

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Isaac Lidji

6 Contributor address;

City; State; Zip Code

10440 N. Central Expwy. Suite 1240 Dallas, TX 75231

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/09/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Chris Luna

Contributor address;

City; State; Zip Code

P.O. Box 131523

Dallas, TX 75313

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/20/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

John McIlroy

Contributor address;

City; State; Zip Code

126 N. Willomet Ave.

Dallas, TX 75208

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/19/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mark McPherson

Contributor address;

City; State; Zip Code

246 Waverly Dr.

Dallas, TX 75208

Amount of contribution (\$)

50.00

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 16

2 FILER NAME

Mr Chad A West

3 Filer ID (Ethics Commission Filers)

4 Date
04/02/2019

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Paula Mele

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

406 S. Willomet Ave.

Dallas, TX 75208

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
04/05/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Matt Miller

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

1350 Manufacturing St.

Dallas, TX 75207

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/24/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

John Neill

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

3629 Greenbrier Dr.

Dallas, TX 75225

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
03/29/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

DAVE NEUMANN

Amount of contribution (\$)

94.70

Contributor address;

City; State; Zip Code

6318 TURNER WAY

DALLAS, TX 75230

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 16

2 FILER NAME

Mr Chad A West

3 Filer ID (Ethics Commission Filers)

4 Date

04/07/2019

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Bill Ohland

6 Contributor address;

City; State; Zip Code

P.O. Box 595789

Dallas, TX 75359

7 Amount of contribution (\$)

1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/27/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Brina Palencia

Contributor address;

City; State; Zip Code

1227 Woodlawn Ave.

Dallas, TX 75208

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/28/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Andy Payne

Contributor address;

City; State; Zip Code

3500 Maple Ave. Suite 1250

Dallas, TX 75219

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/18/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

William Peirson, Jr.

Contributor address;

City; State; Zip Code

1235 Lausanne Ave

Dallas, TX 75208

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:
11 of 16

2 FILER NAME

Mr Chad A West

3 Filer ID (Ethics Commission Filers)

4 Date
04/23/2019

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

David Preziosi

6 Contributor address;

City; State; Zip Code

2229 Lawndale Dr.

Dallas, TX 75211

7 Amount of contribution (\$)
50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/31/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Rob Richmond

Contributor address;

City; State; Zip Code

6904 Tokalon Dr.

Dallas, TX 75214

Amount of contribution (\$)
474.70

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/18/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Eliseo Ruiz

Contributor address;

City; State; Zip Code

214 S. Willomet Ave.

Dallas, TX 75208

Amount of contribution (\$)
225.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/02/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Chris Schwegmann

Contributor address;

City; State; Zip Code

1533 W. Colorado Blvd.

Dallas, TX 75208

Amount of contribution (\$)
150.00

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 16

2 FILER NAME

Mr Chad A West

3 Filer ID (Ethics Commission Filers)

4 Date
04/18/2019

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Christopher Shultz

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

531 Monssen Dr.

Dallas, TX 75208

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
04/14/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Sam Smith

Amount of contribution (\$)

5.00

Contributor address;

City; State; Zip Code

600 McCoy Dr.

Irving, TX 75062

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/09/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Edgar Solis

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

1007 WakeDr.

Richardson, TX 75081

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/01/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Thomas Stephens

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

2003 Ferndale Ave.

Dallas, TX 75224

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
13 of 16

2 FILER NAME

Mr Chad A West

3 Filer ID (Ethics Commission Filers)

4 Date
04/04/2019

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

Bonnie Taylor

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
1403 Hollywood Ave. Dallas, TX 75208

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/28/2019

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

James Taylor

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
3251 Royal Ln. Dallas, TX 75229

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/04/2019

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

Tom Taylor

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
1403 Hollywood Ave. Dallas, TX 75208

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/15/2019

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

Terry Thomas

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
732 Mayrant Dr. Dallas, TX 75224

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
14 of 16

2 FILER NAME

Mr Chad A West

3 Filer ID (Ethics Commission Filers)

4 Date
04/03/2019

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

Jonathan Thorne

7 Amount of contribution (\$)
5.00

6 Contributor address; City; State; Zip Code

834 N. Marsallis Ave. Suite 113 Dallas, TX 75203

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/27/2019

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

Chris Walter

Amount of contribution (\$)
13.94

Contributor address; City; State; Zip Code

2310 N. Henderson Ave. Dallas, TX 75206

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/10/2019

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

Roger Wedell

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code

1318 Elmwood Blvd. Dallas, TX 75224

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/23/2019

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

Alice Zaccarello

Amount of contribution (\$)
75.00

Contributor address; City; State; Zip Code

2243 Lawndale Dr. Dallas, TX 75211

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 16**2** FILER NAME

Mr Chad A West

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

04/03/2019

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

Michael Huschle Dallas Firefighters Association PAC

6 Contributor address;

City; State; Zip Code

10956 Audelia Road

Dallas, TX 75243

7 Amount of contribution (\$)

1500.00

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

Date

04/10/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Rudy Anderson United Food & Commercial Workers Union

Contributor address;

City; State; Zip Code

1775 K Street NW

Washington, DC 20006

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Business Representative

Employer (See Instructions)

Date

04/15/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jason Simon AAGD

Contributor address;

City; State; Zip Code

5728 LBJ Freeway Suite 100

Dallas, TX 75240

Amount of contribution (\$)

2500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/23/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Tony Bryan TREC

Contributor address;

City; State; Zip Code

3100 McKinnon Street Suite 1150 Dallas, TX 75201

Amount of contribution (\$)

2500.00

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 16

2 FILER NAME

Mr Chad A West

3 Filer ID (Ethics Commission Filers)

4 Date

04/18/2019

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

David Lehde Home Builders Assoc. of Greater Dallas

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

04/23/2019

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Nancy Garcia Metroplex Association of Realtors

Contributor address;

City; State; Zip Code

8201 N Stemmons Frwy

Dallas, TX 75247

Amount of contribution (\$)

2500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 25		2 FILER NAME Mr Chad A West		3 Filer ID (Ethics Commission Filers)	
4 Date 03/26/2019		5 Payee name Family Dollar #6145			
6 Amount (\$) 5.19		7 Payee address; City; State; Zip Code 1400 W Davis St Dallas, TX 75208			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Supplies for Block Walker	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 03/26/2019		Payee name Amazon			
Amount (\$) 25.78		Payee address; City; State; Zip Code 1200 12th Ave South Ste 200, WA 98144			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for walking	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 03/27/2019		Payee name Chad West PLLC			
Amount (\$) 800.24		Payee address; City; State; Zip Code 3606 S. Tyler St Dallas, TX 75224			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Blockwalker meals, beverages, and water for March reimbursement	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 25		2 FILER NAME Mr Chad A West		3 Filer ID (Ethics Commission Filers)	
4 Date 03/28/2019		5 Payee name North Oak Cliff Beer and Wine			
6 Amount (\$) 73.04		7 Payee address; City; State; Zip Code 1301 West Davis St Dallas, TX 75208			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Event 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 Kessler Court Event	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 03/29/2019		Payee name K&R Screen Graphics			
Amount (\$) 561.82		Payee address; City; State; Zip Code 3915 Main St Dallas, TX 75226			
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 Political SI 48x64	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 03/27/2019		Payee name DFW Mail Today			
Amount (\$) 1768.60		Payee address; City; State; Zip Code 8508 Chancellor Row Suite 100 Dallas, TX 75247			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Mail	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 25		2 FILER NAME Mr Chad A West		3 Filer ID (Ethics Commission Filers)	
4 Date 03/27/2019		5 Payee name MailChimp			
6 Amount (\$) 26.65		7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 6000 Atlanta, GA 30308			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Mail Account	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 03/27/2019		Payee name Chad West PLLC			
Amount (\$) 95.86		Payee address; City; State; Zip Code 3606 S Tyler St Dallas, TX 75208			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Uber Reimbursement	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 03/30/2019		Payee name Joshua Miller			
Amount (\$) 433.00		Payee address; City; State; Zip Code 13700 CF Hawn Freeway Suite 211 Dallas, TX 75253			
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 Sign Installs	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 25		2 FILER NAME Mr Chad A West		3 Filer ID (Ethics Commission Filers)	
4 Date 03/30/2019		5 Payee name Carla McKinzie			
6 Amount (\$) 375.00		7 Payee address; City; State; Zip Code 3606 S Tyler St Dallas, TX 75224			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Block Walker	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/02/2019		Payee name Amazon			
Amount (\$) 23.99		Payee address; City; State; Zip Code 1200 12th Ave South Suite 100 Seattle, WA 98144			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for block walkers	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 03/27/2019		Payee name Big Frog Custom T-Shirst			
Amount (\$) 1310.37		Payee address; City; State; Zip Code 322 West Davis St Dallas, TX 75208			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Tshirts	
Complete ONLY 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: 5 of 25	2 FILER NAME Mr Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 03/28/2019	5 Payee name Adrian Lopez	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 2511 Wedglea Dr Suite 500 Dallas, TX 75211	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Popcorn for giveaways
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 04/01/2019	Payee name Susan Lopez-Craig	
Amount (\$) 500.00	Payee address; City; State; Zip Code 2511 Wedglea Dr Suite 500 Dallas, TX 75211	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walkers
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 04/03/2019	Payee name Tyler Arts District Investments LLC	
Amount (\$) 500.00	Payee address; City; State; Zip Code 3606 S. Tyler St Dallas, TX 75224	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CORRECTION from 1/25/19	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tyler to Cash Reserves
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	

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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: 6 of 25	2 FILER NAME Mr Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 04/02/2019	5 Payee name Bolsa	
6 Amount (\$) 96.86	7 Payee address; City; State; Zip Code 614 West Davis St Dallas, TX 75208	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Meal w/ Volunteer Carla McKinzie
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/02/2019	Candidate / Officeholder name Payee name KPW Enterprises (Walls Printing)	
Amount (\$) 1064.75	Payee address; City; State; Zip Code 9171 King Arthur Dallas, TX 75247	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Polar Bear Gloss 100
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/03/2019	Candidate / Officeholder name Payee name K&R Screen Graphics	
Amount (\$) 561.82	Payee address; City; State; Zip Code 3915 Main St Dallas, TX 75226	
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 Political SI 48x64
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7 of 25		2 FILER NAME Mr Chad A West		3 Filer ID (Ethics Commission Filers)	
4 Date 04/05/2019		5 Payee name Home Depot #0552			
6 Amount (\$) 107.82		7 Payee address; City; State; Zip Code 2901 West Wheatland RdDallas, TX 75237			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Supplies	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/04/2019		Payee name K&R Screen Graphics			
Amount (\$) 699.57		Payee address; City; State; Zip Code 3915 Main St Dallas, TX 75226			
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 Political SI 48x64	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/03/2019		Payee name Lonita Munoz			
Amount (\$) 100.00		Payee address; City; State; Zip Code 3114 Clymer Street Dallas, TX 75212			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation for Seniors	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8 of 25	2 FILER NAME Mr Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 04/05/2019	5 Payee name Home Depot #0552	
6 Amount (\$) 9.72	7 Payee address; City; State; Zip Code 2901 West Wheatland RdDallas, TX 75237	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Supplies
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 04/05/2019	Payee name Quik Trip	
Amount (\$) 41.00	Payee address; City; State; Zip Code 8414 S Hampton Dallas, TX 75232	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker Supplies
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 04/05/2019	Payee name Susan Lopez-Craig	
Amount (\$) 500.00	Payee address; City; State; Zip Code 2511 Wedglear Dr Suite 500Dallas, TX 75211	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9 of 25		2 FILER NAME Mr Chad A West		3 Filer ID (Ethics Commission Filers)	
4 Date 04/08/2019		5 Payee name Amazon			
6 Amount (\$) 42.24		7 Payee address; City; State; Zip Code 1200 12th Ave South Suite 100 Seattle, WA 98144			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Mailer supplies	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/08/2019		Payee name Chad West PLLC			
Amount (\$) 25.00		Payee address; City; State; Zip Code 3606 S Tyler St Dallas, TX 75208			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Facebook	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/03/2019		Payee name Katy Seitzler			
Amount (\$) 1075.00		Payee address; City; State; Zip Code 217 Sycamore Creek Road Allen, TX 75002			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media, Print, Web Work	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 10 of 25		2 FILER NAME Mr Chad A West		3 Filer ID (Ethics Commission Filers)	
4 Date 04/09/2019		5 Payee name MailChimp			
6 Amount (\$) 26.65		7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 6000 Atlanta, GA 30308			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Mail Account	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/11/2019		Payee name Tepa Bar & Grill			
Amount (\$) 326.65		Payee address; City; State; Zip Code 428 S Hampton Dallas, TX 75208			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sunset Hills/Hampton Hills Meet and Greet	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/10/2019		Payee name K&R Screen Graphics			
Amount (\$) 699.56		Payee address; City; State; Zip Code 3915 Main St Dallas, TX 75226			
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 Political SI 48x64	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11 of 25		2 FILER NAME Mr Chad A West		3 Filer ID (Ethics Commission Filers)	
4 Date 04/15/2019		5 Payee name Home Depot #0552			
6 Amount (\$) 75.47		7 Payee address; City; State; Zip Code 2901 West Wheatland RdDallas, TX 75237			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign Materials	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/12/2019		Payee name Home Depot #0552			
Amount (\$) 97.04		Payee address; City; State; Zip Code 2901 West Wheatland RdDallas, TX 75237			
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 Sign Materials	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/14/2019		Payee name Texas Democratic Party			
Amount (\$) 460.00		Payee address; City; State; Zip Code P.O. Box 116 Austin, TX 78767			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations		Description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 12 of 25		2 FILER NAME Mr Chad A West		3 Filer ID (Ethics Commission Filers)	
4 Date 04/05/2019		5 Payee name Qualigraphics			
6 Amount (\$) 1037.16		7 Payee address; City; State; Zip Code 2909 Cole Ave Suite 300 Dallas, TX 75204			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Push Cards, Doorhangers, Magnets	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/11/2019		Payee name Adamson PTO			
Amount (\$) 150.00		Payee address; City; State; Zip Code 309 E. 9th St. Dallas, TX 75203			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations		Description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/11/2019		Payee name Chad West PLLC			
Amount (\$) 24.57		Payee address; City; State; Zip Code 3606 S Tyler St Dallas, TX 75208			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Trip to Dallas MN	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 13 of 25	2 FILER NAME Mr Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 04/15/2019	5 Payee name Chad West PLLC	
6 Amount (\$) 672.75	7 Payee address; City; State; Zip Code 3606 S Tyler St Dallas, TX 75208	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Reimbursement for Campaign expenses
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 04/20/2019	Payee name Chad West PLLC	
Amount (\$) 562.06	Payee address; City; State; Zip Code 3606 S Tyler St Dallas, TX 75224	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage 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 for blockwalker and volunteer party
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 04/16/2019	Payee name Vanessa Ugorji	
Amount (\$) 202.50	Payee address; City; State; Zip Code 930 Benge Drive Suite 4 Arlington, TX 76013	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 14 of 25		2 FILER NAME Mr Chad A West		3 Filer ID (Ethics Commission Filers)	
4 Date 04/18/2019		5 Payee name Liz Miller			
6 Amount (\$) 61.69		7 Payee address; City; State; Zip Code 1201 Bittern Drive Little Elm, TX 75068			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Supplies	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/22/2019		Payee name Voice Publishing Company			
Amount (\$) 832.00		Payee address; City; State; Zip Code 1825 Market Center Blvd Dallas, TX 75207			
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 Full Page Display Ad	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/22/2019		Payee name KPW Enterprises (Walls Printing)			
Amount (\$) 1064.75		Payee address; City; State; Zip Code 9171 King Arthur Dallas, TX 75247			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Polar Bear Gloss 100	
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: 15 of 25	2 FILER NAME Mr Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 04/11/2019	5 Payee name Brett Shipp Media LLC	
6 Amount (\$) 2000.00	7 Payee address; City; State; Zip Code 700 Lavaca St Suite 1401 Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consultation
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 04/16/2019	Payee name Brendan Wallace	
Amount (\$) 202.50	Payee address; City; State; Zip Code 1121 UTA Blvd Suite 411 Arlington, TX 76013	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 04/22/2019	Payee name Ivy Carey	
Amount (\$) 232.50	Payee address; City; State; Zip Code 9221 Amberton Pkwy Suite 115 Dallas, TX 75241	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 16 of 25		2 FILER NAME Mr Chad A West		3 Filer ID (Ethics Commission Filers)	
4 Date 04/22/2019		5 Payee name Tishondra Biddle			
6 Amount (\$) 97.50		7 Payee address; City; State; Zip Code 3701 McClintick Road McKinney, TX 75070			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Block Walker	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/22/2019		Payee name Julian Deboski			
Amount (\$) 153.75		Payee address; City; State; Zip Code 815 W Abrams Street Suite 1100 Arlington, TX 76013			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/22/2019		Payee name Kyle Johnson			
Amount (\$) 483.75		Payee address; City; State; Zip Code 5850 Beltline Road Suite 1100 Dallas, TX 75254			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 17 of 25		2 FILER NAME Mr Chad A West		3 Filer ID (Ethics Commission Filers)	
4 Date 04/22/2019		5 Payee name Liz Miller			
6 Amount (\$) 952.90		7 Payee address; City; State; Zip Code 1201 Bittern Drive Little Elm, TX 75068			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Block Walker	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/22/2019		Payee name Avery Carey			
Amount (\$) 232.50		Payee address; City; State; Zip Code 9221 Amberton Pkwy Suite 117, Dallas, TX 75241			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/24/2019		Payee name Super Mercado Monterrey			
Amount (\$) 3.18		Payee address; City; State; Zip Code 300 E Jefferson Blvd Dallas, TX 75208			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker Supplies	
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: 18 of 25	2 FILER NAME Mr Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 04/24/2019	5 Payee name USPS	
6 Amount (\$) 110.00	7 Payee address; City; State; Zip Code 2202 S Cockrell Hill Rd Dallas, TX 75211	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Stamps
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 03/29/2019	Payee name Brent McDougal for District 7	
Amount (\$) 250.00	Payee address; City; State; Zip Code P.O. Box 4617 Dallas, TX 75208	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 04/11/2019	Payee name Carla McKinzie	
Amount (\$) 67.82	Payee address; City; State; Zip Code 3606 S Tyler St Dallas, TX 75224	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Stamps and envelopes	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	

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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: 19 of 25	2 FILER NAME Mr Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 04/15/2019	5 Payee name Susan Craig	
6 Amount (\$) 440.00	7 Payee address; City; State; Zip Code 2511 Wedglear Dr Suite 501 Dallas, TX 75211	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Block Walker
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 04/16/2019	Payee name Hilda Duarte	
Amount (\$) 800.00	Payee address; City; State; Zip Code 3606 S Tyler St Dallas, TX 75224	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 04/16/2019	Payee name Millie Swain	
Amount (\$) 255.00	Payee address; City; State; Zip Code 2201 Spring Mountain Road Cross Roads, TX 76227	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	

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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: 20 of 25		2 FILER NAME Mr Chad A West		3 Filer ID (Ethics Commission Filers)	
4 Date 04/16/2019		5 Payee name Avery Carey			
6 Amount (\$) 187.50		7 Payee address; City; State; Zip Code 9221 Amberton Pkwy Suite 117 Dallas, TX 75241			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Block Walker	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/16/2019		Payee name Ivy Carey			
Amount (\$) 187.50		Payee address; City; State; Zip Code 9221 Amberton Pkwy Suite 117 Dallas, TX 75241			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/16/2019		Payee name Liz Miller			
Amount (\$) 525.00		Payee address; City; State; Zip Code 1201 Bittern Drive Little Elm, TX 75068			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 21 of 25	2 FILER NAME Mr Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date 04/17/2019	5 Payee name Chad West PLLC		
6 Amount (\$) 199.94	7 Payee address; City; State; Zip Code 3606 S Tyler St Dallas, TX 75208		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Volunteer Meal reimbursement	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 04/17/2019	Payee name Joshua Miller		
Amount (\$) 213.00	Payee address; City; State; Zip Code 13700 CF Hawn Freeway Dallas, TX 75253		
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 Sign Installs	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date 04/18/2019	Payee name Carla McKinzie		
Amount (\$) 55.00	Payee address; City; State; Zip Code 3606 S Tyler St Dallas, TX 75224		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stamps	
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: 22 of 25		2 FILER NAME Mr Chad A West		3 Filer ID (Ethics Commission Filers)	
4 Date 04/19/2019		5 Payee name Hilda Duarte			
6 Amount (\$) 100.00		7 Payee address; City; State; Zip Code 3606 S Tyler St Dallas, TX 75224			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) 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 Sign Installs	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held			
Date 04/18/2019		Payee name Denise Perez			
Amount (\$) 30.00		Payee address; City; State; Zip Code 645 Pentagon Parkway Dallas, TX 75224			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas for sign installers	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held			
Date 04/18/2019		Payee name Carla McKinzie			
Amount (\$) 143.93		Payee address; City; State; Zip Code 3606 S Tyler St Dallas, TX 75224			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photographer, Walmart, Donuts	
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: 23 of 25	2 FILER NAME Mr Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 04/18/2019	5 Payee name Denise Perez	
6 Amount (\$) 168.00	7 Payee address; City; State; Zip Code 645 Pentagon Parkway Dallas, TX 75224	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign Installs
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 04/20/2019	Payee name Qualigraphics	
Amount (\$) 947.69	Payee address; City; State; Zip Code 2909 Cole Ave Suite 300 Dallas, TX 75204	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Door Hangers
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 04/22/2019	Payee name Vanessa Ugorji	
Amount (\$) 75.00	Payee address; City; State; Zip Code 930 Benge Drive Suite 4 Arlington, TX 76013	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	

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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: 24 of 25		2 FILER NAME Mr Chad A West		3 Filer ID (Ethics Commission Filers)	
4 Date 04/22/2019		5 Payee name Brendon Wallace			
6 Amount (\$) 75.00		7 Payee address; City; State; Zip Code 1121 UTA Blvd Suite 411 Arlington, TX 76013			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Block Walker	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/22/2019		Payee name Maureen Swain			
Amount (\$) 324.75		Payee address; City; State; Zip Code 2201 Spring Mountain Road Cross Roads, TX 76227			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Block Walker	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 04/22/2019		Payee name InFocus Campaigns LLC			
Amount (\$) 1803.87		Payee address; City; State; Zip Code P.O. Box 10726 Fort Worth, TX 76114			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description	
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Calls	
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: 25 of 25	2 FILER NAME Mr Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 04/22/2019	5 Payee name DFW Mail Today	
6 Amount (\$) 1764.43	7 Payee address; City; State; Zip Code 8508 Chancellor Row Suite 100 Dallas, TX 75247	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Mail
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 04/23/2019	Payee name USPS	
Amount (\$) 110.00	Payee address; City; State; Zip Code 2202 S Cockrell Hill Rd Dallas, TX 75211	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stamps
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	

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