

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: 60	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Chad	MI A	OFFICE USE ONLY	
	NICKNAME	LAST West	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3606 S Tyler Street Dallas TX 75224				
	Date Received				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (214)	PHONE NUMBER 509 7555	EXTENSION		
	Date Hand-delivered or Date Postmarked				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Benny	MI	Receipt # Amount \$	
	NICKNAME	LAST Guzman	SUFFIX	Date Processed	
Date Imaged					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3606 S Tyler Street Dallas TX 75224				
	Date Received				
8 CAMPAIGN TREASURER PHONE	AREA CODE (469)	PHONE NUMBER 616 4558	EXTENSION		
	Date Hand-delivered or Date Postmarked				
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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
	Date Received				
10 PERIOD COVERED	Month Day Year Month Day Year 03 28 2023 THROUGH 04 26 2023				
	Date Received				
11 ELECTION	ELECTION DATE Month Day Year 05 06 2023		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
	Date Received				
12 OFFICE	OFFICE HELD (if any) Dallas City Council District 1				
	OFFICE SOUGHT (if known) Council District 1				
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
	COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Chad A West

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 37823.50

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 60760.12

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 64618.00

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information
required to be reported by me under Title 15, Election Code.

ELECTRONICALLY CERTIFIED

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,
20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Chad West, and my date of birth is 12/10/1976.

My address is 3606 S Tyler Street, Dallas, TX, 75224, USA.
(street) (city) (state) (zip code) (country)

Executed in Dallas County, State of TX, on the 28th day of April, 20 23.
(month) (year)

ELECTRONICALLY CERTIFIED

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

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	\$ 37,823.50
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	\$ 60,760.12
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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1 of 19
2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date 04/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Real Estate Council <hr/> 6 Contributor address; City; State; Zip Code 3100 McKinnon St Suite 1150 Dallas, TX 75201	7 Amount of contribution (\$) 2500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apartment Association of Greater Dallas <hr/> 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 04/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stonewall Democrats of Dallas <hr/> Contributor address; City; State; Zip Code P.O. Box 192305 Dallas, TX 75219	Amount of contribution (\$) 750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann Tomaszewski <hr/> Contributor address; City; State; Zip Code 2519 Alden Street Dallas, TX 75211	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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2 of 19

2 FILER NAME

Chad A West

3 Filer ID (Ethics Commission Filers)

4 Date

03/28/2023

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Florencio Escobar

7 Amount of contribution (\$)

50.00

6 Contributor address;

614 S Brighton Ave

City;

Dallas, TX 75208

State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/28/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Annie Henderson

Amount of contribution (\$)

50.00

Contributor address;

722 N Oak Cliff Blvd

City;

Dallas, TX 75208

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/28/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Hensley Rachel

Amount of contribution (\$)

1000.00

Contributor address;

14881 Quorum Drive Suite 550

City;

Dallas, TX 75254

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/28/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jean Dean

Amount of contribution (\$)

1000.00

Contributor address;

P.O. Box 140039

City;

Dallas, TX 75214

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 19
2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date 03/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Whitney 6 Contributor address; City; State; Zip Code 1652 Sylvan Avenue Dallas, TX 75208	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodge Carter Contributor address; City; State; Zip Code 3525 University Blvd Dallas, TX 75205	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sean Rae Contributor address; City; State; Zip Code 4512 Lorraine Ave Dallas, TX 75225	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Levy Contributor address; City; State; Zip Code 5 Vista Lane Glen Head, NY 11545	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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 of 19
2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date 04/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matt Enzler <hr/> 6 Contributor address; City; State; Zip Code 6027 Goliad Ave Dallas, TX 75206	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley Mullikin <hr/> Contributor address; City; State; Zip Code 3412 Harvard Ave Dallas, TX 75205	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tori Shubert <hr/> Contributor address; City; State; Zip Code 4560 Lorraine Aven Dallas, TX 75205	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheri Bancroft <hr/> Contributor address; City; State; Zip Code 2598 Middleton Drive Frisco, TX 75033	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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5 of 19
2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date 04/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Itzel Crow <hr/> 6 Contributor address; City; State; Zip Code 4612 Watauga Road Dallas, TX 75208	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brulinda Juracek <hr/> Contributor address; City; State; Zip Code 11450 Saint Michaels Drive Dallas, TX 75230	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy McClain <hr/> Contributor address; City; State; Zip Code 3819 Maple Ave Dallas, TX 75219	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Munding <hr/> Contributor address; City; State; Zip Code 3413 Southwestern Dallas, TX 75225	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
6 of 19

2 FILER NAME

Chad A West

3 Filer ID (Ethics Commission Filers)

4 Date

04/17/2023

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

William Munding

7 Amount of contribution (\$)

500.00

6 Contributor address;
3413 Southwestern

City; State; Zip Code
Dallas, TX 75225

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/10/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Shirley Crow

Amount of contribution (\$)

1000.00

Contributor address;
6310 Mercedes Ave

City; State; Zip Code
Dallas, TX 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/10/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Robert Crow

Amount of contribution (\$)

1000.00

Contributor address;
4612 Watauga Road

City; State; Zip Code
Dallas, TX 75209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/10/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

George Crow

Amount of contribution (\$)

1000.00

Contributor address;
3606 S Tyler Street

City; State; Zip Code
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.

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7 of 19
2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date 04/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Wheeler 6 Contributor address; City; State; Zip Code 726 S Manus Dallas, TX 75224	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuart Crow Contributor address; City; State; Zip Code 6310 Mercedes Ave Dallas, TX 75214	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Escobedo Contributor address; City; State; Zip Code 1222 N. Winnetka Ave Dallas, TX 75208	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonnie Taylor Contributor address; City; State; Zip Code 1403 Hollywood Ave Dallas, TX 75208	Amount of contribution (\$) 25.00
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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8 of 19
2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date 03/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Annise Parker	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 428 Westmoreland St Houston, TX 77006		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heather Taiylor	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 1101 Gross St Houston, TX 77019		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mario Castillo	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 1715 Freeman St Houston, TX 77009		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benjamin Chou	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2005 South Loop West Houston, TX 77007		
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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9 of 19
2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date 03/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Miller	7 Amount of contribution (\$) 237.20
6 Contributor address; City; State; Zip Code 10250 Rosser Rd Dallas, TX 75229		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashley Farris	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 1531 Oak Knoll St Dallas, TX 75208		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Walker	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 707 N. Clinton Ave Dallas, TX 75208		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUDDY CRAMER	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 3508 HAYNIE AVE DALLAS, TX 75205		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10 of 19
2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date 04/04/2023	5 Full name of contributor BUDDY CRAMER <div><input type="checkbox"/> out-of-state PAC (ID#: _____)</div> <div>Contributor address; City; State; Zip Code 3508 HAYNIE AVE DALLAS, TX 75205</div>	7 Amount of contribution (\$) 1500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/04/2023	Full name of contributor Donald Petty <div><input type="checkbox"/> out-of-state PAC (ID#: _____)</div> <div>Contributor address; City; State; Zip Code 2808 Fairmount St Dallas, TX 75201</div>	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/05/2023	Full name of contributor William Peirson <div><input type="checkbox"/> out-of-state PAC (ID#: _____)</div> <div>Contributor address; City; State; Zip Code 1235 Lausanne Ave Dallas, TX 75208</div>	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/06/2023	Full name of contributor Rudy Oeftering <div><input type="checkbox"/> out-of-state PAC (ID#: _____)</div> <div>Contributor address; City; State; Zip Code 3303 Throckmorton St Dallas, TX 75219</div>	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11 of 19
2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date 04/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony Page <hr/> 6 Contributor address; City; State; Zip Code 2000 Carlisle St Dallas, TX 75204	7 Amount of contribution (\$) 750.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony Page <hr/> Contributor address; City; State; Zip Code 2000 Carlisle St Dallas, TX 75204	Amount of contribution (\$) 2250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Rodgers <hr/> Contributor address; City; State; Zip Code 5918 Lomo Alto Dallas, TX 75205	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benjamin Breunig <hr/> Contributor address; City; State; Zip Code 9311 Lanshire Dr Dallas, TX 75238	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 12 of 19
2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date 04/12/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Bancroft 6 Contributor address; City; State; Zip Code 2598 Middleton Frisco, TX 75033	7 Amount of contribution (\$) 850.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol Donovan Contributor address; City; State; Zip Code 6509 Malcolm Dr Dallas, TX 75214	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trent Brookshire Contributor address; City; State; Zip Code 500 W Ceres Los Angeles, CA 90013	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dave Neumann Contributor address; City; State; Zip Code 6318 Turner Way Dallas, TX 75230	Amount of contribution (\$) 94.70
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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13 of 19
2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date 04/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneth Compston <hr/> 6 Contributor address; City; State; Zip Code 2006 Cambridge Blvd Upper Arlington, OH 43221	7 Amount of contribution (\$) 949.70
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jane Gaines <hr/> Contributor address; City; State; Zip Code 2136 Kessler Ct Dallas, TX 75208	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Lake <hr/> 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 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Turner <hr/> Contributor address; City; State; Zip Code 2006 Cambridge Dallas, TX 75204	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
14 of 19

2 FILER NAME

Chad A West

3 Filer ID (Ethics Commission Filers)

4 Date

04/17/2023

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

NEWT WALKER

7 Amount of contribution (\$)

250.00

6 Contributor address;

2519 THOMAS AVE

City;

Dallas, TX 75201

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/18/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Chris Heinbaugh

Amount of contribution (\$)

100.00

Contributor address;

1801 Bonham Ave

City;

Dallas, TX 75204

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/18/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Paula Phillips

Amount of contribution (\$)

30.00

Contributor address;

1607 Shelmire Dr

City;

Dallas, TX 75224

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/19/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Christopher Witt

Amount of contribution (\$)

100.00

Contributor address;

302 N Waverly Dr

City;

Dallas, TX 75208

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15 of 19
2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date 04/22/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Mullally <hr/> 6 Contributor address; City; State; Zip Code 922 N Edgefield Ave Dallas, TX 75208	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don Glendenning <hr/> Contributor address; City; State; Zip Code 3401 lee pkwy Dallas, TX 75219	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clay Jenkins <hr/> Contributor address; City; State; Zip Code 516 W Main St. Waxahachie, TX 75165	Amount of contribution (\$) 949.70
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rena Maas <hr/> Contributor address; City; State; Zip Code 5333 W Kiest Blvd Dallas, TX 75236	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16 of 19
2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date 04/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brad Nitschke <hr/> 6 Contributor address; City; State; Zip Code 821 N Windomere Ave Dallas, TX 75208	7 Amount of contribution (\$) 237.20
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerald Stool <hr/> Contributor address; City; State; Zip Code 2308 Fairmont St Dallas, TX 75201	Amount of contribution (\$) 350.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Snider <hr/> Contributor address; City; State; Zip Code P.O. Box 1432 Ft. Worth, TX 76164	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Miller <hr/> Contributor address; City; State; Zip Code P.O. Box 191466 Dallas, TX 75219	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17 of 19
2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date 04/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin Dinnie 6 Contributor address; City; State; Zip Code 73 Talmadge Hill Road New Haven, CT 06840	7 Amount of contribution (\$) 150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CWA Political Action Cmte PAC Contributor address; City; State; Zip Code 501 3rd Street NW Washington , DC 20001	Amount of contribution (\$) 1250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Demetria Tricomi Contributor address; City; State; Zip Code 1005 Shady Rest Lane Corinth, TX 76208	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynn Sheils Contributor address; City; State; Zip Code 2300 Leonard Street Suite 506 Dallas, TX 75201	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 18 of 19
2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date 03/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greta Torres <hr/> 6 Contributor address; City; State; Zip Code 10821 Emerald Park Lane Haslet, TX 76052	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judy Green-Redier <hr/> Contributor address; City; State; Zip Code 854 Creekside Drive Lewisville, TX 75067	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Luna <hr/> Contributor address; City; State; Zip Code P.O. Box 131523 Dallas, TX 75313	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack Parker <hr/> Contributor address; City; State; Zip Code 12824 Midway Road Suite 1139 Dallas, TX 75244	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 19 of 19
2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)
4 Date 03/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeannie Bradford <hr/> 6 Contributor address; City; State; Zip Code 9122 Windy Crest Dr Dallas, TX 75243	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roger Albright <hr/> Contributor address; City; State; Zip Code 1701 N Collins Blvd Suite 1100 Richardson, TX 75080	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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 38	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 03/28/2023	5 Payee name Chad West PLLC	
6 Amount (\$) 256.00	7 Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Reimbursement	(b) Description Stamps
	(c) <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	Candidate / Officeholder name	Office sought Office held
Date 03/28/2023	Payee name Cibo Divino	
Amount (\$) 198.89	Payee address; City; State; Zip Code 1868 Sylvan Avenue Dallas, TX 75208	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Fundraising
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/29/2023	Payee name Cathedral Garage	
Amount (\$) 15.00	Payee address; City; State; Zip Code 2000 Elm Street Dallas, TX 75201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) In District Travel	Description Parking
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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 38	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 03/29/2023	5 Payee name BBBop Seoul	
6 Amount (\$) 39.84	7 Payee address; City; State; Zip Code 828 West Davis Street Dallas, TX 75208	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Meals	(b) Description Volunteer Meals
	(c) <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	Candidate / Officeholder name	Office sought Office held
Date 03/29/2023	Payee name Ascension	
Amount (\$) 21.16	Payee address; City; State; Zip Code 200 Crescent Court Dallas, TX 75201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Meeting with donor
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/29/2023	Payee name CVS Pharmacy	
Amount (\$) 29.20	Payee address; City; State; Zip Code 108 West Davis Street Dallas, TX 75208	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Supplies	Description Supplies for Meeting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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 38	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 03/29/2023	5 Payee name USPS	
6 Amount (\$) 37.80	7 Payee address; City; State; Zip Code 515 Centre Street Dallas, TX 75208	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gifts	(b) Description Gifts - Mailing and Boxing
	(c) <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	Candidate / Officeholder name	Office sought Office held
Date 03/29/2023	Payee name Walgreens	
Amount (\$) 60.74	Payee address; City; State; Zip Code 1306 North Beckley Ave Dallas, TX 75208	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Supplies	Description Supplies for Block Walking
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/29/2023	Payee name Mammogram Poster Girls	
Amount (\$) 500.00	Payee address; City; State; Zip Code 3606 S Tyler Street Dallas, TX 75224	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Donation
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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 38	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 03/29/2023	5 Payee name K&R Screen	
6 Amount (\$) 2933.58	7 Payee address; City; State; Zip Code 3915 Main Street Dallas, TX 75226	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Signs for Campaign	(b) Description Printing Costs
	(c) <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		
Date 03/30/2023	Payee name Musume	
Amount (\$) 53.91	Payee address; City; State; Zip Code 2330 Flora Street Suite 100 Dallas, TX 75201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Meals	Description Meals
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/30/2023	Payee name Dex Imaging	
Amount (\$) 43.65	Payee address; City; State; Zip Code 14202 Proton Road Dallas, TX 75244	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Copies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5 of 38	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 03/31/2023	5 Payee name Oak Cliff Brewing	
6 Amount (\$) 35.91	7 Payee address; 1300 South Polk Street Dallas, TX 75224 City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Expense	(b) Description Meeting with donor
	(c) <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 Candidate / Officeholder name Office sought Office held		
Date 03/31/2023	Payee name David De La Fuente	
Amount (\$) 12000.00	Payee address; 106 South Clinton Avenue Dallas, TX 75208 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Wages	Description Consulting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 03/31/2023	Payee name El Tiempo Cantina	
Amount (\$) 577.63	Payee address; 2814 Navigation Boulevard Houston, TX 77003 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Fundraising Dinner
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6 of 38	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 03/31/2023	5 Payee name InFocus Campaigns, LLC	
6 Amount (\$) 4320.45	7 Payee address; 4 North East 10th Street Oklahoma City, OK 73103 City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Text campaign
	(c) <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		
Date 03/31/2023	Candidate / Officeholder name Chad West PLLC	
Amount (\$) 226.00	Payee address; 3606 South Tyler Street Dallas, TX 75224 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Jamiling	Description Stamps
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/03/2023	Candidate / Officeholder name Dallas Voice OUT	
Amount (\$) 920.00	Payee address; 1825 Market Center Boulevard Dallas, TX 75207 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Full Page Display
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7 of 38	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 04/03/2023	5 Payee name Benny Guzman	
6 Amount (\$) 155.00	7 Payee address; City; State; Zip Code 306 Montreal Avenue Dallas, TX 75208	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Mileage	(b) Description Gas and other exp reimbursement
	(c) <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 Candidate / Officeholder name Office sought Office held		
Date 04/03/2023	Payee name Benny Guzman	
Amount (\$) 960.00	Payee address; City; State; Zip Code 306 Montreal Avenue Dallas, TX 75208	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 04/03/2023	Payee name Marina Ruiz	
Amount (\$) 595.00	Payee address; City; State; Zip Code 5322 Whispering Oaks Dallas, TX 75236	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Block-walker
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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 38	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 04/03/2023	5 Payee name Aureliano Garrido	
6 Amount (\$) 595.00	7 Payee address; City; State; Zip Code 1911 Grauwylar Road Irving, TX 75061	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Block-walker
	(c) <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	Candidate / Officeholder name	Office sought Office held
Date 04/03/2023	Payee name Narda S Caballero	
Amount (\$) 595.00	Payee address; City; State; Zip Code 1911 Grauwylar Road Irving, TX 75061	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Block-Walker
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/03/2023	Payee name Hotel Zaza	
Amount (\$) 283.85	Payee address; City; State; Zip Code 5701 Main Street Houston, TX 77005	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Fundraising Expense
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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 38	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 04/03/2023	5 Payee name Zaza Houston	
6 Amount (\$) 186.98	7 Payee address; City; State; Zip Code 5701 Main Street Houston, TX 77005	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Expense	(b) Description Fundraising Expense
	(c) <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	Candidate / Officeholder name	Office sought Office held
Date 04/03/2023	Payee name Southern Maid	
Amount (\$) 42.36	Payee address; City; State; Zip Code 937 West Davis Street Dallas, TX 75208	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Meals	Description Donuts for Volunteers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/03/2023	Payee name The Pour House	
Amount (\$) 45.72	Payee address; City; State; Zip Code 1919 Skillman Street Dallas, TX 75206	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Meals	Description Meal for Volunteers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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 38	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 04/03/2023	5 Payee name DFW Airport Park	
6 Amount (\$) 54.00	7 Payee address; City; State; Zip Code 2334 International Parkway, Dallas, TX 75261	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel out of District	(b) Description Travel
	(c) <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 Candidate / Officeholder name Office sought Office held		
Date 04/03/2023	Payee name Sketches of Spain	
Amount (\$) 89.54	Payee address; City; State; Zip Code 321 North Zang Boulevard, Dallas, TX 75208	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Meals	Description Meeting with Neighborhood President
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 04/03/2023	Payee name Flower Shop	
Amount (\$) 384.34	Payee address; City; State; Zip Code 3606 S Tyler Street Houston, TX 75111	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Host Gift
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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 38	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 04/04/2023	5 Payee name Minerva Arredondo	
6 Amount (\$) 60.00	7 Payee address; City; State; Zip Code 3119 Gulden Lane Dallas, TX 75212	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Block Walker
	(c) <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	Candidate / Officeholder name	Office sought Office held
Date 04/04/2023	Payee name Hilario Rios Pena	
Amount (\$) 60.00	Payee address; City; State; Zip Code 3119 Gulden Lane Dallas, TX 75212	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Block Walker
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/04/2023	Payee name Sunset Hill Association	
Amount (\$) 500.00	Payee address; City; State; Zip Code 509 South Brighton Avenue Dallas, TX 75208	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Donation
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 12 of 38	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 04/04/2023	5 Payee name Daniel Gomez	
6 Amount (\$) 60.00	7 Payee address; City; State; Zip Code 4978 Bernal Drive Dallas, TX 75212	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Block Walker
	(c) <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 Candidate / Officeholder name Office sought Office held		
Date 04/05/2023	Payee name Chad West	
Amount (\$) 78.42	Payee address; City; State; Zip Code 810 North Bishop Avenue Dallas, TX 75208	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Mailing Expenses	Description Reimbursement
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 04/06/2023	Payee name The Writers Garret	
Amount (\$) 500.00	Payee address; City; State; Zip Code 215 South Tyler Street Dallas, TX 75208	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Community Partner Sponsorship
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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 38	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 04/06/2023	5 Payee name USPS	
6 Amount (\$) 13.86	7 Payee address; City; State; Zip Code 515 Centre Street Dallas, TX 75208	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Mailing Expenses	(b) Description Mailing Supplies
	(c) <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	Candidate / Officeholder name	Office sought Office held
Date 04/06/2023	Payee name The Writers Garret	
Amount (\$) 500.00	Payee address; City; State; Zip Code 215 South Tyler Street Dallas, TX 75208	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Community Partner Sponsorship
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/07/2023	Payee name American Airlines	
Amount (\$) 50.22	Payee address; City; State; Zip Code 2400 Aviation Drive Dallas, TX 75261	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel out of District	Description Travel Expense
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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 38	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 04/07/2023	5 Payee name Tom Thumb	
6 Amount (\$) 148.66	7 Payee address; City; State; Zip Code 315 South Hampton Road Dallas, TX 75208	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Supplies	(b) Description Block Walking Supplies
	(c) <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	Candidate / Officeholder name	Office sought Office held
Date 04/10/2023	Payee name Benny Guzman	
Amount (\$) 980.00	Payee address; City; State; Zip Code 306 Montreal Avenue Dallas, TX 75208	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/10/2023	Payee name Benny Guzman	
Amount (\$) 75.00	Payee address; City; State; Zip Code 306 Montreal Avenue Dallas, TX 75208	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Mileage	Description Mileage
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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 38	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 04/10/2023	5 Payee name Marina Ruiz	
6 Amount (\$) 630.00	7 Payee address; 5322 Whispering Oaks Drive, Dallas, TX 75236 City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Block walker
	(c) <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	Candidate / Officeholder name	Office sought Office held
Date 04/10/2023	Payee name Aureliano Garrido	
Amount (\$) 630.00	Payee address; 1911 Grauwlyer Road Irving, TX 75061 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description block walker
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/10/2023	Payee name Narda S Caballero	
Amount (\$) 530.00	Payee address; 1911 Grauwlyer Road Irving, TX 75061 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description block walker
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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 38	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 04/10/2023	5 Payee name Qualigraphics	
6 Amount (\$) 1565.15	7 Payee address; City; State; Zip Code 934 Stevens Woods Court Dallas, TX 75208	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Marketing Materials
	(c) <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	Candidate / Officeholder name	Office sought Office held
Date 04/10/2023	Payee name The Dallas Assembly	
Amount (\$) 75.00	Payee address; City; State; Zip Code 12900 Preston Road Suite 1110 Dallas, TX 75230	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Membership	Description Event Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/10/2023	Payee name Written By T	
Amount (\$) 133.91	Payee address; City; State; Zip Code 380 Melba Street Dallas, TX 75208	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Fundraising Meeting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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 38	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 04/10/2023	5 Payee name The Pour House	
6 Amount (\$) 89.07	7 Payee address; City; State; Zip Code 1919 Skillman Street Dallas, TX 75206	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Meals	(b) Description Volunteer Meals
	(c) <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	Candidate / Officeholder name	Office sought Office held
Date 04/10/2023	Payee name Eatzis	
Amount (\$) 115.26	Payee address; City; State; Zip Code 3403 Oak Lawn Avenue Dallas, TX 75219	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts	Description Meals for New Parents
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/11/2023	Payee name Wayward Coffee	
Amount (\$) 15.40	Payee address; City; State; Zip Code 1318 West Davis Street Dallas, TX 75208	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Meals	Description Coffee meeting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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 38	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 04/11/2023	5 Payee name Eatzis	
6 Amount (\$) 93.93	7 Payee address; City; State; Zip Code 3403 Oak Lawn Avenue Dallas, TX 75219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gifts	(b) Description Meals for New Parents
	(c) <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	Candidate / Officeholder name	Office sought Office held
Date 04/11/2023	Payee name Oak Cliff Lions Club	
Amount (\$) 50.00	Payee address; City; State; Zip Code P.O. Box 4445 Dallas, TX 75208	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Member Dues
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/12/2023	Payee name Chad West PLLC	
Amount (\$) 189.00	Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement	Description Stamps
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 19 of 38		2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)	
4 Date 04/12/2023		5 Payee name Cibo Divino			
6 Amount (\$) 122.83		7 Payee address; 1868 Sylvan Avenue Suite 1100 Dallas, TX 75208 City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Expense		(b) Description Fundraising Meeting		
	(c) <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 Candidate / Officeholder name Office sought Office held					
Date 04/13/2023		Payee name USPS			
Amount (\$) 32.60		Payee address; 515 Centre Street Dallas, TX 75208 City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Mailing Expenses		Description Mailing Supplies		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 04/13/2023		Payee name Cibo Divino			
Amount (\$) 164.54		Payee address; 1868 Sylvan Avenue Dallas, TX 75208 City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense		Description Fundraising Meeting		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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 38	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 04/13/2023	5 Payee name Dallas Art	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 3606 S Tyler Street Dallas, TX 75224	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description Donation
	(c) <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	Candidate / Officeholder name	Office sought Office held
Date 04/14/2023	Payee name Mail House	
Amount (\$) 5828.25	Payee address; City; State; Zip Code 2276 Vantage Dallas, TX 75207	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Mailing Supplies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/14/2023	Payee name Qualigraphics	
Amount (\$) 3904.19	Payee address; City; State; Zip Code 934 Stevens Woods Court Dallas, TX 75208	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign Material
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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 38	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 04/17/2023	5 Payee name Marina Ruiz	
6 Amount (\$) 510.00	7 Payee address; City; State; Zip Code 5322 Whispering Oaks Dallas, TX 75236	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Block-walker
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/17/2023	Payee name Aureliano Garrido	
Amount (\$) 510.00	Payee address; City; State; Zip Code 1911 Grauwlyer Road Irving, TX 75061	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Block-walker
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/17/2023	Payee name Narda Caballero	
Amount (\$) 510.00	Payee address; City; State; Zip Code 1911 Grauwlyer Road Irving, TX 75061	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Block-walker
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY 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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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 38	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 04/17/2023	5 Payee name Benny Guzman	
6 Amount (\$) 960.00	7 Payee address; City; State; Zip Code 306 Montreal Avenue Dallas, TX 75208	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Block-walking
	(c) <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	Candidate / Officeholder name	Office sought Office held
Date 04/17/2023	Payee name Benny Guzman	
Amount (\$) 80.00	Payee address; City; State; Zip Code 306 Montreal Avenue Dallas, TX 75208	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/17/2023	Payee name Benny Guzman	
Amount (\$) 40.00	Payee address; City; State; Zip Code 306 Montreal Avenue Dallas, TX 75208	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Mileage	Description Gas
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 23 of 38	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 04/17/2023	5 Payee name Chad West	
6 Amount (\$) 84.92	7 Payee address; City; State; Zip Code 810 North Bishop Avenue Dallas, TX 75208	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel out of District	(b) Description Uber
	(c) <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 Candidate / Officeholder name Office sought Office held		
Date 04/17/2023	Payee name Skate Parks	
Amount (\$) 30.00	Payee address; City; State; Zip Code 2633 Ferris Street Dallas, TX 75226	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Donation
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 04/17/2023	Payee name Glorias Restaurant	
Amount (\$) 47.73	Payee address; City; State; Zip Code 600 North Bishop Avenue Dallas, TX 75208	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Fundraising Meeting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 24 of 38	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 04/17/2023	5 Payee name USA Donuts	
6 Amount (\$) 19.50	7 Payee address; 902 North Westmoreland Road, TX 75211 City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Meals	(b) Description Meals for Volunteers
	(c) <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		
Date 04/17/2023	Candidate / Officeholder name Office sought Office held	
Amount (\$) 18.32	Payee name Eataly Dallas Payee address; 8687 North Central Expressway, Dallas, TX 75225 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Meals	Description Meeting with Advisor
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/17/2023	Candidate / Officeholder name Office sought Office held	
Amount (\$) 11.91	Payee name Out of the Closet Payee address; 3920 Cedar Springs Road, Dallas, TX 75219 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Supplies	Description Supplies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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 38	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 04/17/2023	5 Payee name The Trove	
6 Amount (\$) 53.60	7 Payee address; City; State; Zip Code 320 West Seventh Street Dallas, TX 75208	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Expense	(b) Description Meeting with Donor
	(c) <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	Candidate / Officeholder name	Office sought Office held
Date 04/17/2023	Payee name Revelers	
Amount (\$) 57.14	Payee address; City; State; Zip Code 412 North Bishop Avenue Dallas, TX 75208	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Meeting with Donor
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/17/2023	Payee name The Pour House	
Amount (\$) 86.64	Payee address; City; State; Zip Code 1919 Skillman Street Dallas, TX 75206	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Meals	Description Volunteer Meals
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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: 26 of 38	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 04/17/2023	5 Payee name Beverleys	
6 Amount (\$) 100.00	7 Payee address; City; State; Zip Code 3215 North Fitzhugh Avenue Dallas, TX 75204	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Expense	(b) Description Meeting with Donor
	(c) <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	Candidate / Officeholder name	Office sought Office held
Date 04/17/2023	Payee name Diffa Dallas	
Amount (\$) 519.52	Payee address; City; State; Zip Code 2050 North Stemmons Freeway Dallas, TX 75207	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Donation
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/17/2023	Payee name Kessler School	
Amount (\$) 875.67	Payee address; City; State; Zip Code 1215 Tuner Avenue Dallas, TX 75208	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Donation
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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: 27 of 38	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 04/17/2023	5 Payee name Written By T	
6 Amount (\$) 226.52	7 Payee address; City; State; Zip Code 3606 S Tyler Street Dallas, TX 75224	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Expense	(b) Description Meeting with Donor
	(c) <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	Candidate / Officeholder name	Office sought Office held
Date 04/18/2023	Payee name Chad West PLLC	
Amount (\$) 189.00	Payee address; City; State; Zip Code 3606 South Tyler Street Dallas, TX 75224	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement	Description Stamps
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/18/2023	Payee name Chad West	
Amount (\$) 2000.00	Payee address; City; State; Zip Code 810 North Bishop AvenueDallas, TX 75208	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Rent	Description Rent
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 28 of 38		2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)	
4 Date 04/19/2023		5 Payee name Full Moon Design Group			
6 Amount (\$) 595.38		7 Payee address; City; State; Zip Code 3423 West Pentagon Park Dallas, TX 75233			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Campaign Material		
	(c) <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					
Date 04/19/2023		Candidate / Officeholder name Chad West			
Amount (\$) 350.00		Payee address; City; State; Zip Code 810 North Bishop Avenue Dallas, TX 75208			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Rent for 3606 S Tyler		Description Rent		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 04/19/2023		Candidate / Officeholder name American Airlines			
Amount (\$) 774.81		Payee address; City; State; Zip Code 3606 S Tyler Street Dallas, TX 75224			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel out of District		Description Travel		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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: 29 of 38	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 04/20/2023	5 Payee name Oak Cliff Brewing	
6 Amount (\$) 134.75	7 Payee address; 1300 South Polk Street Dallas, TX 75224	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Meals	(b) Description Meals for volunteers
	(c) <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	Candidate / Officeholder name	Office sought Office held
Date 04/20/2023	Payee name 00 Leadership Forward	
Amount (\$) 300.00	Payee address; 3606 S Tyler Street Dallas, TX 75224	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Donation
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/20/2023	Payee name 1010 Partnership LLC	
Amount (\$) 28.21	Payee address; 1060 Kiest Boulevard Dallas, TX 75224	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Meals	Description Meals
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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: 30 of 38	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 04/20/2023	5 Payee name DEX Imaging	
6 Amount (\$) 59.68	7 Payee address; City; State; Zip Code P.O. Box 17299 Clearwater, FL 33762	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office supplies	(b) Description Copies
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/21/2023	Payee name Cibo Divino	
Amount (\$) 71.81	Payee address; City; State; Zip Code 1868 Sylvan Avenue Dallas, TX 75208	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Meeting with Donor
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/21/2023	Payee name Oak Cliff Coalition	
Amount (\$) 1000.00	Payee address; City; State; Zip Code 529 Hoel Drive Dallas, TX 75224	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Donation
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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: 31 of 38	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 04/24/2023	5 Payee name Marina Ruiz	
6 Amount (\$) 775.00	7 Payee address; City; State; Zip Code 5322 Whispering Oaks Dallas, TX 75236	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Block-walker
	(c) <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	Candidate / Officeholder name	Office sought Office held
Date 04/24/2023	Payee name Aureliano Garrido	
Amount (\$) 775.00	Payee address; City; State; Zip Code 1911 Grauwlyer Road Irving, TX 75061	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Block-walker
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/24/2023	Payee name Narda Caballero	
Amount (\$) 775.00	Payee address; City; State; Zip Code 1911 Grauwlyer Road Irving, TX 75061	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Block-walker
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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: 32 of 38	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 04/24/2023	5 Payee name Qualigraphics	
6 Amount (\$) 432.40	7 Payee address; City; State; Zip Code 934 Stevens Woods Court Dallas, TX 75208	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Notecards and Envelopes
	(c) <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	Candidate / Officeholder name	Office sought Office held
Date 04/24/2023	Payee name Chad West	
Amount (\$) 120.00	Payee address; City; State; Zip Code 810 North Bishop Avenue Dallas, TX 75208	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel out of District	Description Travel
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/24/2023	Payee name Benny Guzman	
Amount (\$) 1080.00	Payee address; City; State; Zip Code 306 Montreal Avenue Dallas, TX 75208	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 33 of 38		2 FILER NAME Chad A West		3 Filer ID (Ethics Commission Filers)	
4 Date 04/24/2023		5 Payee name Benny Guzman			
6 Amount (\$) 50.00		7 Payee address; City; State; Zip Code 306 Montreal Avenue Dallas, TX 75208			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Reimbursement		(b) Description Gas		
	(c) <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					
Date 04/24/2023		Payee name InFocus Campaigns, LLC			
Amount (\$) 1525.14		Payee address; City; State; Zip Code 4 North East 10th Street Oklahoma City, OK 73103			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Calls and Messages		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 04/24/2023		Payee name Another Round			
Amount (\$) 75.15		Payee address; City; State; Zip Code 660 Fort Worth Avenue Dallas, TX 75208			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense		Description Meeting with Donor		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 34 of 38	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 04/24/2023	5 Payee name Whole Foods	
6 Amount (\$) 16.64	7 Payee address; City; State; Zip Code 2510 McKinney Avenue Dallas, TX 75201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Supplies	(b) Description Supplies for Block Walking
	(c) <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	Candidate / Officeholder name Office sought Office held	
Date 04/24/2023	Payee name Kessler Baki	
Amount (\$) 29.00	Payee address; City; State; Zip Code 1129 North Beckley Ave Dallas, TX 75203	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts	Description Gifts for hosts
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date 04/24/2023	Payee name The Pour House	
Amount (\$) 36.55	Payee address; City; State; Zip Code 1919 Skillman Street Dallas, TX 75206	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Meals	Description Volunteer Meals
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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: 35 of 38	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 04/24/2023	5 Payee name Gonzalez Restaurant	
6 Amount (\$) 37.18	7 Payee address; City; State; Zip Code 367 Jefferson Boulevard Dallas, TX 75208	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Expense	(b) Description Meeting with donor
	(c) <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	Candidate / Officeholder name	Office sought Office held
Date 04/24/2023	Payee name Cibo Divino	
Amount (\$) 89.55	Payee address; City; State; Zip Code 1868 Sylvan Avenue Dallas, TX 75208	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Meeting with donor
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/24/2023	Payee name Flowers	
Amount (\$) 112.13	Payee address; City; State; Zip Code 3606 S Tyler Street Dallas, TX 75224	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts	Description Flower Gift
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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: 36 of 38	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 04/25/2023	5 Payee name Top Golf Bay	
6 Amount (\$) 58.46	7 Payee address; City; State; Zip Code 8787 Park Lane Dallas, TX 75231	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising Expense	(b) Description Meeting with Donor
	(c) <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	Candidate / Officeholder name	Office sought Office held
Date 04/25/2023	Payee name Cibo Divino	
Amount (\$) 163.06	Payee address; City; State; Zip Code 1868 Sylvan Avenue Dallas, TX 75208	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Meals	Description Meeting with Volunteers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/25/2023	Payee name Cibo Divino	
Amount (\$) 3.52	Payee address; City; State; Zip Code 1868 Sylvan Avenue Dallas, TX 75208	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Meals	Description Meeting with Volunteers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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: 37 of 38	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 04/25/2023	5 Payee name Cretias Eatery	
6 Amount (\$) 11.00	7 Payee address; City; State; Zip Code 228 West Davis Street Dallas, TX 75208	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gifts	(b) Description Cupcakes for supporter
	(c) <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	Candidate / Officeholder name	Office sought Office held
Date 04/25/2023	Payee name Taco y Vino	
Amount (\$) 120.88	Payee address; City; State; Zip Code 213 West Eighth Street Dallas, TX 75208	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Meeting with donor
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/25/2023	Payee name Mailchimp	
Amount (\$) 137.51	Payee address; City; State; Zip Code 3606 S Tyler Street Dallas, TX 75224	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Marketing Emails
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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: 38 of 38	2 FILER NAME Chad A West	3 Filer ID (Ethics Commission Filers)
4 Date 04/26/2023	5 Payee name Kessler Baki	
6 Amount (\$) 140.00	7 Payee address; City; State; Zip Code 1129 North Beckley Avenue Dallas, TX 75203	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gifts	(b) Description Gifts for hosts
	(c) <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	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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