CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	Filer ID (Ethics Comm	nission Filers)	2 Total pages filed: 131	OFFICE USE ONLY		
3	CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Cha	SUFFIX	Date Received		
4	ORIGINAL REPORT TYPE	30th day before election 15th app	ceeded \$500 limit h day after treasurer pointment (officeholder only)	Date Hand-delivered or Date Postmarked		
		8th day before election Final	al report	Receipt # Amount \$		
5	ORIGINAL PERIOD COVERED	Month Day Year	Month Day Year	Date Processed		
	OOVERED	07 / 01 / 2024 T⊦	IROUGH 12 31 2024	Date Imaged		
6	EXPLANATION OF CO) PRRECTION				
	For Greater Dallas C	hamber event, the expense was po	osted for \$300 but was actually a \$200 e	xpense.		
7	I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.					
	Check ONLY if applicable:					
	Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filling this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.					
			* * * Electronically Certified	J * * *		
AFFIX NOTARY STAMP / SEAL ABOVE Signature of Candidate or Officeholder				Officeholder		
		ed before me, by the said Chad West which, witness my hand and seal of office		th day of January ,		
	_o, to certify	ori, warooo my nana ana sear of onit	····			
-	Signature of officer add	ministering oath Printed	I name of officer administering oath	Title of officer administering oath		
	Re	member To Attach Any Par	rt Of The Campaign Finance Re	port Form		

Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 131
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST Chad	MI	OFFICE USE ONLY
NAME	NICKNAME LAST West	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		CITY; STATE; ZIP CODE Dallas TX 75208	
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (214) 406 7861	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST Benny	MI	
NAME	NICKNAME LAST	SUFFIX	Date Processed
	Guzman	33.1%	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / St 306 S Montreal	UITE #; CITY; Dallas TX 75208	STATE; ZIP CODE
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	X January 15 30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before ele	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
COVERED	07 / 01 / 2024	THROUGH 12	/ 31 / 2024
11 ELECTION	Month Day Year Primary	ELECTION TYPE Runoff Other Description	
	05 / 03 / 2025 X General	Special	
12 OFFICE	OFFICE HELD (if any) Council District 1	13 OFFICE SOUGHT (if known Council District 1)
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIR	S MAY HAVE BEEN MADE WITHOUT THE CAND	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN TRE	ASURER NAME	
	COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
	GO TO	PAGE 2	
	GC 10	IAULE	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Chad West		16 File	er ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTEMPLEDGES, LOANS, OR GUARANTEES CONTRIBUTIONS MADE ELECTRONICAL	OF LOANS, OR	\$ 0.00			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR G		\$ 128050.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPEN	DITURE.	\$ 0.00			
	4. TOTAL POLITICAL EXPENDITURES		\$ 51062.07			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MA OF REPORTING PERIOD	INTAINED AS OF THE LAST DAY	\$ 105995.57			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OU LAST DAY OF THE REPORTING PERIOD		\$ 0.00			
	vear, or affirm, under penalty of perjury, that the au uired to be reported by me under Title 15, Election Co		orrect and includes all information			
		ELECTRONICALLY C	ERTIFIED			
		Signature of Candidate	or Officeholder			
	Please complete ei	ther option below:				
(1) Affidavit						
NOTARY STAMP/SEA						
	pefore me by Chad West	15th	Inniery			
Sworn to and subscribed		this the 15th	day of,			
20, to certify	hich, witness my hand and seal of office.					
Signature of officer administe	ing oath Printed name of officer admin	stering oath	Title of officer administering oath			
	OR					
(2) Unsworn Declaration	n		_			
My name is		, and my date of birth is	·			
My address is						
	(street)	(),	(zip code) (country)			
Executed in	, County, State of, on the	e day of (month)	, 20 (year)			
	_	Signature of Candidate/Offi	ceholder (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	mmission Filers)			
C	Chad West				
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 128,050.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	NS	\$ 0.00		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00		
4.	SCHEDULE E: LOANS		\$ 0.00		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	L CONTRIBUTIONS	\$ 51,062.07		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITI	CAL CONTRIBUTIONS	\$ 0.00		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL	_ FUNDS	\$ 0.00		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS	TO A BUSINESS OF C/OH	\$ 0.00		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	L CONTRIBUTIONS	\$ 0.00		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTR	RIBUTIONS RETURNED	\$ 0.00		

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 fo	orm.	1 Total pages Schedule A1: 1 of 66
2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (II	D#:)	7 Amount of contribution (\$)
07/09/2024	Jeff Carey		1000.00
	6 Contributor address; City; 300 E Round Grove Road Suite 621 Lewisvill	State; Zip Code	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
07/12/2024	Ryan Behring		100.00
	Contributor address; City; 1044 Burlington Blvd Dallas, T	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
07/24/2024	David Gair		100.00
	Contributor address; City; 2200 Ross Avenue Suite 2800 Dallas, T	State; Zip Code IX 75201	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 07/25/2024	Full name of contributor	D#:)	Amount of contribution (\$) 500.00
	Contributor address; 71 S Wacker Drive Suite 2750 Chicago,	State: Zip Code IL 60606	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 66
2 FILER NAME Chad West		3	Filer ID (Ethics Commission Filers)
4 Date 07/29/2024	5 Full name of contributor out-of-state PAC (ID#:	e; Zip Code	Amount of contribution (\$) 250.00
8 Principal occu	\$)		
Date 07/29/2024	Full name of contributor out-of-state PAC (ID#: Dominic Perry Contributor address; City; State 12801 N Central Expressway Suite 1675las, TX 75	e; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	nployer (See Instructions	\$)
Date 07/29/2024	Full name of contributor	a: Zin Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	nployer (See Instructions	\$)
Date 07/29/2024	Full name of contributor		Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	nployer (See Instructions	s)
	l		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 3 of 66
2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
07/29/2024	Joseph Pitchford	100.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75230	
8 Principal occ	supation / Job title (See Instructions) 9 Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
07/29/2024	Marc Andres	500.00
	Contributor address; City; State; Zip Code 2800 N Henderson Ave Suite 200 Dallas, TX 75206	
Principal occu	upation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
07/31/2024	James Neil Jr	1000.00
	Contributor address; City; State; Zip Code 2727 LBJ Freeway Suite 600 Dallas, TX 75234	
Principal occi	upation / Job title (See Instructions) Employer (See Instru	uctions)
Date 08/02/2024	Full name of contributor out-of-state PAC (ID#: Mary Ann Jenkins	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 744 S Manus Drive Dallas, TX 75224	
Principal occi	Lupation / Job title (See Instructions) Employer (See Instru	uctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 f	form.	1 Total pages Schedule A1: 4 of 66
2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
4 Date 08/08/2024	5 Full name of contributor ☐ out-of-state PAC (Tyler Woodruff 6 Contributor address; City; 4848 Lemmon Ave Dallas, 7	State; Zip Code	7 Amount of contribution (\$) 250.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 08/09/2024	Jennifer Hargrave	State; Zip Code ΓX 75244	Amount of contribution (\$) 250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 08/11/2024	Elisa Goodwin	State; Zip Code ey, TX 75072	Amount of contribution (\$) 100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 08/11/2024	Full name of contributor	ID#:) State: Zip Code ΓX 75234	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

The	Instruction Guide explains how to co	mplete this	form.	1 Total pages Schedule A1: 5 of 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date 08/12/2024	Michael Hurst		State; Zip Code	7 Amount of contribution (\$) 100.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date 08/14/2024	Samuel Herskovits	 City;	State; Zip Code	Amount of contribution (\$) 1000.00
Principal occup	vation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 08/16/2024	Jennifer Marrinucci		State; Zip Code	Amount of contribution (\$) 500.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 08/17/2024	Bob Meckfessel	ut-of-state PAC	State; Zip Code	Amount of contribution (\$) 250.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	itions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 6 of 66
2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date 08/17/2024	Full name of contributor	7 Amount of contribution (\$) 50.00
	6 Contributor address; City; State; Zip Code 5484 State Highway 276 Point, TX 75472	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Ins	tructions)
Date	Full name of contributor) Amount of contribution (\$)
08/19/2024	Tim Attlee Contributor address; City; State; Zip Code 8751 Collin McKinney Parkway Suite Finney, TX 75070	1000.00
Principal occup	pation / Job title (See Instructions) Employer (See Ins	tructions)
Date 08/21/2024	Full name of contributor) Amount of contribution (\$)
	Contributor address; City; State; Zip Code 400 N Ervay Suite 230 Dallas, TX 75201	
Principal occup	pation / Job title (See Instructions) Employer (See Ins	tructions)
Date 08/21/2024	Full name of contributor	
	Contributor address; City; State; Zip Code 4911 W Lovers Lane Dallas, TX 75209	
	pation / Job title (See Instructions) Employer (See Ins	tructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

2 FILER NAME Chad West 4 Date 08/22/2024	7 of 66 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 250.00 ructions)
Aris Tsiakos 6 Contributor address; City; State; Zip Code 5224 Springmeadow Drive Dallas, TX 75229 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	250.00
Date Full name of contributor out-of-state PAC (ID#:	ructions)
08/23/2024 Ford Braly Contributor address; City; State; Zip Code	
300 Throckmorton Street Suite 1500 Fort Worth, TX 76102	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Employer (See Inst	ructions)
Date Full name of contributor Doug Banerjee Contributor address; 6911 Ellsworth Avenue Cout-of-state PAC (ID#:	_) Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ructions)
Date Full name of contributor out-of-state PAC (ID#: N/26/2024 Amber Gurney Contributor address; City: State: State: 6001 Windhaven Parkway Suite 100 Plano, TX 75093	_) Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 f	form.	1 Total pages Schedule A1: 8 of 66
2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
4 Date 08/26/2024	Chris Bragg 6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$) 100.00
		X 75024	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 08/26/2024	Full name of contributor out-of-state PAC (David Preziosi Contributor address; City;	ID#:) State; Zip Code	Amount of contribution (\$) 150.00
		ΓX 75211	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 08/26/2024	Full name of contributor	'ID#:)	Amount of contribution (\$) 1000.00
	Contributor address; City; 2520 Fairmount Street Suite 200 Dallas, 7	State; Zip Code ΓX 75201	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 08/26/2024	Full name of contributor ☐ out-of-state PAC (Kim Henley	ID#:)	Amount of contribution (\$) 1000.00
	Contributor address; City; 2520 Fairmount Street Suite 200 Dallas, 7	State: Zip Code ΓX 75201	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

Th	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 9 of 66
2 FILER NAM Chad West	E	3 Filer ID (Ethics Commission Filers)
4 Date 08/26/2024	5 Full name of contributor	7 Amount of contribution (\$) 500.00
	6 Contributor address; City; State; Zip C 2520 Fairmount Street Suite 200 Dallas, TX 75208	Code
8 Principal oc	cupation / Job title (See Instructions) 9 Employer (S	See Instructions)
Date 08/26/2024	Full name of contributor	250.00
	Contributor address; City; State; Zip C 1000 Oak Hill Park Kennedale, TX 76060	Code
Principal occ	supation / Job title (See Instructions) Employer (S	See Instructions)
Date 08/27/2024	Full name of contributor	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip C 517 Beacon Hill Drive CoppeCoppell, TX 75	Code 019
Principal occ	supation / Job title (See Instructions) Employer (S	See Instructions)
Date 08/27/2024	Full name of contributor	Amount of contribution (\$) 100.00
	Contributor address; 3134 Ross Avenue Suite 2 City; Dallas, TX 75201 Zip C	Code
Principal occ	cupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date 08/27/2024	 5 Full name of contributor Benjamin Campos 6 Contributor address; 428 W Davis St Suite 3 	City;	State; Zip Code s, TX 75208	7 Amount of contribution (\$) 500.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date 08/27/2024	Full name of contributor Daniel Hartnett Contributor address;	City;	State; Zip Code	Amount of contribution (\$) 500.00
Principal occup	5848 Prospect Avenue pation / Job title (See Instructions)	Danas,	Employer (See Instruc	tions)
Date 08/27/2024	Full name of contributor Dave Rendon Contributor address; 4565 Claire Chennault St S		State; Zip Code on, TX 75001	Amount of contribution (\$) 500.00
Principal occu	 pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 08/27/2024	Full name of contributor Dayna Moser	out-of-state PAC		Amount of contribution $(\$)$ 100.00
	Contributor address; 4231 Ridge	City; Dallas,	State: Zip Code TX 75229	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	itions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 66
2 FILER NAI Chad West	ME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
08/27/2024	Don Shugart	500.00
	6 Contributor address; City; State; Zip Code 8891 Southwestern Blvd Suite 235 Dallas, TX 75206	
8 Principal o	occupation / Job title (See Instructions) 9 Employer (See Instr	ructions)
Date	Full name of contributor	Amount of contribution (\$)
08/27/2024	Don Weempe	1000.00
	Contributor address; City; State; Zip Code 1316 Canterbury Court Dallas, TX 75208	
Principal od	ccupation / Job title (See Instructions) Employer (See Instructions)	uctions)
Date	Full name of contributor	Amount of contribution (\$)
08/27/2024	Ed Gough	100.00
	Contributor address; City; State; Zip Code 2021 Olive Street Suite 798 Dallas, TX 75201	
Principal od	ccupation / Job title (See Instructions) Employer (See Instr	ructions)
Date 08/27/2024	Full name of contributor	Amount of contribution (\$) 1000.00
	Contributor address; City; State: Zip Code 4304 Beverly Drive Dallas, TX 75205	
Principal od	ccupation / Job title (See Instructions) Employer (See Instr	ructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 fo	orm.	1 Total pages Schedule A1: 12 of 66
2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
4 Date 08/27/2024	5 Full name of contributor ☐ out-of-state PAC (II Geoffrey Henley 6 Contributor address; City; 4304 Beverly Drive Dallas, T	State; Zip Code	7 Amount of contribution (\$) 1500.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 08/27/2024	Full name of contributor	D#:) State; Zip Code	Amount of contribution (\$) 100.00
Principal occup	5556 Richard Avenue Dallas, T	-	ions)
D-t-	Full name of contributor		
Date 08/27/2024	Joel Elony		Amount of contribution (\$) 100.00
	Contributor address; City; 60001 Windhaven Parkway Suite 100Plano, T	State; Zip Code X 75093	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 08/27/2024	Full name of contributor	D#:)	Amount of contribution (\$) 200.00
	Contributor address; City; 2007 Harlandale Avenue Dallas, T	State: Zip Code X 75216	
Principal осси	pation / Job title (See Instructions)	Employer (See Instructi	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$)
Amount of contribution (\$)
Amount of contribution (\$)
Amount of contribution (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

The	e Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A1:
2 FILER NAME Chad West	: :		3 Filer ID (Ethics Commission Filers)
4 Date 08/27/2024	5 Full name of contributor □ out-of-state PAC (ID#: Winfred Sardar 6 Contributor address; City; S 7000 Nueces Drive Irving, TX	tate; Zip Code	7 Amount of contribution (\$) 500.00
8 Principal occ	upation / Job title (See Instructions) 9	Employer (See Instruction	ons)
Date 08/28/2024	Full name of contributor	tate; Zip Code	Amount of contribution (\$) 1000.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 08/28/2024	John Helstowski) tate; Zip Code , TX 76034	Amount of contribution (\$) 1000.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 09/05/2024	Full name of contributor)	Amount of contribution (\$) 1000.00
	Contributor address; City; S 13208 Meandering Way Dallas, TX	tate: Zip Code 75240	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

	he Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 15 of 66
2 FILER NAM Chad West	1E	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
09/08/2024	Pam Gerber	250.00
	6 Contributor address; City; State; Zip Code 4435 Holland Avenue Dallas, TX 75219	
8 Principal oc	ccupation / Job title (See Instructions) 9 Employer (See	Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
09/20/2024	Tom Huth	1000.00
	Contributor address; City; State; Zip Code 13455 Noel Road Suite 400 Dallas, TX 75240	
Principal occ	cupation / Job title (See Instructions) Employer (See	Instructions)
Date	Full name of contributor	Amount of contribution (\$)
09/20/2024	Tom Huth	1500.00
	Contributor address; City; State; Zip Code 13455 Noel Road Suite 400 Dallas, TX 75240	
Principal occ	cupation / Job title (See Instructions) Employer (See	Instructions)
Date 09/25/2024	Full name of contributor out-of-state PAC (ID#: Joseph Pitchford	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code 7422 Midbury Dallas, TX 75230	
	cupation / Job title (See Instructions) Employer (See	Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 66
2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
4 Date 09/25/2024	Roger Wedell 6 Contributor address; City;	State; Zip Code	7 Amount of contribution (\$) 100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 10/02/2024	John Moritz Contributor address; City;	State; Zip Code on, TX 76004	Amount of contribution (\$) 1000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 10/03/2024	Harold Ginsburg Contributor address: City:	State; Zip Code	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 10/03/2024	Full name of contributor out-of-state PAC (ID#:) Mitchell Voss Contributor address;		Amount of contribution (\$) 1000.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)
10/04/2024	Tyler Scovell			250.00
	6 Contributor address; 7034 Alexander Drive	City; Dallas,	State; Zip Code TX 75214	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
10/06/2024	Scott Rohrman			1000.00
	Contributor address; 3720 Marquette Street	City;	State; Zip Code TX 75225	
Principal occup	 pation / Job title (See Instructions)		Employer (See Instruct	cions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
10/09/2024	Matt Enzler			1000.00
	Contributor address; 6027 Goliad Avenue	City; Dallas,	State; Zip Code TX 75206	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 10/12/2024	Full name of contributor Kathleen Davis	out-of-state PAC	C (ID#:)	Amount of contribution (\$) 1000.00
	Contributor address; 1218 N Winnetka Avenue	City; Dallas,	State: Zip Code TX 75208	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date 10/13/2024	Full name of contributor Lloyd Princeton Contributor address; 2816 Southwood Drive	City;	State; Zip Code , TX 75233	7 Amount of contribution (\$) 1000.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ltions)
Date 10/14/2024	Full name of contributor Feargal McKinney Contributor address; 5722 Oram Street	City;	State; Zip Code	Amount of contribution (\$) 1000.00
Principal occu _l	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 10/14/2024	Full name of contributor Marilee OConnell Contributor address; 634 Kessler Reserve Court	City; Dallas,	State; Zip Code TX 75208	Amount of contribution (\$) 1000.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 10/14/2024	Full name of contributor Matt Segrest Contributor address; 6935 Meadow Lake Ave		State: Zip Code TX 75214	Amount of contribution (\$) 1000.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date 10/14/2024	 Full name of contributor Roger Wedell Contributor address; 1318 Elmwood Blvd 	City;	State; Zip Code , TX 75224	7 Amount of contribution (\$) 100.00
8 Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	itions)
Date 10/14/2024	Full name of contributor Wade Johns Contributor address; 6964 Westlake Avenue	City;	State; Zip Code, TX 75214	Amount of contribution (\$) 250.00
Principal occu _l	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 10/14/2024	Full name of contributor Warren Andres Contributor address; 3710 Rawlins Street	City;	State; Zip Code TX 75219	Amount of contribution (\$) 500.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 10/15/2024	Full name of contributor Bradley Olmstead Contributor address; 7110 Olmstead Drive		State: Zip Code TX 75254	Amount of contribution (\$) 1000.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instruct	Т	he Instruction Guide explains how to complete this fo	orm. 1 Total pages Schedule A1: 20 of 66
10/15/2024 Debra Guerrero 100.00		1E	3 Filer ID (Ethics Commission Filers)
2915 Skylark San Antonio, TX 78210			,
Date Full name of contributor cut-of-state PAC (ID#:			· ·
10/15/2024 Edith Diaz 1000.00	8 Principal oc	ccupation / Job title (See Instructions)	Employer (See Instructions)
Contributor address; 1639 Junior Drive Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:			Amount of contribution (ψ)
Date Full name of contributor Out-of-state PAC (ID#:		Contributor address; City;	State; Zip Code
Edith Diaz 1500.00 Contributor address; 1639 Junior Drive Dallas, TX 75208 Employer (See Instructions)	Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) 10/15/2024 Effic Dennison Contributor address; 1303 Woodlawn Avenue City; Dallas, TX 75208			7 mount of continuation (4)
Date 10/15/2024 Full name of contributor Effie Dennison Contributor address: 1303 Woodlawn Avenue City; Dallas, TX 75208 Amount of contribution (\$) 1000.00		Contributor address; City; 1639 Junior Drive Dallas, T	State; Zip Code IX 75208
10/15/2024 Effie Dennison 1000.00 Contributor address: City; Dallas, TX 75208	Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions)
		out-or-state TAO (ii	
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; 1303 Woodlawn Avenue Dallas, T	State: Zip Code X 75208
	Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 21 of 66
2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
10/15/2024	Ingrid Crow		1000.00
	6 Contributor address; City; 11834 Harry Hines Blvd Suite 135 Dallas,	State; Zip Code	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
10/15/2024	Ingrid Crow		1000.00
	Contributor address; City; 11834 Harry Hines Blvd Suite 135 Dallas,	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
10/15/2024	Jane Weempe		1000.00
	Contributor address; City; 1316 W Canterbury Court Dallas,	State; Zip Code TX 75208	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 10/15/2024	Full name of contributor out-of-state PAC Jason Arechinga	(ID#:)	Amount of contribution (\$) 200.00
	Contributor address; City; 22603 Impala Bend San An	State: Zip Code tonio, TX 78259	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 for	rm.	1 Total pages Schedule A1: 22 of 66
2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
4 Date 10/15/2024	,		7 Amount of contribution (\$) 500.00
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	ions)
Date 10/15/2024	Full name of contributor	State; Zip Code	Amount of contribution (\$) 1000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 10/15/2024	Full name of contributor	State: Zip Code	Amount of contribution (\$) 200.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 10/15/2024	Full name of contributor	#:) State: Zip Code X 75206	Amount of contribution (\$) 1000.00
Principal occup	vation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 23 of 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor Pasha Heidari	out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)
10/15/2024				1000.00
	6 Contributor address; 3020 Greenville Avenue	City; Dallas,	State; Zip Code TX 75206	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
10/15/2024	Robert Wright			250.00
	Contributor address; 2361 Allen Street	City;	State; Zip Code TX 75204	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
10/15/2024	Syd Hurley			5000.00
	Contributor address; 2227 Vantage Street	City; Dallas,	State; Zip Code TX 75207	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 10/15/2024	Full name of contributor Tony Shidid	out-of-state PAC	; (ID#:)	Amount of contribution (\$) 250.00
	Contributor address: 6208 Copperhill Drive	City; Dallas,	State: Zip Code TX 75248	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 24 of 66
2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state P/	AC (ID#:)	7 Amount of contribution (\$)
10/16/2024	Arthur Santa Maria		1000.00
	6 Contributor address; City;	State; Zip Code ell, TX 75019	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)
10/16/2024	Scott Goldstein		250.00
	Contributor address; City;	State; Zip Code s, TX 75238	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)
10/16/2024	Todd Petty		200.00
	Contributor address; City;	State; Zip Code s, TX 75201	
Principal occu	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 10/18/2024	Full name of contributor	AC (ID#:)	Amount of contribution (\$) 1000.00
	Contributor address; City; 206 Park Ridge Blvd South	State; Zip Code ılake, TX 76092	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Prin	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 25 of 66
10/18/2024 Frank Conrad 1000.00 1000.00			3 Filer ID (Ethics Commission Filers)
Date Full name of contributor out-of-state PAC (ID#:		Frank Conrad 6 Contributor address; City; State;	1000.00 Zip Code
10/18/2024 Herbert Weitzman Contributor address; 3102 Maple Avenue Suite 500 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#: State; Zip Code S00.00 Contributor address; 1207 Eldorado Avenue City; State; Zip Code Dallas, TX 75208 Principal occupation / Job title (See Instructions) Employer (See Instructions)	8 Principal occu	pation / Job title (See Instructions) 9 Employ	ver (See Instructions)
Date 10/18/2024 Full name of contributor Joe McElroy Contributor address; 1207 Eldorado Avenue City; Dallas, TX 75208 Full name of contributor Joe McElroy City; Dallas, TX 75208 Employer (See Instructions) Amount of contribution (\$) 500.00 Employer (See Instructions) Amount of contribution (\$) 500.00 Contributor address; 10/18/2024 Full name of contributor Joe McElroy City; Dallas, TX 75208 Amount of contribution (\$) 500.00		Herbert Weitzman Contributor address; City; State;	500.00
Joe McElroy Contributor address; 1207 Eldorado Avenue City; State; Zip Code Dallas, TX 75208 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 500.00 Contributor address; 1207 Eldorado Avenue City; State; Zip Code Dallas, TX 75208 Amount of contribution (\$) 500.00	Principal occu	pation / Job title (See Instructions) Employ	ver (See Instructions)
Date 10/18/2024 Full name of contributor Joe McElroy Contributor address; 1207 Eldorado Avenue Full name of contributor out-of-state PAC (ID#:) State: Zip Code Dallas, TX 75208		Joe McElroy Contributor address; City; State;	500.00
10/18/2024 Joe McElroy 500.00 Contributor address; City; State; Zip Code 1207 Eldorado Avenue Dallas, TX 75208	Principal occu	pation / Job title (See Instructions) Employ	/er (See Instructions)
		Joe McElroy	500.00
	Principal occu		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

				4.7.1
The	e Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 26 of 66
2 FILER NAME Chad West	E			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
10/18/2024	Payton Mayes			1000.00
	6 Contributor address; 206 Park Ridge Blvd	City; Southla	State; Zip Code ake, TX 76092	
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
10/23/2024	Michael Suarez			1000.00
	Contributor address; 907 Stevens Wood Court	City; Dallas,	State; Zip Code TX 75208	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
10/23/2024	Michael Suarez			4000.00
	Contributor address; 907 Stevens Wood Court	City; Dallas,	State; Zip Code TX 75208	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 10/24/2024	Full name of contributor Robert Lamkin	out-of-state PAC	(ID#:)	Amount of contribution (\$) 1000.00
	Contributor address; 6201 W Plano Pkwy Suite	City; Plano,	State: Zip Code TX 75092	
Principal occu	upation / Job title (See Instructions)		Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1: 27 of 66
2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state P	AC (ID#:)	7 Amount of contribution (\$)
10/28/2024	Mariam Andersen		500.00
	6 Contributor address; City; 903 Stevens Woods Court Dalla	State; Zip Code as, TX 75208	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
10/29/2024	David Blewett		1000.00
	Contributor address; City;	State; Zip Code as, TX 75214	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)
10/30/2024	Phil Wise		1000.00
	Contributor address: Citv:	State; Zip Code as, TX 75205	
Principal occu	oation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 11/14/2024	Full name of contributor out-of-state P Feargal McKinney	AC (ID#:)	Amount of contribution (\$) 1000.00
	Contributor address; City; 5722 Oram Street Dalla	State: Zip Code as, TX 75206	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 for	rm.	1 Total pages Schedule A1: 28 of 66
2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
4 Date 11/14/2024	5 Full name of contributor □ out-of-state PAC (ID# Steven Meisel 6 Contributor address; City; S 3637 Haynie Avenue Dallas, TX	State; Zip Code	7 Amount of contribution (\$) 100.00
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ions)
Date 11/15/2024	Full name of contributor	State; Zip Code	Amount of contribution (\$) 500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 11/15/2024	Full name of contributor	State: Zip Code	Amount of contribution (\$) 100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 11/18/2024	Full name of contributor	#:) State: Zip Code TX 75163	Amount of contribution (\$) 200.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

The	Instruction Guide explains how to complete t	his form.	1 Total pages Schedule A1: 29 of 66
2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
4 Date 11/18/2024	Adrian Iglesias 6 Contributor address; City;	PAC (ID#:) State; Zip Code co, TX 75033	7 Amount of contribution (\$) 1000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date 11/18/2024	Brannon Albritton Contributor address; City;	PAC (ID#:) State; Zip Code las, TX 75214	Amount of contribution (\$) 50.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 11/18/2024	Full name of contributor out-of-state Carson Elvis Contributor address; City; 2500 Bennett Avenue Suite 1314 Dall	PAC (ID#:) State; Zip Code las, TX 75206	Amount of contribution (\$) 100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 11/18/2024	Full name of contributor out-of-state Cole Wade Contributor address; City; 3326 Conroe Street Dall	PAC (ID#:) State: Zip Code las, TX 75212	Amount of contribution (\$) 100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 30 of 66
2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
11/18/2024	Eric Brown		200.00
	6 Contributor address; City;	State; Zip Code	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
11/18/2024	Harris McKay		100.00
	Contributor address; City;	State; Zip Code TX 75225	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date		(ID#:)	Amount of contribution (\$)
11/18/2024	Jamie Walk		200.00
	Contributor address; City; 6327 Brook Lake Drive Dallas,	State; Zip Code TX 75248	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 11/18/2024	Full name of contributor	(ID#:)	Amount of contribution (\$) 250.00
	Contributor address; City; 10014 Estacado Drive Dallas, '	State: Zip Code TX 75228	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 31 of 66
2 FILER N Chad West	IAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
11/18/2024	John Merrick Egan	100.00
	6 Contributor address; City; State; Zip Code 3420 Rosedale Avenue Suite 7 Dallas, TX 75205	
8 Principa	I occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
11/18/2024		25.00
	Contributor address; City; State; Zip Code 1601 Elm Street Suite 3130 Dallas, TX 75201	
Principal	occupation / Job title (See Instructions) Employer (See Instructions)	etions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
11/18/2024	Jon Leach	100.00
	Contributor address; City; State; Zip Code 300 S Pearl Street Suite 200 Dallas, TX 75201	
Principal	occupation / Job title (See Instructions) Employer (See Instruc	tions)
Date 11/18/2024	Full name of contributor	Amount of contribution (\$) 500.00
	Contributor address; City; State: Zip Code 4654 Beverly Drive Dallas, TX 75209	
Principal	occupation / Job title (See Instructions) Employer (See Instructions)	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

Th	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 32 of 66
2 FILER NAMI Chad West			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
11/18/2024	Lauren Black		1000.00
	6 Contributor address; City; 751 Kessler Lake Drive Dallas, 7	State; Zip Code FX 75208	
8 Principal occ	upation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
11/18/2024	Perren Gasc		100.00
	Contributor address; City;	State; Zip Code FX 75206	
Principal occ	upation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
11/18/2024	Tyler Simmons		100.00
	Contributor address; City; 2500 McKinney Avenue Suite 734 Dallas, 7	State; Zip Code ГХ 75204	
Principal occ	upation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 11/19/2024	Full name of contributor	ID#:)	Amount of contribution (\$) 1000.00
	Contributor address; City; 9900 N Central Expressway Suite 57(Dallas, 7)	State: Zip Code ГХ 75238	
Principal occ	upation / Job title (See Instructions)	Employer (See Instructi	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 for	m. Total pages Schedule A1: 33 of 66
2 FILER N Chad West	AME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#	
11/19/2024	Benjamin Breunig	1500.00
	6 Contributor address; City; S 9900 N Central Expressway Suite 57(Dallas, TX	State; Zip Code 2.75238
8 Principal	occupation / Job title (See Instructions) 9	Employer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
11/19/2024	Charles Adams	100.00
		State; Zip Code
Principal	occupation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor	:) Amount of contribution (\$)
11/19/2024	Jacobe Chandler	500.00
		tate; Zip Code X 75044
Principal	occupation / Job title (See Instructions)	Employer (See Instructions)
Date 11/20/2024	Full name of contributor □ out-of-state PAC (ID# Brenda Garza	Amount of contribution (\$) 500.00
	Contributor address; City; S 223 E 6th Street Dallas, TX	State: Zip Code 75203
Principal	occupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 34 of 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)
11/20/2024	Jennifer Thornton			500.00
	6 Contributor address; 431 E 6th Street	City;	State; Zip Code TX 75203	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
11/20/2024	Scott Kepner			500.00
	Contributor address; 940 Emmett Ave Suite 200	City;	State; Zip Code nt, CA 94002	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
11/21/2024	Schafer Smartt			100.00
	Contributor address; 5426 Martel Ave	City; Dallas,	State; Zip Code TX 75206	
Principal occup	aation / Job title (See Instructions)		Employer (See Instruct	ions)
Date 11/21/2024	Full name of contributor Tony Page	out-of-state PAC	C (ID#:)	Amount of contribution (\$) 1000.00
	Contributor address; 3210 Carlisle Street Suite 1	City; Dallas,	State: Zip Code TX 75204	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

Т	he Instruction Guide explains how to compl	lete this form. 1 Total pages Schedule A1: 35 of 66
2 FILER NAME	ИЕ	3 Filer ID (Ethics Commission Filers)
4 Date 11/22/2024	5 Full name of contributor □ out-of-	-state PAC (ID#:) 7 Amount of contribution (\$) 100.00
	6 Contributor address; City; 1327 Walter Street	
8 Principal o	ccupation / Job title (See Instructions)	9 Employer (See Instructions)
Date 11/24/2024	Full name of contributor □ out-of-	-state PAC (ID#:) Amount of contribution (\$) 250.00
	Contributor address; City; 512 Avenue L	
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions)
Date 11/25/2024	Amy Felts	-state PAC (ID#:) Amount of contribution (\$) 25.00
	Contributor address; City; 3997 FM 3211	State; Zip Code Caddo Mills, TX 75135
Principal oc	ccupation / Job title (See Instructions)	Employer (See Instructions)
Date 11/25/2024	Full name of contributor out-of-	-state PAC (ID#:) Amount of contribution (\$) 1000.00
	Contributor address; City; 611 Kessler Springs Avenue	Dallas, TX 75208 Zip Code
Principal oc	ccupation / Job title (See Instructions)	Employer (See Instructions)
		<u>'</u>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 fo	rm.	Total pages Schedule A1: 36 of 66		
2 FILER NAME Chad West		3	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID	#:) 7	7 Amount of contribution (\$)		
11/26/2024	Bonnie Taylor		25.00		
		State; Zip Code			
8 Principal occ	upation / Job title (See Instructions) 9	Employer (See Instruction	ns)		
Date	Full name of contributor	#:)	Amount of contribution (\$)		
11/26/2024	Bruce Reid		1000.00		
		State; Zip Code			
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)		
Date	Full name of contributor out-of-state PAC (ID	#:)	Amount of contribution (\$)		
11/26/2024	Lee Cobb		1000.00		
		State; Zip Code X 75201			
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)		
Date 11/26/2024	Full name of contributor ☐ out-of-state PAC (ID Leland Burk	#:)	Amount of contribution (\$) 1000.00		
Contributor address; City; State: Zip Code 8215 Westchester Drive Suite 207 Dallas, TX 75225					
Principal occu	upation / Job title (See Instructions)	Employer (See Instruction	ns)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	s form.	1 Total pages Schedule A1: 37 of 66
2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
11/30/2024	Alencia Deanda Gregg		50.00
	6 Contributor address; City; 6108 Teresa Lane Rowle	State; Zip Code tt, TX 75089	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
11/30/2024	Billy Prewitt		1000.00
	Contributor address; City;	State; Zip Code , TX 75201	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
11/30/2024	Gary Collier		25.00
	Contributor address; City; 1600 Arbor Ridge Drive Fort W	State; Zip Code Vorth, TX 76112	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 12/02/2024	Full name of contributor	C (ID#:)	Amount of contribution (\$) 100.00
	Contributor address; City; 821 Haines Avenue Dallas	State: Zip Code , TX 75208	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 38 of 66
2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date 12/03/2024	5 Full name of contributor □ out-of-state PAC (ID#:	100.00 ; Zip Code
8 Principal occu	pation / Job title (See Instructions) 9 Em	ployer (See Instructions)
Date 12/03/2024	Full name of contributor	250.00 ; Zip Code
Principal occup	pation / Job title (See Instructions)	ployer (See Instructions)
Date 12/03/2024	Full name of contributor	100.00 Zip Code
Principal occup	pation / Job title (See Instructions) Em	ployer (See Instructions)
Date 12/03/2024	Full name of contributor out-of-state PAC (ID#: Mike Rawlings Contributor address; State 3879 Maple Avenue Suite 400 Dallas, TX 752	1000.00
Principal occup	pation / Job title (See Instructions)	ployer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 39 of 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
12/04/2024	Chris Heinbaugh			100.00
	6 Contributor address; 1801 Annex Ave Suite 507	City;	State; Zip Code TX 75204	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
12/04/2024	David Spence			1000.00
	Contributor address; 408 W 8th Street Suite 103	City;	State; Zip Code TX 75208	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
12/04/2024	David Spence			1000.00
	Contributor address; 408 W 8th Street Suite 103	City;	State; Zip Code TX 75208	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 12/04/2024	Full name of contributor Veletta Forsythe Lill	out-of-state PAC	(ID#:)	Amount of contribution (\$) 250.00
	Contributor address; 622 Blair Blvd	City; Dallas,	State; Zip Code TX 75223	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 40 of 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date 12/06/2024	Full name of contributor Brady Wood Contributor address; 5121 Southbrook Drive	City;	State; Zip Code TX 75209	7 Amount of contribution (\$) 500.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date 12/06/2024	Full name of contributor Jason Moser Contributor address; 600 Rainbow Drive	City;	State; Zip Code	Amount of contribution (\$) 250.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 12/06/2024	Full name of contributor Megan Wood Contributor address; 5121 Southbrook Drive	Citv:	State; Zip Code TX 75209	Amount of contribution (\$) 500.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 12/09/2024	Full name of contributor Anne Hagan Contributor address; 204 S Willomet Avenue	□ out-of-state PAC City; Dallas,	State: Zip Code	Amount of contribution (\$) 250.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 41 of 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date 12/09/2024	 5 Full name of contributor Katherine Homan 6 Contributor address; 1629 Handley Drive 	City;	State; Zip Code	7 Amount of contribution (\$) 500.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date 12/09/2024	Full name of contributor Mark Wolf Contributor address; 3918 Fairfax Avenue	City;	State; Zip Code	Amount of contribution (\$) 200.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 12/10/2024	Full name of contributor Amy Schaffner Contributor address; 1622 Oak Knoll Street	City	State; Zip Code	Amount of contribution (\$) 150.00
Principal occup	 pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 12/10/2024	Full name of contributor Becky Connatser Contributor address; 815 W Greenbriar Lane	out-of-state PAC	State: Zip Code	Amount of contribution (\$) 250.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 42 of 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date 12/10/2024	 5 Full name of contributor Bonnie Taylor 6 Contributor address; 1403 Hollywood Avenue 	City;	State; Zip Code , TX 75208	7 Amount of contribution (\$) 25.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Date 12/10/2024	Full name of contributor Britton Williams Contributor address; 832 Blaylock Drive Suite 3	City;	State; Zip Code, TX 75203	Amount of contribution (\$) 25.00
Principal occu	oation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 12/10/2024	Full name of contributor Brooks Johnson Contributor address; 929 N Windomere Avenue	City:	State; Zip Code, TX 75208	Amount of contribution (\$) 500.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 12/10/2024	Full name of contributor Cindy Hawkins Contributor address; 2126 Kessler Court	□ out-of-state PACCity; Dallas.	State: Zip Code	Amount of contribution (\$) 50.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	itions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule A1: 43 of 66
2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
4 Date 12/10/2024	5 Full name of contributor □ out-of Clinton Haley 6 Contributor address; City 6311 Club Lake Drive		7 Amount of contribution (\$) 500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 12/10/2024	Full name of contributor out-of Cynthia Michaels Contributor address; City 519 Woolsey Drive	; State; Zip Code Dallas, TX 75224	Amount of contribution (\$) 250.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 12/10/2024	Full name of contributor out-of David Preziosi Contributor address; City; 2229 Lawndale Drive	State; Zip Code Dallas, TX 75211	Amount of contribution (\$) 100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 12/10/2024	Lisa Taylor	State: Zip Code Dallas, TX 75208	Amount of contribution (\$) 50.00
Principal occu	oation / Job title (See Instructions)	Employer (See Instruc	 otions)
		,	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 44 of 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
12/10/2024	Roger Wedell			100.00
	6 Contributor address; 1318 Elmwood Blvd	City;	State; Zip Code , TX 75224	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
12/10/2024	Russ Aikman			100.00
	Contributor address; 225 S Windomere Ave	City;	State; Zip Code , TX 75208	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date 12/10/2024	Full name of contributor Suzanne Buss		C (ID#:)	Amount of contribution (\$) 50.00
	Contributor address; 653 Culpepper Place	City;	State; Zip Code , TX 75208	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 12/10/2024	Full name of contributor Tom Tibbitts	out-of-state PAC	C (ID#:)	Amount of contribution (\$) 250.00
	Contributor address; 8580 County Road 167	City; McKin	State: Zip Code iney, TX 7507 l	
Principal occupation / Job title (See Instructions)			Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 45 of 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
12/11/2024	Joel Williams			100.00
	6 Contributor address; 4323 Lorraine Avenue	City;	State; Zip Code , TX 75205	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
12/11/2024	Jon Hetzel			1000.00
	Contributor address; 7002 Vivian Avenue	City;	State; Zip Code , TX 75223	
Principal occup	 pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
12/11/2024	Susan Williams			100.00
	Contributor address; 4323 Lorraine Avenue	Citv:	State; Zip Code , TX 75205	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 12/11/2024	Full name of contributor Tiffany Hicks	out-of-state PAC	C (ID#:)	Amount of contribution (\$) 50.00
	Contributor address; 740 Rainbow Drive	City; Dallas,	State: Zip Code TX 75208	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 46 of 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date 12/13/2024	 Full name of contributor Brian Garner Contributor address; P.O. Box 180188 	City;	State; Zip Code , TX 75218	7 Amount of contribution (\$) 500.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date 12/13/2024	Full name of contributor Doug Taylor Contributor address; 1147 N Winnetka Avenue	City;	State; Zip Code, TX 75208	Amount of contribution (\$) 25.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 12/15/2024	Full name of contributor Heather Walker Contributor address; 1010 N Winnetka Avenue	City:	State; Zip Code , TX 75208	Amount of contribution (\$) 300.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 12/16/2024	Full name of contributor Susan Reese Contributor address; 8625 Douglas Avenue	out-of-state PAC	State: Zip Code , TX 75225	Amount of contribution (\$) 1000.00
Principal occup	eation / Job title (See Instructions)		Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 47 of 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	: (ID#:)	7 Amount of contribution (\$)
12/16/2024	Tyler Kurtz			200.00
	6 Contributor address; 526 S Winnetka Avenue	City; Dallas,	State; Zip Code TX 75208	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
12/17/2024	Austin Green			400.00
	Contributor address; 4411 Vandelia Street	City;	State; Zip Code TX 75219	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
12/17/2024	Barb Nunn			50.00
	Contributor address; 504 N Manus Drive	Citv:	State; Zip Code TX 75224	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 12/17/2024	Full name of contributor David Deggs	out-of-state PAC	(ID#:)	Amount of contribution (\$) 100.00
	Contributor address; 4241 Rawlins Street Suite 1	City; Dallas,	State: Zip Code TX 75219	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 48 of 66
2 FILER NA	ME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	7 Amount of contribution (\$)
12/17/2024	David Nichols	25.00
	6 Contributor address; City; St 5877 Bayside Drive Fort Worth,	ate; Zip Code TX 76132
8 Principal o	occupation / Job title (See Instructions) 9	Employer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
12/17/2024	Gary Bellomy	100.00
		ate; Zip Code
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
12/18/2024	Assieh Khajehnoori	1000.00
		ate; Zip Code 75208
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions)
Date 12/18/2024	Full name of contributor	Amount of contribution (\$) 100.00
	Contributor address: City; St 3001 Sale Street Suite 409 Dallas, TX	ate: Zip Code 75219
	ccupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 49 of 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date 12/18/2024	Full name of contributor Michael Payma Contributor address; 812 N Bishop Avenue	City;	State; Zip Code, TX 75208	7 Amount of contribution (\$) 1000.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Date 12/18/2024	Full name of contributor Paul Wingo Contributor address; 1227 Woodlawn Avenue	City;	State; Zip Code	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 12/18/2024	Full name of contributor Paula Larsen Contributor address; 665 Kessler Reserve Court	City:	State; Zip Code	Amount of contribution (\$) 250.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 12/18/2024	Full name of contributor Scott Larsen Contributor address; 665 Kessler Reserve Court	out-of-state PAC	State: Zip Code TX 75208	Amount of contribution (\$) 250.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	itions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

City; Dallas ructions) tor	State; Zip Code TX 75203 9 Employer (See Instruction C (ID#:) State; Zip Code TX 75208 Employer (See Instruction	Amount of contribution (\$) 50.00
City; Dallas ructions) tor	State; Zip Code s, TX 75203 9 Employer (See Instruction C (ID#:) State; Zip Code s, TX 75208	50.00 Amount of contribution (\$) 50.00
tor out-of-state PA City; Evenue Dallas uctions)	g Employer (See Instruction of Contraction of Contr	Amount of contribution (\$) 50.00
tor out-of-state PA City; Evenue Dallas uctions)	g Employer (See Instruction of Contraction of Contr	Amount of contribution (\$) 50.00
tor	C (ID#:) State; Zip Code 3, TX 75208	Amount of contribution (\$) 50.00
City; Avenue Dallas uctions)	State; Zip Code s, TX 75208	50.00
City; Livenue Dallas uctions)	State; Zip Code s, TX 75208	
City; Livenue Dallas uctions)	State; Zip Code s, TX 75208	otions)
	Employer (See Instruc	l etions)
tor	I	
	C (ID#:)	Amount of contribution (\$)
		50.00
venue City; Dallas	State; Zip Code s, TX 75208	
ructions)	Employer (See Instruc	 ctions)
tor out-of-state PA	C (ID#:)	Amount of contribution (\$) 100.00
City; Dallas	State: Zip Code , TX 75208	
ructions)	Employer (See Instruc	l ctions)
	ct City; Dallas	City; State: Zip Code t Dallas, TX 75208

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 51 of 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date 12/19/2024	6 Contributor address;	City;	State; Zip Code	7 Amount of contribution (\$) 1000.00
8 Principal occu	5534 W Hanover Avenue upation / Job title (See Instructions)	Dallas,	, TX 75209 9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
12/19/2024	Vipin Nambiar			1500.00
	Contributor address; 5534 W Hanover Avenue	City; Dallas,	State; Zip Code , TX 75209	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 12/20/2024	Full name of contributor Anthony Cuevas	out-of-state PAC	C (ID#:)	Amount of contribution (\$) 100.00
	Contributor address; 1619 Sylvan Avenue	City;	State; Zip Code , TX 75208	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	itions)
Date 12/20/2024	Full name of contributor Austin Schenkel	out-of-state PAC	C (ID#:)	Amount of contribution (\$) 50.00
	Contributor address; 3317 Purdue Avenue	City; Dallas,	State: Zip Code , TX 75225	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 52 of 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date 12/20/2024	5 Full name of contributorCarl Scherrieb6 Contributor address;5877 Bayside Drive	City;	State; Zip Code /orth, TX 76132	7 Amount of contribution (\$) 25.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Date 12/20/2024	Full name of contributor Chris Luna Contributor address; 4033 Prescott Avenue	City;	State; Zip Code TX 75210	Amount of contribution (\$) 250.00
Principal occup	 pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 12/20/2024	Full name of contributor Kent Mecklenburg Contributor address; 4033 Prescott Avenue	City:	State; Zip Code	Amount of contribution (\$) 150.00
Principal occup	 pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 12/20/2024	Full name of contributor Leo Cusimano Contributor address; 1619 Sylvan Avenue	out-of-state PAC	State: Zip Code	Amount of contribution (\$) 100.00
Principal occup	 pation / Job title (See Instructions)		Employer (See Instruc	itions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 53 of 66
2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date 12/20/2024	5 Full name of contributor □ out-of-state PAC (ID#:□ Lupe Valdez 6 Contributor address; City; State; 707 N Edgefield Avenue Dallas, TX 752	150.00 Zip Code
8 Principal occ	upation / Job title (See Instructions) 9 Empl	ployer (See Instructions)
Date 12/20/2024	Full name of contributor	250.00 Zip Code
Principal occu	pation / Job title (See Instructions) Emp	oloyer (See Instructions)
Date 12/20/2024	Full name of contributor	500.00
Principal occu	pation / Job title (See Instructions) Em	oloyer (See Instructions)
Date 12/20/2024	Full name of contributor Vitaly Lunev Contributor address; City; State 623 Haines Avenue Dallas, TX 752	Amount of contribution (\$) 100.00
Principal occu	pation / Job title (See Instructions) Em	oloyer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 54 of 66
2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
12/25/2024	Barry Hancock		1000.00
	6 Contributor address; City; 4514 Travis Street Suite 326 Dallas,	State; Zip Code TX 75205	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
12/27/2024	Chuck Norcross		100.00
	Contributor address; City;	State; Zip Code TX 75224	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
12/27/2024	Heather Butterfield		100.00
	Contributor address; City; 3254 Purdue Avenue Los An	State; Zip Code ageles, CA 90066	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 12/27/2024	Full name of contributor ☐ out-of-state PAC Kathy Hewitt	(ID#:)	Amount of contribution (\$) 50.00
	Contributor address; City; 1410 Yakimo Drive Dallas,	State: Zip Code TX 75208	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 55 of 66
2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
12/27/2024	Laurence Vineyard	200.00
	6 Contributor address; City; State; 11436 Strait Lane Dallas, TX 7522	·
8 Principal occu	pation / Job title (See Instructions) 9 Empl	oyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
12/27/2024	Roland Leal	100.00
		Zip Code
Principal occup	pation / Job title (See Instructions) Emplo	oyer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
12/27/2024	Temple Anderson	100.00
	Contributor address; City; State; 1921 Mayflower Drive Dallas, TX 7520	Zip Code 18
Principal occu	pation / Job title (See Instructions) Empl	oyer (See Instructions)
Date 12/30/2024	Full name of contributor out-of-state PAC (ID#: Alice Zaccarello	Amount of contribution (\$) 100.00
	Contributor address; City; State: 2243 Lawndale Drive Dallas, TX 7521	Zip Code 1
Principal occu	pation / Job title (See Instructions) Empl	oyer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 56 of 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date 12/30/2024	6 Contributor address;	City;	State; Zip Code	7 Amount of contribution (\$) 400.00
8 Principal occu	934 Stevens Woods Court pation / Job title (See Instructions)	Danas,	, TX 75208 9 Employer (See Instruc	tions)
Date 12/30/2024	Full name of contributor Lauren Moffett Contributor address; 934 Stevens Woods Court	City;	State; Zip Code	Amount of contribution (\$) 100.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 12/30/2024	Full name of contributor Tom Kapioltas Contributor address;	out-of-state PAC	C (ID#:) State; Zip Code	Amount of contribution (\$) 250.00
Principal occup	5304 Middleton Drive pation / Job title (See Instructions)	Parker	, TX 75002 Employer (See Instruc	tions)
Date 12/31/2024	Full name of contributor Ben Coffee Contributor address; 2752 Gaston Avenue Suite			Amount of contribution (\$) 25.00
Principal occup	aation / Job title (See Instructions)		Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 57 of 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date 12/31/2024	 Full name of contributor Ben Orr Contributor address; 518 N Manus Drive 	City;	State; Zip Code , TX 75224	7 Amount of contribution (\$) 250.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Date 12/31/2024	Full name of contributor Benny Guzman Contributor address; 306 S Montreal	City;	State; Zip Code	Amount of contribution (\$) 5.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 12/31/2024	Full name of contributor Bobby Bowling Contributor address; 457 San Clemente		State; Zip Code p, TX 79912	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date 12/31/2024	Full name of contributor Brandon Luke Contributor address; 1520 Elm Street Suite 201	out-of-state PACCCity; Dallas,	State: Zip Code	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 58 of 66
2 FILER NAME Chad West	:			3 Filer ID (Ethics Commission Filers)
4 Date 12/31/2024	 Full name of contributor Brian Brooks Contributor address; 735 Rainbow Drive 	City;	State; Zip Code	7 Amount of contribution (\$) 50.00
8 Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date 12/31/2024	Full name of contributor Chad Dolezal Contributor address; 101 S Winnetka Avenue	City;	State; Zip Code	Amount of contribution (\$) 25.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 12/31/2024	Full name of contributor Chris Culak Contributor address; 1223 Kings Highway	out-of-state PAC City; Dallas	State; Zip Code TX 75208	Amount of contribution (\$) 50.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 12/31/2024	Full name of contributor Claudia Huerta Contributor address; 2125 Elmwood Blvd	out-of-state PAC	State: Zip Code TX 75224	Amount of contribution (\$) 50.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 59 of 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
12/31/2024	David de la Fuente			10.00
	6 Contributor address; 106 S Clinton	City;	State; Zip Code TX 75208	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
12/31/2024	Diana Lin			25.00
	Contributor address; 4323 Highlander Dr	City; Dallas,	State; Zip Code TX 75287	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
12/31/2024	Enrique MacGregor			250.00
	Contributor address; 845 N Oak Cliff Blvd	City; Dallas,	State; Zip Code TX 75208	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 12/31/2024	Full name of contributor Fred Pena	out-of-state PAC	(ID#:)	Amount of contribution (\$) 100.00
	Contributor address; 410 E 5th Street	City; Dallas,	State; Zip Code TX 75203	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

The	Instruction Guide explains how to c	omplete this form.	1 Total pages Schedule A1: 60 of 66
2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
4 Date 12/31/2024	Full name of contributor Hailee Joy	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 50.00
	6 Contributor address; 701 Melba Street	City; State; Zip Code Dallas, TX 75208	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 12/31/2024	Jarrod Jackson	out-of-state PAC (ID#:)	Amount of contribution (\$) 250.00
	Contributor address; 5301 Montrose	City; State; Zip Code Dallas, TX 75209	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 12/31/2024	Full name of contributor Jennifer Jennings	out-of-state PAC (ID#:)	Amount of contribution (\$) 25.00
	Contributor address; 1823 Naylor Street	City; State; Zip Code Dallas, TX 75228	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 12/31/2024	Full name of contributor Joy Dolezal	out-of-state PAC (ID#:)	Amount of contribution (\$) 25.00
	Contributor address; 101 S Winnetka Avenue	City; State; Zip Code Dallas, TX 75208	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

B Principal occupation / Jo Date Full r 12/31/2024 Juan Cont 15 S Principal occupation / Jo Principal occupation / Jo Date Full r	ributor address; 5 Elmwood Blvd ob title (See Instructions) name of contributor n Parra ributor address; Stonebriar Court	City; Dallas,	State; Zip Code , TX 75224 9 Employer (See Instruct C (ID#:)	Amount of contribution (\$) 25.00
12/31/2024 B Principal occupation / Journal Date Principal occupation / Journal Contum 15 S Principal occupation / Journal Date Full r	Huerta ributor address; 5 Elmwood Blvd bb title (See Instructions) name of contributor n Parra ributor address; Stonebriar Court b title (See Instructions)	City; Dallas,	State; Zip Code , TX 75224 9 Employer (See Instruct C (ID#:) State; Zip Code , TX 75206	200.00 tions) Amount of contribution (\$) 25.00
Date Full r Date Full r Date Full r Principal occupation / John Principal occupation / John Date Full r	ributor address; 5 Elmwood Blvd ob title (See Instructions) name of contributor n Parra ributor address; Stonebriar Court b title (See Instructions)	City; Dallas,	State; Zip Code , TX 75224 9 Employer (See Instruct C (ID#:) State; Zip Code , TX 75206	Amount of contribution (\$) 25.00
Date Full r 12/31/2024 Juar Cont 15 S Principal occupation / Jol Date Full r	name of contributor n Parra ributor address; Stonebriar Court b title (See Instructions)	City;	State; Zip Code, TX 75206	Amount of contribution (\$) 25.00
12/31/2024 Juan Cont 15 S Principal occupation / Jol Date Full r	n Parra ributor address; Stonebriar Court b title (See Instructions)	City;	State; Zip Code , TX 75206	25.00
Cont 15 S Principal occupation / Jol Date Full r	ributor address; Stonebriar Court b title (See Instructions)	City;	State; Zip Code , TX 75206	
Date Full r			Employer (See Instruct	cions)
	name of contributor		1	
	e Wick	_	C (ID#:)	Amount of contribution (\$) 300.00
Contr 121	ributor address; 2 N Oak Cliff Blvd	City;	State; Zip Code , TX 75208	
Principal occupation / Jo	b title (See Instructions)		Employer (See Instruct	tions)
	name of contributor k Niermann	out-of-state PAC	C (ID#:)	Amount of contribution (\$) 250.00
Cont 845	ributor address; N Oak Cliff Blvd	City; Dallas,	State: Zip Code , TX 75208	
Principal occupation / Jo	b title (See Instructions)		Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 62 of 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
12/31/2024	Mary Cook			100.00
	6 Contributor address; 1942 Malone Cliff View	City;	State; Zip Code , TX 75208	
8 Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
12/31/2024	Mary Kay de la Fuente			25.00
	Contributor address;	City; Dallas	State; Zip Code , TX 75208	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
12/31/2024	Melissa Kingston			1000.00
	Contributor address; 5901 Palo Pinto	City; Dallas	State; Zip Code , TX 75206	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	l otions)
Date 12/31/2024	Full name of contributor Michelle Brooks	out-of-state PAC	C (ID#:)	Amount of contribution (\$) 50.00
	Contributor address; 735 Rainbow Drive		State: Zip Code , TX 75208	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	 ptions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

				4
ТІ	ne Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 63 of 66
2 FILER NAM Chad West	IE			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
12/31/2024	Nick Noorani			500.00
	6 Contributor address; 3009 Hallwell Dr	City;	State; Zip Code , TX 75093	
8 Principal oc	cupation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
12/31/2024	Paul Sims			250.00
	Contributor address; 8811 Antrim Dr.	City;	State; Zip Code , TX 75218	
Principal occ	cupation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
12/31/2024	Peter Jacobsen			100.00
	Contributor address; 419 W 9th Street Suite 104	Citv:	State; Zip Code , TX 75208	
Principal occ	cupation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 12/31/2024	Full name of contributor Philip Kingston	out-of-state PAC	C (ID#:)	Amount of contribution (\$) 1000.00
	Contributor address; 5901 Palo Pinto	City; Dallas,	State: Zip Code TX 75206	
Principal occ	cupation / Job title (See Instructions)		Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 64 of 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date 12/31/2024	Full name of contributor Stephanie Wick Contributor address; 1212 N Oak Cliff Blvd	City;	State; Zip Code TX 75208	7 Amount of contribution (\$) 50.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date 12/31/2024	Full name of contributor Taryl Sherman Contributor address; 1743 Elmwood Blvd	City;	State; Zip Code TX 75224	Amount of contribution (\$) 25.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 12/31/2024	Full name of contributor Taylor de la Fuente Contributor address; 106 S Clinton	City:	State; Zip Code	Amount of contribution (\$) 10.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 12/31/2024	Full name of contributor Vinnie Sherman Contributor address; 1743 Elmwood Blvd	out-of-state PAC	State: Zip Code TX 75224	Amount of contribution (\$) 25.00
Principal occu _l	pation / Job title (See Instructions)		Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 65 of 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
12/31/2024	Waylon Longino			500.00
	6 Contributor address; 4619 Insurance Lane	City; Dallas,	State; Zip Code TX 75205	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
12/31/2024	William Joy			50.00
	Contributor address; 701 Melba Street	City; Dallas,	State; Zip Code TX 75208	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
12/31/2024	William Zimmerman			25.00
	Contributor address; 105 S Willomet Avenue	City; Dallas,	State; Zip Code TX 75208	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 12/31/2024	Full name of contributor Yasmine Payma	out-of-state PAC	(ID#:)	Amount of contribution (\$) 50.00
	Contributor address; 812 N Bishop Avenue	City; Dallas,	State: Zip Code TX 75208	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 66 of 66
2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date 08/07/2024	Full name of contributor	2500.00
	6 Contributor address; City; State; Zip P.O. Box 2246 Austin, TX 78768	Code
8 Principal occu	pation / Job title (See Instructions) 9 Employer	(See Instructions)
Date 10/15/2024	Full name of contributor out-of-state PAC (ID#: HBA of Greater Dallas HOMEPAC Contributor address; City; State; Zip 5816 W Plano Parkway Dallas, TX 75093	2500.00
Principal occup	pation / Job title (See Instructions) Employer	(See Instructions)
Date 09/23/2024	Full name of contributor	2500.00
Principal occup	pation / Job title (See Instructions) Employer	(See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
	Contributor address; City; State; Zip (Code
Principal occu	pation / Job title (See Instructions) Employer	(See Instructions)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Otrier (eriter a catego	ry not listed above)
1 Total pages Schedule F1: 1 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)
4 Date 07/15/2024	5 Payee name The UPS Store 78		I	
6 Amount (\$) 51.02	7 Payee address; 1222 North Bishop Aven Da Manite 20075208	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing costs	Printing costs		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
07/24/2024	JW Mariott			
Amount (\$) 126.14	Payee address; 110 East 2nd Street Austin, TX 78701	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Travel out of district	Travel out of district		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	,	Office held
Date 07/24/2024	Payee name Austin Barton Spring			
Amount (\$) 70.39	Payee address; 1500 Barton Springs RoaAustin, TX 78704	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meal with Affordable Housing advocates	Meals		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

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

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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 2 of 62	2 FILER NAME Chad West		3 Filer ID (Ethic	s Commission Filers)
4 Date 07/24/2024	5 Payee name Vespaio			
6 Amount (\$) 128.26	7 Payee address; 1610 South Congress Avenuein, TX 78704	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Meal with Affordable Housing advocates	(b) Description Meals		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
07/25/2024	MAILCHIMP			
Amount (\$) 171.63	Payee address; 405 N Angier Ave NE Atlanta, GA 30308	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	E newsletter		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 07/26/2024	Payee name Austin Airport			
Amount (\$) 15.02	Payee address; 3600 Presidential Boulev Andstin, TX 78719	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Travel out of district	Travel out of district		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 3 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	s Commission Filers)
4 Date 07/29/2024	5 Payee name Tribal All Day Café			
6 Amount (\$) 73.68	7 Payee address; 263 North Bishop AvenuĐallas, TX 75208	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Meals	(b) Description Meal with Commissi	oner	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
07/29/2024	Cheesecake Factory			
Amount (\$) 127.72	Payee address; 7700 West Northwest Hi ghtlay , TX 75225	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fundraising	Meal with Board men	mber	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 08/01/2024	Payee name Chad West			
Amount (\$) 181.50	Payee address; 810 North Bishop Dallas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Mileage Reimbursement	Travel in District		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 4 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date 08/05/2024	5 Payee name Walgreens		
6 Amount (\$) 69.13	7 Payee address; 1306 North Beckley Ave Dadlas, TX 75208	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing costs	(b) Description Printing costs	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
10/02/2024	Amazon		
Amount (\$) 265.24	Payee address; 325 9th Avenue North Seattle, WA 98109	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Office Supplies	Office Supplies	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 08/05/2024	Payee name Extra Space		
Amount (\$) 98.00	Payee address; 1931 Fort Worth AvenueDallas, TX 75208	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Storage	Storage Fees	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 5 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date 08/07/2024	5 Payee name Wayward Coffee		
6 Amount (\$) 34.90	7 Payee address; 1318 West Davis Street Dallas, TX 75208	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Meals	Coffee with new resi	dents
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
08/07/2024	Cox Farms Market		
Amount (\$) 57.76	Payee address; 778 Fort Worth Avenue Dallas, TX 75208	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Meals	Supplies for meeting	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 08/09/2024	Payee name Cretias Bakery		
Amount (\$) 86.00	Payee address; 228 West Davis Street Dallas, TX 75208	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Gifts	Gifts for Supporters	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 6 of 62	2 FILER NAME Chad West		3 Filer ID (Ethic	s Commission Filers)
4 Date 08/12/2024	5 Payee name Taco Deli			
6 Amount (\$) 35.28	7 Payee address; 1878 Sylvan Avenue Dallas, TX 75208	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Volunteer Expense	(b) Description Food for volunteers		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 08/12/2024	Payee name Tribal All Day Café			
Amount (\$) 49.18	Payee address; 263 North Bishop AvenuÐallas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Meal with neighborhood advocate		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 08/13/2024	Payee name Tribal All Day Café			
Amount (\$) 33.29	Payee address; 263 North Bishop AvenuÐallas, TX 75208	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Meal with communit	y member	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 7 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date 08/13/2024	5 Payee name Paradiso		
6 Amount (\$) 100.00	7 Payee address; 308 North Bishop AvenuĐallas, TX 75208	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description Gift card for commu	nity event
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
08/14/2024	Veracruz Café		
Amount (\$) 100.00	Payee address; 408 North Bishop Avenu D Shliate , TOV 75208	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Gift/Awards/Memorials Expense	Donation for neighborhood event	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 08/19/2024	Payee name Toulouse Knox		
Amount (\$) 60.56	Payee address; 3314 Knox Street Dallas, TX 75205	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fundraising	Meal with Donor	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEI	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 8 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers	\$)
4 Date 08/20/2024	5 Payee name Uchiba Dallas			
6 Amount (\$) 93.94	7 Payee address; 2817 Maple Avenue Dallas, TX 75201	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Meals	(b) Description Meal with Commissi	ioner	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
08/20/2024	La Condesa			
Amount (\$) 250.56	Payee address; 400 West Second Street Austin, TX 78701	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Travel out of district	Meal with City Staff		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date 08/20/2024	Payee name Chad West			
Amount (\$) 1404.00	Payee address; 810 North Bishop AvenuÐallas, TX 75208	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Travel Out Of District	Hotel cost		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 9 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)
4 Date 08/20/2024	5 Payee name Chad West			
6 Amount (\$) 402.32	7 Payee address; 810 North Bishop AvenuĐallas, TX 75208	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out Of District	(b) Description Travel Reimburseme	nt - flight	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date 08/21/2024	Payee name Chad West			
Amount (\$) 186.88	Payee address; 810 North Bishop AvenuÐallas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Travel Out Of District	Travel Reimbursement meals		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 08/22/2024	Payee name Susana Jaimes			
Amount (\$) 325.00	Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor for holiday cards and gifts	Description Contract Labor		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		,
1 Total pages Schedule F1: 10 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)
4 Date 08/23/2024	5 Payee name The Kessler School			
6 Amount (\$) 2000.00	7 Payee address; 1822 W 10th Street Dallas, TX 75208	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description Donation		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
08/26/2024	Hunkys			
Amount (\$) 100.00	Payee address; 3930 Cedar Springs RoaDallas, TX 75219	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gifts	Gift for Donor		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 08/26/2024	Payee name MAILCHIMP			
Amount (\$) 171.63	Payee address; 405 N Angier Ave NE Atlanta, GA 30308	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	E newsletter		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 11 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date 08/27/2024	5 Payee name Chips Hamburgers		
6 Amount (\$) 58.96	7 Payee address; 4530 West Lovers Lane Dallas, TX 75225	City;	State; Zip Code
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Meals	(b) Description Meal with Board Me	mber
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
08/29/2024	R+D Dallas		
Amount (\$) 87.73	Payee address; 8300 Preston Center Plaz Pallas, TX 75205	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Meeting with home b	ouilder
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 08/30/2024	Payee name Stevens Park Golf Course		
Amount (\$) 50.89	Payee address; 1005 North Montclair Aveniles, TX 75208	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Travel in district	Community Meeting	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED .

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 12 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date 08/30/2024	5 Payee name Parking Management		
6 Amount (\$) 20.00	7 Payee address; 1005 North Montclair Aveniles, TX 75208	City;	State; Zip Code
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Travel out of district	Non Profit Meeting	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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		
08/30/2024	Dr Delphinium		
Amount (\$) 173.77	Payee address; 5806 West Lovers Lane Dallas, TX 75225	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Gifts	Flowers for supporter	r
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 08/30/2024	Payee name Beverleys		
Amount (\$) 132.59	Payee address; 3215 North Fitzhugh Avendauktas, TX 75204	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Meal with Board	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 13 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date 09/03/2024	5 Payee name Elmwood Coffee		
6 Amount (\$) 5.25	7 Payee address; 1805 South Edgefield AviDailes, TX 75208	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Meals	(b) Description Meals	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/03/2024	Stevens Park Golf Course		
Amount (\$) 8.71	Payee address; 1005 North Montclair Avienlies, TX 75208	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Travel in district	Community Meeting	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 09/03/2024	Payee name Lucky Dog Saloon		
Amount (\$) 14.07	Payee address; 2701 Cedar Springs Roadballas, TX 75201	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Volunteer Expense	Meal with volunteer	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 14 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date 09/03/2024	5 Payee name Katy Trail Ice House		
6 Amount (\$) 41.01	7 Payee address; 3127 Routh Street Dallas, TX 75201	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Volunteer Expense	(b) Description Meal with volunteer	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/03/2024	Extra Space Storage		
Amount (\$) 98.00	Payee address; 1931 Fort Worth AvenueDallas, TX 75208	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Storage	Storage Fees	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 09/03/2024	Payee name R+D Dallas		
Amount (\$) 101.98	Payee address; 8300 Preston Center Plazallas, TX 75225	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Meals	Meal with former CM	Л
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 15 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	s Commission Filers)
4 Date 09/03/2024	5 Payee name Hudson House Lake			
6 Amount (\$) 114.72	7 Payee address; 4040 Abrams Road Dallas, TX 75214	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Meeting with associa	ation leadership	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
09/03/2024	Maison Chinoise			
Amount (\$) 171.98	Payee address; 4152 Cole Avenue Suite DM as, TX 75204	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Meeting with eco de	v advocate	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 09/03/2024	Payee name American Airlines			
Amount (\$) 710.03	Payee address; 3200 E Airfield Drive DFW Airport, TX 75261	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Travel Out Of District	Travel for conference	e	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 16 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Commissi	on Filers)
4 Date 09/04/2024	5 Payee name Honor Bar			
6 Amount (\$) 47.33	7 Payee address; 26 Highland Park VillageDallas, TX 75205	City;	State; Zip Co	ode
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Meeting with TIF Bo	pard representative	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
09/05/2024	R+D Dallas			
Amount (\$) 198.71	Payee address; 8300 Preston Center PlazDallas, TX 75225	City;	State; Zip Co	ode
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Dinner with former e	elected official	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office hel	d
Date 09/05/2024	Payee name Written By The Seasons			
Amount (\$) 271.30	Payee address; 380 Melba Street Dallas, TX 75208	City;	State; Zip Co	ode
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Dinner with commun	nity advocates	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office he	eld
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 17 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Con	nmission Filers)
4 Date 09/09/2024	5 Payee name Cretias Bakery			
6 Amount (\$) 13.20	7 Payee address; 228 West Davis Street Dallas, TX 75208	City;	State; Z	tip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift	(b) Description Gift for volunteer		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expe	nse
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
09/09/2024	Birdies East			
Amount (\$) 117.36	Payee address; 6221 East Mockingbird IDanHas, TX 75214	City;	State; Z	lip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meals	Meal with board men	mber	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expe	nse
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Offic	e held
Date 09/10/2024	Payee name Waterman - Central DFW			
Amount (\$) 1135.50	Payee address; 3606 S Tyler Street Dallas, TX 75225	City;	State; Z	ip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Expense	Computer equipmt ar	nd install	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expe	nse
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Offi	ce held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 18 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)	
4 Date 09/10/2024	5 Payee name Cretias Bakery			
6 Amount (\$) 24.00	7 Payee address; 228 West Davis Street Dallas, TX 75208	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gifts	(b) Description Gifts for councilment	nbers	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
09/10/2024	Ascension Coffee			
Amount (\$) 26.51	Payee address; 200 Crescent Court Suite Mallas, TX 75201	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meals	Meeting with housing	g advocate	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date 09/10/2024	Payee name Katy Trail Ice House			
Amount (\$) 31.95	Payee address; 3127 Routh Street Dallas, TX 75201	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meals	Meeting with board r	member	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 19 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Commission File	ers)
4 Date 09/11/2024	5 Payee name Rally House			
6 Amount (\$) 153.68	7 Payee address; 5500 Greenville Avenue Salta 2013X 75206	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description Gift for community v	volunteer	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
09/13/2024	Greater Dallas Chamber			
Amount (\$) 300.00	Payee address; 909 Lake Carolyn Parkw lry Sug jt e 320 4111	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation	Sponsorship		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date 09/16/2024	Payee name The Pour House			
Amount (\$) 24.68	Payee address; 1919 Skillman Street Dallas, TX 75206	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meeting	Meeting with volunte	eers	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 20 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)
4 Date 09/16/2024	5 Payee name Shinsei Restaurant			
6 Amount (\$) 130.45	7 Payee address; 7713 Inwood Road Dallas, TX 75209	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Meeting with housing	g advocate	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name			
09/17/2024	Tepa Bar & Grill			
Amount (\$) 63.31	Payee address; 428 South Hampton RoadDallas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meeting Expense	Community Meeting		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(Office held
Date 09/18/2024	Payee name The UPS Store 78			
Amount (\$) 125.01	Payee address; 1222 North Bishop Aven Da San te ZX 075208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing costs	Printing costs		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 21 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)
4 Date 09/18/2024	5 Payee name Mirador			
6 Amount (\$) 85.45	7 Payee address; 1608 Elm Street Dallas, TX 75201	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Meeting	(b) Description Meeting with suppor	ters	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/18/2024	Teleflora			
Amount (\$) 108.22	Payee address; 11444 West Olympic Bo ildes /aktdgeles, CA 90064	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gifts	Flowers for staff mbi	r family funeral	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 09/18/2024	Payee name National Anthem			
Amount (\$) 164.16	Payee address; 2130 Commerce Street Dallas, TX 75201	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meals	Dinner with staff		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	ound (onto a satisfic	.,,
1 Total pages Schedule F1: 22 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)
4 Date 09/19/2024	5 Payee name The Salty Donut			
6 Amount (\$) 65.08	7 Payee address; 414 West Davis Street Dallas, TX 75208	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Gifts	Gifts for councilmem	nbers	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/20/2024	NTX The Kessler			
Amount (\$) 115.00	Payee address; 1230 West Davis Street Dallas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gift/Awards/Memorials Expense	Sponsorship		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 09/23/2024	Payee name Hunkys			
Amount (\$) 41.64	Payee address; 3930 Cedar Springs RoaDallas, TX 75219	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Meals with BADMA	member	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
Total pages Schedule F1: 23 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
9/23/2024 09/23/2024	5 Payee name Cretias Bakery		
3 Amount (\$) 39.20	7 Payee address; 228 West Davis Street Dallas, TX 75208	City;	State; Zip Code
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Volunteer Expense	Gifts for community	volunteers
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
• Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/23/2024	The Dallas Assembly		
Amount (\$) 2560.00	Payee address; 12900 Preston Road Suit ปิลปิลปิลป์, TX 75230	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Travel out of district	Travel Out of District	t
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 09/25/2024	Payee name Taco y Vino		
Amount (\$) 66.76	Payee address; 213 West Eighth Street Dallas, TX 75208	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Meeting	Meeting with board n	nember
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	:DED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 24 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)
4 Date 09/25/2024	5 Payee name MAILCHIMP			
6 Amount (\$) 171.63	7 Payee address; 405 N Angier Ave NE Atlanta, GA 30308	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description E newsletter		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
09/27/2024	Bullzerk			
Amount (\$) 33.56	Payee address; 332 West Davis Street Dallas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gifts	Gift for retiring neigh	hborhood leader	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 09/27/2024	Payee name Apple Store			
Amount (\$) 433.99	Payee address; 100 Knox Street Dallas, TX 75214	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Supplies	Officeholder phone a	accessories	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 25 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date 09/27/2024	5 Payee name Bishop Street Market		
6 Amount (\$) 45.47	7 Payee address; 401 N Bishop Avenue Dallas, TX 75208	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gifts	(b) Description Gift for city employe	e
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/27/2024	Adamson High Band		
Amount (\$) 255.00	Payee address; 309 East Ninth Street Dallas, TX 75208	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Donation	Donation	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 09/27/2024	Payee name The Adolphus		
Amount (\$) 353.18	Payee address; 1321 Commerce Street Dallas, TX 75202	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Meals	Council meeting	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 26 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Com	mission Filers)
4 Date 09/28/2024	5 Payee name Elena Guzman			
6 Amount (\$) 260.00	7 Payee address; 306 S Montreal Avenue Dallas, TX 75208	City;	State; Zi	p Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor storage	(b) Description Contract Labor		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expen-	se
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office	e held
Date 10/01/2024	Payee name Go Daddy			
Amount (\$) 74.32	Payee address; 813 N 1st Avenue Tempe, AZ 40021	City;	State; Zi	p Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Domain		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expens	se
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office	e held
Date 10/01/2024	Payee name Well Community			
Amount (\$) 500.00	Payee address; 125 Sunset Avenue Dallas, TX 75208	City;	State; Zi	p Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Donation		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expens	ee
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Offic	e held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 27 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Con	nmission Filers)
4 Date 10/02/2024	5 Payee name Tribal All Day Café			
6 Amount (\$) 65.39	7 Payee address; 263 North Bishop AvenuĐallas, TX 75208	City;	State; Z	ip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Meeting	(b) Description Meeting with commi	ssioner	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expe	nse
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date 10/02/2024	Payee name Amazon			
Amount (\$) 224.10	Payee address; 325 9th Avenue North Seattle, WA 98109	City;	State; Z	ip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Supplies	Home Office Supplie	es	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expe	nse
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Offic	e held
Date 10/03/2024	Payee name Ace Parking			
Amount (\$) 20.00	Payee address; 200 Crescent Court Dallas, TX 75201	City;	State; Z	ip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Parking	Description Parking		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living exper	nse
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Offi	ce held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 28 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filer	rs)
4 Date 10/03/2024	5 Payee name Ascension			
6 Amount (\$) 22.44	7 Payee address; 1621 Oak Lawn Avenue Dallas, TX 75207	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Meeting Expense	(b) Description Breakfast with housi	ng advocate	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
10/03/2024	Extra Space			
Amount (\$) 98.00	Payee address; 1931 Fort Worth AvenueDallas, TX 75208	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Storage	Storage Fees		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date 10/03/2024	Payee name Beverleys			
Amount (\$) 180.46	Payee address; 3215 North Fitzhugh Ave Danklas, TX 75204	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Meeting with restaur	rant assoc leader	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	,	,
1 Total pages Schedule F1: 29 of 62	2 FILER NAME Chad West		3 Filer ID (Ethic	s Commission Filers)
4 Date 10/04/2024	5 Payee name The UPS Store 78			
6 Amount (\$) 60.08	7 Payee address; 1222 North Bishop Aven Da Kan te ZM 075208	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing costs	(b) Description Printing costs		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/04/2024	BBBop Seoul			
Amount (\$) 81.83	Payee address; 828 West Davis Street Dallas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meals	Lunch with Non-Profit Board Members		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 10/04/2024	Payee name Gonzalez Restaurant			
Amount (\$) 154.27	Payee address; 416 West Jefferson Boul Drahlds, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meeting Expense	Dinner with neighbor	rhood leaders	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 30 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)	
4 Date 10/04/2024	5 Payee name Primal Fundraising			
6 Amount (\$) 3416.52	7 Payee address; 5706 East Mockingbird IDanHas, TX 75206	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Costs	(b) Description Consulting Costs		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
10/07/2024	State Fair			
Amount (\$) 50.00	Payee address; 925 South Haskell Avent@allas, TX 75223	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gifts	State Fair Gift for volunteer		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date 10/07/2024	Payee name Bistro 31			
Amount (\$) 54.16	Payee address; 87 Highland Park Village Dauliae, 2011 75205	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Lunch with home bui	lder	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	outes (ether a sateger	y
1 Total pages Schedule F1: 31 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)
4 Date 10/07/2024	5 Payee name Honor Bar			
6 Amount (\$) 75.51	7 Payee address; 26 Highland Park VillageDallas, TX 75205	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Dinner with Richards	son CM	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(Office held
Date 10/08/2024	Payee name Ascension			
Amount (\$) 27.16	Payee address; 200 Crescent Court Suite Mallas, TX 75201	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Meeting	Description Breakfast meeting with potential council candidate		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(Office held
Date 10/08/2024	Payee name Maggianos North Park			
Amount (\$) 291.87	Payee address; 205 NorthPark Center Dallas, TX 75225	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Dinner with neighbor	rhood leaders	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a catego	ry not listed above)
1 Total pages Schedule F1: 32 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)
4 Date 10/08/2024	5 Payee name The 23rd Senatorial District Tejano			
6 Amount (\$) 60.00	7 Payee address; 10432 High Hollow Driv D Solvate; TXI 75230	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Dues	Member Dues		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/08/2024	North Oak Cliff Greenspace			
Amount (\$) 1250.00	Payee address; 1005 North Montclair Av@nlles, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation	Sponsorship		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 10/09/2024	Payee name Walgreens			
Amount (\$) 22.40	Payee address; 1306 North Beckley Avelbadas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Supplies	Office Supplies		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		,
1 Total pages Schedule F1: 33 of 62	2 FILER NAME Chad West		3 Filer ID (Ethic	s Commission Filers)
4 Date 10/10/2024	5 Payee name The USPS			
6 Amount (\$) 47.18	7 Payee address; 515 Centre Street Dallas, TX 75208	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing costs	(b) Description Printing costs		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/11/2024	Wayward Coffee			
Amount (\$) 15.00	Payee address; 1318 West Davis Street Dallas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meeting	Coffee meeting with	advisor	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 10/15/2024	Payee name Ascension			
Amount (\$) 22.09	Payee address; 200 Crescent Court Suite Mallas, TX 75201	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meeting	Breakfast meeting wi	ith arts advocate	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livinç	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/Opensitions/

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 34 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date 10/15/2024	5 Payee name Walgreens		
6 Amount (\$) 54.11	7 Payee address; 1306 North Beckley Ave Dadlas, TX 75208	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office supplies	(b) Description Office decorations	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/15/2024	Ace Parking		
Amount (\$) 25.00	Payee address; 200 Crescent Court Dallas, TX 75201	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Parking	Parking	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 10/15/2024	Payee name Dallas Fair		
Amount (\$) 38.00	Payee address; 1300 Robert B Cullum B Dalkhasu T X 75210	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Meals	Lunch with Donors	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	outer (errier a catego	
1 Total pages Schedule F1: 35 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	s Commission Filers)
4 Date 10/15/2024	5 Payee name Tribal All Day Café			
6 Amount (\$) 40.72	7 Payee address; 263 North Bishop AvenuĐallas, TX 75208	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Meeting	(b) Description Breakfast meeting wi	ith envt advocate	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date 10/15/2024	Payee name Stevens Park Golf Course			
Amount (\$) 183.92	Payee address; 1005 North Montclair Avidalies, TX 75208	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Meeting with golf course advocates		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date 10/15/2024	Payee name American Airlines			
Amount (\$) 208.95	Payee address; 3200 E Airfield Drive DFW Airport, TX 75261	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Travel out of district	Travel expense flight	t changes	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 36 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)
4 Date 10/16/2024	5 Payee name DFW Airport Park			
6 Amount (\$) 52.00	7 Payee address; 3200 E Airfield Drive Dallas, TX 65261	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Parking	(b) Description Parking		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
10/16/2024	Stevens Park Golf Course			
Amount (\$) 90.00	Payee address; 1005 North Montclair Aveniles, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Meeting with Rosemont Dads group		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 10/16/2024	Payee name Tribal All Day Café			
Amount (\$) 48.74	Payee address; 263 North Bishop AvenuÐallas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meeting Expense	Breakfast meeting wi	ith skate park donor	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 37 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)	
4 Date 10/16/2024	5 Payee name Las Palmas			
6 Amount (\$) 160.65	7 Payee address; 2708 Routh Street Dallas, TX 75201	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Meals	(b) Description Dinner with former (Councilmember	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
10/17/2024	Ascension			
Amount (\$) 44.50	Payee address; 1621 Oak Lawn Avenue Dallas, TX 75201	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meeting	Meeting with arts advocate		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date 10/22/2024	Payee name Fort Worth Avenue Development			
Amount (\$) 250.00	Payee address; P.O. Box 225120 Fort Worth , TX 75222	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation	Sponsorship		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEI	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		,
1 Total pages Schedule F1: 38 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	s Commission Filers)
4 Date 10/24/2024	5 Payee name Lucky Dog Saloon			
6 Amount (\$) 1464.07	7 Payee address; 2701 Cedar Springs RoaDallas, TX 75201	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising	(b) Description Fundraising event		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/24/2024	MAILCHIMP			
Amount (\$) 171.63	Payee address; 405 N Angier Ave NE Atlanta, GA 30308	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	E newsletter		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 10/24/2024	Payee name Primal Fundraising			
Amount (\$) 4135.00	Payee address; 5706 East Mockingbird IIandas, TX 75206	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Costs	Consulting Costs		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Oredit Gard Layment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 39 of 62	2 FILER NAME Chad West		3 Filer ID (Ethic	s Commission Filers)
4 Date 10/29/2024	5 Payee name Rosemont Dads Club			
6 Amount (\$) 1500.00	7 Payee address; 911 North Morocco Avenibadlas, TX 75211	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description Sponsor		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
10/29/2024	Ascension			
Amount (\$) 51.70	Payee address; 2708 Routh Street Dallas, TX 75201	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Breakfast mtg w hou	sing advisor	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 10/30/2024	Payee name Barnes and Nobles			
Amount (\$) 64.95	Payee address; 7700 West Northwest Hi @hilay , TX 75225	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gifts	Gift for board member	er	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livinç	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a catego	ory not listed above)
1 Total pages Schedule F1: $40 \text{ of } 62$	2 FILER NAME Chad West	3 Filer ID (Ethics Commission Filers)		
4 Date 11/04/2024	5 Payee name Tribal All Day Café		I	
6 Amount (\$) 38.28	7 Payee address; 263 North Bishop AvenuĐallas, TX 75208	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Volunteer Expense	(b) Description Breakfast meeting with	ith volunteer	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11/04/2024	Hunkys Old Fashioned			
Amount (\$) 150.00	Payee address; 3930 Cedar Springs RoaDallas, TX 75218	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gifts	Description Gift Card for neighbor	orhood event	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 11/04/2024	Payee name ABC Party			
Amount (\$) 85.66	Payee address; 1414 West Davis Street Dallas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Supplies	Event supplies		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 41 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics C	ommission Filers)
4 Date 11/04/2024	5 Payee name Oak Cliff Lions Club			
6 Amount (\$) 100.00	7 Payee address; P.O. Box 4445 Dallas, TX 75208	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Member Dues		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Of	fice held
Date	Payee name			
11/04/2024	Oak Cliff Lions Club			
Amount (\$) 250.00	Payee address; P.O. Box 4445 Dallas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation	Donation		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Of	fice held
Date 11/04/2024	Payee name Extra Space			
Amount (\$) 98.00	Payee address; 1931 Fort Worth AvenueDallas, TX 75208	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Storage	Description Storage Fees		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	0	ffice held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 42 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)
4 Date 11/04/2024	5 Payee name Simply To Impress			
6 Amount (\$) 1154.45	7 Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Community cards		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
11/06/2024	Village Buger			
Amount (\$) 32.19	Payee address; 3699 McKinney Avenue Bulles \$\mathbb{T}\$ 2575204	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meeting	Lunch meeting with	city staff	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 11/07/2024	Payee name Cretias Bakery			
Amount (\$) 38.00	Payee address; 228 West Davis Street Dallas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gifts	Gifts for retiring boar	rd member	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 43 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)	
4 Date 11/07/2024	5 Payee name Ascension			
6 Amount (\$) 42.33	7 Payee address; 2708 Routh Street Dallas, TX 75201	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Meeting with Comm	issioner	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
11/08/2024	The UPS Store 78			
Amount (\$) 167.67	Payee address; 1222 North Bishop Aven Da Bas ite ZN 075208	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Postage and Mailing	Stamps		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date 11/12/2024	Payee name Victoria Perez			
Amount (\$) 36.99	Payee address; 808 Rutherford Road Waxahachie, TX 75165	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation	Reimbursement for d	lonation	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1: 44 of 62	2 FILER NAME Chad West	3 Filer ID (Ethics Commission Filers)			
4 Date 11/12/2024	5 Payee name Parking				
6 Amount (\$) 34.35	7 Payee address; 2506 Northwest 2nd Ave Mia mi Beach, FL 33127	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising	(b) Description Out of district travel	- parking		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
11/12/2024	Joeys Italian				
Amount (\$) 30.24	Payee address; 2506 Northwest 2nd Ave Mia mi Beach, FL 33127	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Fundraising	Out of district travel	- meals		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date 11/12/2024	Payee name Giannis Restaurant				
Amount (\$) 31.08	Payee address; 1116 Ocean Drive Miami Beach, FL 33139	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Fundraising	Out of district travel	- meals		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1: 45 of 62	2 FILER NAME Chad West	3 Filer ID (Ethics Commission Filers)			
4 Date 11/12/2024	5 Payee name Standard Miami				
6 Amount (\$) 691.23	7 Payee address; 40 Island Avenue Miami Beach, FL 33139	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising	(b) Description Out of district travel -	- hotel		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
11/18/2024	The Spelled Milk				
Amount (\$) 75.00	Payee address; 712 West Davis Street Dallas, TX 75208	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Gifts	Gift cards for board n	nembers		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date 11/18/2024	Payee name Legends Concession				
Amount (\$) 108.56	Payee address; 2045 East Division StreetArlington, TX 76011	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Meal with sports advo	ocate		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1: 46 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	s Commission Filers)	
4 Date 11/18/2024	5 Payee name National Anthem				
6 Amount (\$) 72.98	7 Payee address; 2130 Commerce Street Dallas, TX 75201	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Meals	(b) Description Meal with city staff			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
11/19/2024	Ace Parking				
Amount (\$) 20.00	Payee address; 200 Crescent Court Dallas, TX 75201	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Out of district travel	Out of district travel	- parking		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	gexpense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date 11/19/2024	Payee name Ascension				
Amount (\$) 30.68	Payee address; 2708 Routh Street Dallas, TX 75201	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Meeting	Breakfast meeting wi	ith activist		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 47 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)
4 Date 11/19/2024	5 Payee name Chad West			
6 Amount (\$) 191.90	7 Payee address; 810 North Bishop Dallas, TX 75208	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Reimbursement for mileage	(b) Description Travel in District		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
11/19/2024	Susana Jaimes			
Amount (\$) 325.00	Payee address; 3606 N Bishop Avenue Dallas, TX 75224	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	Contract Labor		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date 11/20/2024	Payee name Moxies Grill and Bar			
Amount (\$) 137.99	Payee address; 100 Crescent Court Dallas, TX 75201	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Meeting	Description Dinner meeting with	LIHTC developer	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 48 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)
4 Date 11/21/2024	5 Payee name Oddfellows			
6 Amount (\$) 200.00	7 Payee address; 316 West Seventh Street Dallas, TX 75208	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description Gift for neighborhoo	d fundraiser	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
11/21/2024	Family Gateway			
Amount (\$) 1000.00	Payee address; 1421 West Mockingbird Dankas, TX 75247	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation	Donation		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	,	Office held
Date 11/25/2024	Payee name Michaels			
Amount (\$) 102.76	Payee address; 751 Highway 67 Cedar Hill , TX 75104	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Supplies	Office supplies		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 49 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers	
4 Date 11/25/2024	5 Payee name MAILCHIMP			
6 Amount (\$) 171.63	7 Payee address; 405 N Angier Ave NE Atlanta, GA 30308	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description E newsletter		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
11/25/2024	Qualigraphics			
Amount (\$) 347.42	Payee address; 934 Stevens Woods CourDallas, TX 75208	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Marketing materials		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date 11/25/2024	Payee name USPS			
Amount (\$) 727.80	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) Printing Expense	Description Postage		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 50 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	s Commission Filers)
4 Date 11/27/2024	5 Payee name Benihana			
6 Amount (\$) 84.32	7 Payee address; 7775 Banner Drive Dallas, TX 75251	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Discussion with police	ce assoc rep	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
11/27/2024	Elena Guzman			
Amount (\$) 785.00	Payee address; 306 S Montreal Avenue Dallas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Help with community	y card mailer	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date 11/27/2024	Payee name Skate Parks for Dallas			
Amount (\$) 1000.00	Payee address; 100 Bachman Lake Park Dollp s Tilaxi 75220	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Donation		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.				
1 Total pages Schedule F1: 51 of 62	2 FILER NAME Chad West	3 Filer ID (Ethics Commission Filers				
4 Date 11/29/2024	5 Payee name BBBop Seoul					
6 Amount (\$) 55.51	7 Payee address; 828 West Davis Street Dallas, TX 75208	City;	State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Meals	(b) Description Lunch with bus associ	c member			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held				
Date	Payee name					
11/30/2024	Taco y Vino					
Amount (\$) 150.00	Payee address; 213 West Eighth Street Dallas, TX 75208	City;	State; Zip Code			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Gifts	Gift card for neighbo	orhood			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held			
Date 12/02/2024	Payee name USPS					
Amount (\$) 49.20	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) Postage	Description Postage				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.				
1 Total pages Schedule F1: 52 of 62	2 FILER NAME Chad West	3 Filer ID (Ethics Commission Filers)				
4 Date 12/02/2024	5 Payee name Legends Concession					
6 Amount (\$) 133.86	7 Payee address; 2045 East Division StreetArlington, TX 76011	City;	State;	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fundraising	(b) Description Dinner with donors				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
12/02/2024	Aris Pantry					
Amount (\$) 189.22	Payee address; 1307 West Davis Street Dallas, TX 75208	City;	State;	Zip Code		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Gifts	Gifts for neighborhoo	od volunteers			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held		
Date 12/02/2024	Payee name Target					
Amount (\$) 149.20	Payee address; 2418 North Haskell Averlhællas, TX 75204	City;	State;	Zip Code		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Office Supplies	Supplies for campaig	gn office			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1: 53 of 62	2 FILER NAME Chad West	3 Filer ID (Ethics Commission Filers)			
4 Date 12/02/2024	5 Payee name The UPS Store 78				
6 Amount (\$) 96.73	7 Payee address; 1222 North Bishop Aven Da Kanit & TXI075208	City;	State; Zip Code		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Printing costs	Printing			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
12/02/2024	Katy Seitzler				
Amount (\$) 210.00	Payee address; 217 Sycamore Creek Roadllen, TX 75002	City;	State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Contract Labor	Contract Labor - Gra	phics		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date 12/02/2024	Payee name Eatzis Oak Lawn				
Amount (\$) 110.93	Payee address; 3403 Oak Lawn Avenue Dallas, TX 75219	City;	State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Gifts	Meal train for Oak C	liff family		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 54 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date 12/03/2024	5 Payee name Stevens Park Golf Course		
6 Amount (\$) 150.71	7 Payee address; 1005 North Montclair Aveniles, TX 75208	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Meeting	Community meeting	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
12/03/2024	Extra Space		
Amount (\$) 113.00	Payee address; 1931 Fort Worth AvenueDallas, TX 75208	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Storage	Storage Fees	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date 12/05/2024	Payee name Flowers By Legacy		
Amount (\$) 210.79	Payee address; P.O. Box 1442 Evanston, IL 60201	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Gifts	Flowers for funeral	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.				
1 Total pages Schedule F1: 55 of 62	2 FILER NAME Chad West	3 Filer ID (Ethics Commission Filers				
4 Date 12/05/2024	5 Payee name Chad West					
6 Amount (\$) 1950.00	7 Payee address; 810 North Bishop AvenuĐallas, TX 75208	City;	State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Rent	(b) Description Office Rent Reimbur	rsement Jul - Dec 24			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought Office held				
Date	Payee name					
12/05/2024	Chad West					
Amount (\$) 726.00	Payee address; 810 North Bishop AvenuÐallas, TX 75208	City;	State; Zip Code			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Office Supplies	Office I-net reimbursement Jul - Dec 24				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date 12/05/2024	Payee name Chad West					
Amount (\$) 1080.00	Payee address; 810 North Bishop AvenuÐallas, TX 75208	City;	State; Zip Code			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Office Supplies	Phone Expense Rein	nbursement Jul - Dec 24			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 56 of 62	2 FILER NAME Chad West		3 Filer ID (Ethic	s Commission Filers)
4 Date 12/06/2024	5 Payee name Qualigraphics			
6 Amount (\$) 66.94	7 Payee address; 934 Stevens Woods CourDallas, TX 75208	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Marketing materials		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/09/2024	American Airlines			
Amount (\$) 697.40	Payee address; 3200 E Airfield Drive DFW Airport, TX 75261	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Travel out of District	Travel out of district	- site visit	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 12/10/2024	Payee name Dallas Morning News			
Amount (\$) 52.23	Payee address; 1954 Commerce Street Dallas, TX 75201	City;	State;	Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule) Subscription	Description Subscription		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category	Tiot listed above)
1 Total pages Schedule F1: 57 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)
4 Date 12/11/2024	5 Payee name La Comida Mexican			
6 Amount (\$) 913.63	7 Payee address; 1101 North Beckley Avelhadlas, TX 75203	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fundraising	Campaign Launch Pa	arty	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living e	xpense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
12/11/2024	La Comida Mexican			
Amount (\$) 100.00	Payee address; 1101 North Beckley Ave Dadlas, TX 75203	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gifts	Gifts for Community	volunteer	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	Office held
Date 12/11/2024	Payee name Amazon			
Amount (\$) 159.90	Payee address; 325 9th Avenue North Seattle, WA 98109	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Supplies	Office Supplies		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 58 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	s Commission Filers)
4 Date 12/11/2024	5 Payee name Mammogram Poster Girls			
6 Amount (\$) 250.00	7 Payee address; 408 West 8th Street SuiteDkOBas, TX 75208	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description Mammogram Sponso	DI	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/11/2024	Taco y Vino			
Amount (\$) 61.93	Payee address; 213 West Eighth Street Dallas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meeting	Lunch with neighbor	hood leader	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	ı expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 12/11/2024	Payee name Chad West			
Amount (\$) 223.22	Payee address; 810 North Bishop AvenuÐallas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Reimbursement for mileage Oct - Dec	Travel in District		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 59 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)
4 Date 12/11/2024	5 Payee name Victoria Perez			
6 Amount (\$) 37.45	7 Payee address; 808 Rutherford Road Waxahachie, TX 75165	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Reimbursement	(b) Description Meals		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/12/2024	Dallas Morning News			
Amount (\$) 84.42	Payee address; 1954 Commerce Street Dallas, TX 75203	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Subscription	Subscription		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 12/13/2024	Payee name The Kessler School PTO			
Amount (\$) 500.00	Payee address; 1822 W 10th Street Dallas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation	Event Sponsorship		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.				
1 Total pages Schedule F1: 60 of 62	2 FILER NAME Chad West	3 Filer ID (Ethics Commission Filers)				
4 Date 12/13/2024	5 Payee name Bishop Street Market					
6 Amount (\$) 43.30	7 Payee address; 419 N Bishop Avenue Dallas, TX 75208	City;	State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gifts	(b) Description Gift for senior neight	bor			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held				
Date	Payee name					
12/13/2024	Enos Pizza					
Amount (\$) 100.00	Payee address; 407 North Bishop AvenuÐallas, TX 75208	City;	State; Zip Code			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Gifts	Gift card for office st	taff			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held				
Date 12/13/2024	Payee name Las Palmas					
Amount (\$) 118.22	Payee address; 2708 Routh Street Dallas, TX 75201	City;	State; Zip Code			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Meals	Dinner with former C	CM Mark Clayton			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 61 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date 12/16/2024	5 Payee name Hunkys Old Fashioned		
6 Amount (\$) 150.00	7 Payee address; 3930 Cedar Springs RoadDallas, TX 75219	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gifts	(b) Description Gifts for Supporters	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/16/2024	Dallas Youth Sports		
Amount (\$) 1000.00	Payee address; 2524 West Ledbetter Dri Dallas, TX 75233	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Donation	Holiday Level Spons	sor
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 12/23/2024	Payee name Victoria Perez		
Amount (\$) 1000.00	Payee address; 810 Rutherford Road Dallas, TX 76065	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Contract Labor	Contract Labor	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Opensitions/Opensitions/Donations/Do

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 62 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)
4 Date 12/23/2024	5 Payee name Benny Guzman			
6 Amount (\$) 200.00	7 Payee address; 306 S Montreal Avenue Dallas, TX 75208	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor	(b) Description Contract Labor		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/24/2024	The 23rd Senatorial District Tejano			
Amount (\$) 50.00	Payee address; 10432 High Hollow Driv Đ Sillais e T X I 75230	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Member Dues	Member Dues		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

City Secretary's Office

Supplement Officeholder	tal Report		FOR Cover She	MSR etSR
1. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST MI Chad	2. Total Pages Filed: 129	
	NICKNAME	LAST SUFFIX West	3. Office Held Council District 1	
4. SUPPLEMENTAL REPORT TYPE	☆ January 15	c 30th day before election c Runoff	c 15th day after camp treasurer appointmen (officeholder only)	
	c July 15	c 8th day before election c Exceeded \$500 limit	c Final Report	
5. PERIOD / COVERED		7/1/2024 THROUGH 12/31/2024		
6. ELECTION	Month Day Year			
	5/3/2025	c Primary c Runoff $oldsymbol{X}$	General c Spe	cial c N/A
7. OFFICE- HOLDER	CONTRIBUTION 1. TOTAL OFFICEHOLDER CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$0.00		\$ 0.00	
		2. TOTAL OFFICEHOLDER CONTRIBUTIONS OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LO	DANS)	\$36,050.00
	EXPENDITURE	3. TOTAL OFFICEHOLDER EXPENDITURES OF \$100 OR L	ESS, UNLESS ITEMIZED	\$0.00
	TOTALS	4. TOTAL OFFICEHOLDER EXPENDITURES		\$36,277.62
8. POLITICAL	CONTRIBUTION TOTALS	ON 5. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$0.00		\$0.00
(Campaign)		6. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF L	OANS)	\$ 92,000.00
	EXPENDITURE	7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS UNLESS ITEMIZED \$0.00		\$ 0.00
	TOTALS	8. TOTAL POLITICAL EXPENDITURES \$14,7		\$ 14,784.45
9. OFFICEHOLDER FUN FOR CAMPAIGN PURI		9. TOTAL DOLLAR AMOUNT OF OFFICEHOLDER CONTRIF CAMPAIGN EXPEND TURES DURING THE REPORTING PE		\$ 0.00
10. AFFIDAVIT 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				
AFFIX NOTARY STAN	MP / SEAL ABOVE	Signature of Candidate or	Officeholder	
Sworn to and subscribed I	before me, by the said Chac	I West	this the 16th	day
of January , 20	0_25, to certify which	, witness my hand and seal of office.		
Signature of officer ad	Iministering oath	Printed name of officer administering oath	Title of officer add	ministering oath

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 66
2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC ((ID#:)	7 Amount of contribution (\$)
07/09/2024	Jeff Carey		1000.00
Campaign Contribution	6 Contributor address; City; 300 E Round Grove Road Suite 621 Lewisvi	State; Zip Code Ille, TX 75067	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
07/12/2024	Ryan Behring		100.00
Campaign Contribution	Contributor address; City;	State; Zip Code ΓX 75208	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor ut-of-state PAC ((ID#:)	Amount of contribution (\$)
07/24/2024	David Gair		100.00
Campaign Contribution	Contributor address; City;	State; Zip Code ГХ 75201	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 07/25/2024	Full name of contributor	(ID#:)	Amount of contribution (\$) 500.00
Campaign Contribution	Contributor address; 71 S Wacker Drive Suite 2750 Chicago	State: Zip Code , IL 60606	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

The	Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A1: 2 of 66
2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of contribution (\$)
07/29/2024	Daniel Huerta		250.00
Campaign Contribution	6 Contributor address; City; Sta 1414 Cedar Hill Avenue Dallas, TX	ate; Zip Code 75208	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)
07/29/2024	Dominic Perry		100.00
Campaign Contribution	Contributor address; City; St. 12801 N Central Expressway Suite 1 675 llas, TX	ate; Zip Code 75243	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)
07/29/2024	James Mathis		250.00
Campaign Contribution	Contributor address; City; Sta 2029 W Colorado Blvd Dallas, TX	ate; Zip Code 75208	
Principal occu	pation / Job title (See Instructions)	 Employer (See Instruction	ons)
Date 07/29/2024	Full name of contributor)	Amount of contribution (\$) 1000.00
Officeholder Contribution	Contributor address: City; St 1316 Canterbury Court Dallas, TX	ate; Zip Code 75208	
Principal occu	pation / Job title (See Instructions)	 Employer (See Instruction	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 fo	orm.	1 Total pages Schedule A1: 3 of 66
2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (II	D#:)	7 Amount of contribution (\$)
07/29/2024	Joseph Pitchford		100.00
Campaign Contribution	6 Contributor address; City; 742 Midbury Dallas, T.	State; Zip Code X 75230	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
07/29/2024	Marc Andres		500.00
Campaign Contribution	Contributor address; City; 2800 N Henderson Ave Suite 200 Dallas, T.	State; Zip Code X 75206	
Principal occup	vation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (IE	D#:)	Amount of contribution (\$)
07/31/2024	James Neil Jr		1000.00
Campaign Contribution	Contributor address; City; 2727 LBJ Freeway Suite 600 Dallas, T.	State; Zip Code X 75234	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 08/02/2024	Full name of contributor		Amount of contribution (\$) 100.00
Campaign Contribution	Contributor address; City; 744 S Manus Drive Dallas, T	State: Zip Code X 75224	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 t	form.	1 Total pages Schedule A1: 4 of 66
2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
08/08/2024	Tyler Woodruff		250.00
Campaign Contribution	6 Contributor address; City; 4848 Lemmon Ave Dallas, 7	State; Zip Code ΓX 75219	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date		ID#:)	Amount of contribution (\$)
08/09/2024	Jennifer Hargrave		250.00
Campaign Contribution	Contributor address; City; 4201 Spring Valley Road Suite 1210 Dallas, 7	State; Zip Code ΓΧ 75244	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
08/11/2024	Elisa Goodwin		100.00
Campaign Contribution	Contributor address; City; 2310 Broken Point McKinn	State; Zip Code ey, TX 75072	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 08/11/2024	Full name of contributor	ID#:)	Amount of contribution (\$) 1000.00
Campaign Contribution	Contributor address; City; Dallas, 7	State: Zip Code ΓX 75234	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 66
2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state_PAC (ID#:	7 Amount of contribution (\$)
08/12/2024	Michael Hurst	100.00
Campaign Contribution	6 Contributor address; City; State; Zip Co 2100 Ross Avenue Suite 2700 Dallas, TX 75201	ode
8 Principal occu	pation / Job title (See Instructions) 9 Employer (Se	ee Instructions)
Date	Full name of contributor	Amount of contribution (\$)
08/14/2024	Samuel Herskovits	1000.00
Campaign Contribution	Contributor address; City; State; Zip Co 6214 Prestoncrest Lane Dallas, TX 75230	ode
Principal occu	pation / Job title (See Instructions) Employer (Se	ee Instructions)
Date	Full name of contributor	Amount of contribution (\$)
08/16/2024	Jennifer Marrinucci	500.00
Campaign Contribution	Contributor address; City; State; Zip Co. 2217 Ivan Street Suite 201 Dallas, TX 75201	de
Principal occu	pation / Job title (See Instructions) Employer (Se	ee Instructions)
Date 08/17/2024	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) 250.00
Campaign Contribution	Contributor address; City; State: Zip Coo 1427 Haines Avenue Dallas, TX 75208	de
Principal occu	pation / Job title (See Instructions) Employer (Se	ee Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

	estruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: 6 of 66
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Chad West			
4 Date	5 Full name of contributor ☐ out-of-state PAC (I	(ID#:)	7 Amount of contribution (\$)
08/17/2024	Sam McDonald		50.00
Campaign Contribution	6 Contributor address; City; 5484 State Highway 276 Point, T2	State; Zip Code X 75472	
8 Principal occupa	ation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
08/19/2024	Tim Attlee		1000.00
Campaign Contribution	Contributor address; City; 8751 Collin McKinney Parkway Suit McKi nne	State; Zip Code	
Principal occupa	tion / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
08/21/2024	Alex Pace		100.00
Campaign Contribution	Contributor address; City; 400 N Ervay Suite 230 Dallas, T	State; Zip Code ΓX 75201	
Principal occupa	tion / Job title (See Instructions)	Employer (See Instructi	ons)
Date 08/21/2024	Full name of contributor	(ID#:)	Amount of contribution (\$) 250.00
Campaign Contribution	Contributor address; City; 4911 W Lovers Lane Dallas, 7	State: Zip Code ГХ 75209	
<u> </u>	tion / Job title (See Instructions)	Employer (See Instructi	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 66	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Chad West			
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)	
08/22/2024	Aris Tsiakos	250.00	
Campaign Contribution	6 Contributor address; City; State; 5224 Springmeadow Drive Dallas, TX 75229	Zip Code	
8 Principal occu	pation / Job title (See Instructions) 9 Employ	yer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
08/23/2024	Ford Braly	100.00	
Campaign Contribution	Contributor address; City; State; 300 Throckmorton Street Suite 1500 Fort Worth, TX 7	Zip Code 6102	
Principal occup	eation / Job title (See Instructions) Employ	yer (See Instructions)	
Date	Full name of contributor	Amount of contribution (\$)	
08/25/2024	Doug Banerjee	250.00	
Campaign Contribution	Contributor address; City; State; 6911 Ellsworth Avenue Dallas, TX 75214	Zip Code	
Principal occup	pation / Job title (See Instructions) Employ	yer (See Instructions)	
Date 08/26/2024	Full name of contributor	Amount of contribution (\$) 100.00	
Campaign Contribution	Contributor address: City: State: 6001 Windhaven Parkway Suite 100 Plano, TX 75093	Zip Code	
Principal occup	pation / Job title (See Instructions) Employ	yer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 66
2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
08/26/2024	Chris Bragg		100.00
Campaign Contribution	6 Contributor address; City; 6401 Widgeon Drive Plano,	State; Zip Code TX 75024	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
08/26/2024	David Preziosi		150.00
Campaign Contribution	Contributor address; City;	State; Zip Code TX 75211	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date		(ID#:)	Amount of contribution (\$)
08/26/2024	Hudson Henley		1000.00
Officeholder Contribution	Contributor address; City;	State; Zip Code TX 75201	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 08/26/2024	Full name of contributor	(ID#:)	Amount of contribution (\$) 1000.00
Officeholder Contribution	Contributor address; 2520 Fairmount Street Suite 200 Dallas,	State: Zip Code TX 75201	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 66
2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date 08/26/2024	5 Full name of contributor ☐ out-of-state PAC (ID#: Kim Henley	500.00
Officeholder Contribution		Zip Code
8 Principal occu	pation / Job title (See Instructions) 9 Emp	oloyer (See Instructions)
Date 08/26/2024	Full name of contributor	Amount of contribution (\$) 250.00
Campaign Contribution	Contributor address; City; State; 1000 Oak Hill Park Kennedale, TX	Zip Code
Principal occup	ation / Job title (See Instructions) Emp	oloyer (See Instructions)
Date 08/27/2024	Full name of contributor	Amount of contribution (\$) 100.00
Campaign Contribution	Contributor address; City; State; 517 Beacon Hill Drive CoppeCoppell,	Zip Code TX 75019
Principal occup	pation / Job title (See Instructions) Emp	oloyer (See Instructions)
Date 08/27/2024	Full name of contributor	Amount of contribution (\$) 100.00
Campaign Contribution	Contributor address; City; State: 3134 Ross Avenue Suite 2 Dallas, TX 752	01 ^{Zip Code}
Principal occup	pation / Job title (See Instructions) Emp	oloyer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 66
2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
4 Date		C (ID#:)	7 Amount of contribution (\$)
08/27/2024 Campaign Contribution	Benjamin Campos 6 Contributor address; City; 428 W Davis St Suite 3 DAllas	State; Zip Code s, TX 75208	500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 08/27/2024	Full name of contributor	C (ID#:)	Amount of contribution (\$) 500.00
Campaign Contribution	Contributor address; City;	State; Zip Code , TX 75206	
Principal occup	vation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 08/27/2024	Full name of contributor	C (ID#:)	Amount of contribution (\$) 500.00
Campaign Contribution	Contributor address; City; 4565 Claire Chennault St Suite 204 Addiso	State; Zip Code on, TX 75001	
Principal осси	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 08/27/2024	Full name of contributor □ out-of-state PA(Dayna Moser	C (ID#:)	Amount of contribution (\$) 100.00
Campaign Contribution		State: Zip Code , TX 75229	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

Chad West 4 Date 5 Full name of contributor out-of-state PAC (ID#:	Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 11 of 66
A Date 5 Full name of contributor out-of-state PAC (ID#: 500.00 500.00 500.00	2 FILER NAM	E	3 Filer ID (Ethics Commission Filers)
Don Shugart South South	Chad West		
Campaign Contribution 6 Contributor address; City: State: Zip Code 8891 Southwestern Blvd Suite 235 Dallas, TX 75206 8 Principal occupation / Job title (See Instructions) Date Full name of contributor Don Weempe Contribution Contributor Dallas, TX 75208 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Date Gough Contributor address; City: State: Zip Code Dallas, TX 75208 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions)	4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
Secontribution Secont Second Se	08/27/2024	Don Shugart	500.00
Date Full name of contributor out-of-state PAC (ID#:	Campaign Contribution		Code
Don Weempe 1000.00	8 Principal occ	cupation / Job title (See Instructions) 9 Employer (S	See Instructions)
Campaign Contribution Contributor address; City; State; Zip Code Dallas, TX 75208 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Bed Gough Contribution Contribution Contributor address; City; State; Zip Code Dallas, TX 75201 Amount of contribution (\$) Dallas, TX 75201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date O8/27/2024 Full name of contributor Geoffrey Henley Out-of-state PAC (ID#:	Date	Full name of contributor	Amount of contribution (\$)
Campaign Contribution Contributor Ed Gough Contributor address; Ed Gough Contributor address; City; State; Zip Code Contribution City; State; Zip Code Contribution Contribution Contributor address; City; Dallas, TX 75201 City; Dallas, TX 75201 Code Contribution City; Dallas, TX 75201 City; Dallas, TX 75201 City; Dallas, TX 75201 City; Dallas, TX 75201 Code Contribution Contribution	08/27/2024		
Date Full name of contributor out-of-state PAC (ID#:	Campaign Contribution	Contributor address; City; State; Zip C	
Date O8/27/2024 Full name of contributor Geoffrey Henley Ed Gough Contribution Contributor address; City; State; Zip Code Dallas, TX 75201 Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$)	Principal occ	upation / Job title (See Instructions) Employer (S	See Instructions)
Campaign Contribution Contributor address; 2021 Olive Street Suite 798 City; State; Zip Code Dallas, TX 75201 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date 08/27/2024 Full name of contributor Geoffrey Henley Out-of-state PAC (ID#:) 1000.00	Date	Full name of contributor	Amount of contribution (\$)
Campaign Contribution Contribution Contribution Contributor address; 2021 Olive Street Suite 798 City; State; Zip Code Dallas, TX 75201 Employer (See Instructions) Date 08/27/2024 Full name of contributor Geoffrey Henley City; State; Zip Code Dallas, TX 75201 Amount of contribution (\$)	08/27/2024	Ed Gough	100.00
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) 1000.00	Campaign Contribution	Contributor address; City; State; Zip C	Code
08/27/2024 Geoffrey Henley 1000.00	Principal occ	upation / Job title (See Instructions) Employer (S	See Instructions)
Campaign Contributor address; City; State: Zip Code			
Contribution 4304 Beverly Drive Dallas, 1X /3203	Campaign Contribution	Contributor address; City; State; Zip C 4304 Beverly Drive Dallas, TX 75205	code
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occ	upation / Job title (See Instructions) Employer (S	See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

08/27/2024 Officeholder Contribution	Full name of contributor Geoffrey Henley Contributor address;	out-of-state PAC	; (ID#:)	3 Filer ID (Ethics Commission Filers)7 Amount of contribution (\$)
4 Date 5 08/27/2024 6 0 Contribution	Geoffrey Henley Contributor address;	out-of-state PAC	: (ID#:)	7 Amount of contribution (\$)
08/27/2024 Officeholder Contribution	Geoffrey Henley Contributor address;	out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)
Officeholder Contribution	Contributor address;			
Contribution				1500.00
9 Principal accupation	4304 Beverly Drive	City; Dallas,	State; Zip Code TX 75205	
6 Fillicipal occupation	n / Job title (See Instructions)		9 Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
08/27/2024	Jody Bland			100.00
Campaign Contribution	Contributor address; 5556 Richard Avenue	City;	State; Zip Code TX 75206	
Principal occupation	/ Job title (See Instructions)		Employer (See Instruct	ions)
Date I	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
08/27/2024	Joel Elony			100.00
Campaign Contribution	Contributor address; 60001 Windhaven Parkway			
Principal occupation	ı / Job title (See Instructions)		Employer (See Instruct	ions)
Date 08/27/2024	Full name of contributor Paul Carden	out-of-state PAC	· (ID#:)	Amount of contribution (\$) 200.00
Campaign Contribution	Contributor address; 2007 Harlandale Ävenue	City; Dallas,	State: Zip Code TX 75216	
Principal occupation	/ Job title (See Instructions)		Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 66
2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
08/27/2024	Robert Wright		250.00
Campaign Contribution	6 Contributor address; City;	State; Zip Code TX 75204	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date		(ID#:)	Amount of contribution (\$)
08/27/2024	Ingrid Crow		2500.00
Officeholder Contribution	Contributor address; City; 11834 Harry Hines Blvd Suite 135 Dallas,	State; Zip Code TX 75234	
Principal occup	vation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
08/27/2024	Ryan Patterson		250.00
Campaign Contribution	Contributor address; City; 1215 Stafford Street Dallas,	State; Zip Code TX 75208	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 08/27/2024	Full name of contributor	(ID#:)	Amount of contribution (\$) 1000.00
Campaign Contribution	Contributor address; City; 8751 Collin McKinney Parkway Suit McKiñ nr		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 66
2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
08/27/2024	Winfred Sardar		500.00
Campaign Contribution	6 Contributor address; City; 7000 Nueces Drive Irving,	State; Zip Code ΓΧ 75029	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
08/28/2024	Chris Ebert		1000.00
Campaign Contribution	Contributor address; City; 5209 Heritage Avenue Suite 510 Colleyv	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
08/28/2024	John Helstowski		1000.00
Campaign Contribution	Contributor address; City; 5209 Heritage Avenue Suite 510 Colleyv	State; Zip Code ille, TX 76034	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 09/05/2024	Full name of contributor	(ID#:)	Amount of contribution (\$) 1000.00
Campaign Contribution	Contributor address; City; 13208 Meandering Way Dallas, '	State: Zip Code TX 75240	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	s form.	1 Total pages Schedule A1: 15 of 66
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Chad West			
4 Date	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
09/08/2024	Pam Gerber		250.00
Campaign Contribution	6 Contributor address; City; 4435 Holland Avenue Dallas	State; Zip Code , TX 75219	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
09/20/2024	Tom Huth		1000.00
Campaign Contribution	Contributor address; City;	State; Zip Code , TX 75240	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
09/20/2024	Tom Huth		1500.00
Officeholder Contribution	Contributor address: City:	State; Zip Code , TX 75240	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 09/25/2024	Full name of contributor out-of-state PAG Joseph Pitchford	C (ID#:)	Amount of contribution (\$) 100.00
Campaign Contribution	Contributor address; City; 7422 Midbury Dallas	, TX 75230 Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 66
2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
09/25/2024	Roger Wedell		100.00
Campaign Contribution	6 Contributor address; City; 1318 Elmwood Blvd Dallas,	State; Zip Code TX 75224	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 10/02/2024	Full name of contributor	(ID#:)	Amount of contribution (\$) 1000.00
Officeholder Contribution	Contributor address; City; P.O. Box 490 Arlingt	State; Zip Code con, TX 76004	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
10/03/2024	Harold Ginsburg		1000.00
Officeholder Contribution	Contributor address; City; 2610 Fairmount Street Dallas,	State; Zip Code TX 75201	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 10/03/2024	Mitchell Voss	(ID#:)	Amount of contribution (\$) 1000.00
Campaign Contribution	Contributor address; 300 Crescent Court Suite 1800 City; Dallas,	TX 75201 Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	: (ID#:)	7 Amount of contribution (\$)
10/04/2024	Tyler Scovell	_		250.00
Campaign Contribution	6 Contributor address; 7034 Alexander Drive	City; Dallas,	State; Zip Code TX 75214	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
10/06/2024	Scott Rohrman			1000.00
Campaign Contribution	Contributor address; 3720 Marquette Street	City; Dallas,	State; Zip Code TX 75225	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date 10/09/2024	Full name of contributor Matt Enzler	out-of-state PAC	: (ID#:)	Amount of contribution (\$) 1000.00
Campaign Contribution	Contributor address; 6027 Goliad Avenue	City; Dallas,	State; Zip Code TX 75206	1000.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 10/12/2024	Full name of contributor Kathleen Davis	out-of-state PAC	(ID#:)	Amount of contribution (\$) 1000.00
Campaign Contribution	Contributor address; 1218 N Winnetka Avenue	^{City;} Dallas,	State: Zip Code TX 75208	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	s form.	1 Total pages Schedule A1: 18 of 66
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Chad West			
4 Date	5 Full name of contributor out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
10/13/2024	Lloyd Princeton		1000.00
Campaign Contribution	6 Contributor address; City; 2816 Southwood Drive Dallas	State; Zip Code , TX 75233	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
10/14/2024	Feargal McKinney		1000.00
Officeholder Contribution	Contributor address; City;	State; Zip Code , TX 75206	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	cions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
10/14/2024	Marilee OConnell		1000.00
Campaign Contribution	Contributor address: Citv:	State; Zip Code , TX 75208	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 10/14/2024	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$) 1000.00
Officeholder Contribution	Contributor address; City; 6935 Meadow Lake Ave Dallas	State: Zip Code , TX 75214	
Principal occup	vation / Job title (See Instructions)	Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 66
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Chad West				
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
10/14/2024	Roger Wedell			100.00
Campaign Contribution	6 Contributor address; 1318 Elmwood Blvd	City; Dallas,	State; Zip Code TX 75224	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
10/14/2024	Wade Johns			250.00
Campaign Contribution	Contributor address; 6964 Westlake Avenue	City;	State; Zip Code TX 75214	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
10/14/2024	Warren Andres			500.00
Campaign Contribution	Contributor address; 3710 Rawlins Street	City; Dallas,	State; Zip Code TX 75219	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date 10/15/2024	Full name of contributor Bradley Olmstead	out-of-state PAC	(ID#:)	Amount of contribution (\$) 1000.00
Campaign Contribution	Contributor address; 7110 Olmstead Drive	City; Dallas,	State: Zip Code TX 75254	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 20 of 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date 10/15/2024	Full name of contributor Debra Guerrero	out-of-state PAC	(ID#:)	7 Amount of contribution (\$) 100.00
Campaign Contribution	6 Contributor address; 2915 Skylark	City; San An	State; Zip Code atonio, TX 78210	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date 10/15/2024	Full name of contributor Edith Diaz		(ID#:)	Amount of contribution (\$) 1000.00
Campaign Contribution	Contributor address; 1639 Junior Drive	City;	State; Zip Code TX 75208	
Principal occup	nation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 10/15/2024	Full name of contributor Edith Diaz	out-of-state PAC	(ID#:)	Amount of contribution (\$) 1500.00
Officeholder Contribution	Contributor address; 1639 Junior Drive	City; Dallas,	State; Zip Code TX 75208	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 10/15/2024	Full name of contributor Effie Dennison	out-of-state PAC	(ID#:)	Amount of contribution (\$) 1000.00
Campaign Contribution	Contributor address; 1303 Woodlawn Avenue	City; Dallas,	State: Zip Code TX 75208	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 21 of 66
2 FILER NAME	<u> </u>	3 Filer ID (Ethics Commission Filers)
Chad West		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
10/15/2024	Ingrid Crow	1000.00
Campaign Contribution	6 Contributor address; City; State; Zij 11834 Harry Hines Blvd Suite 135 Dallas, TX 75234	p Code
8 Principal occ	supation / Job title (See Instructions) 9 Employer	r (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
10/15/2024	Ingrid Crow	1000.00
Officeholder Contribution	Contributor address; City; State; Zi 11834 Harry Hines Blvd Suite 135 Dallas, TX 75234	
Principal occi	upation / Job title (See Instructions) Employer	r (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
10/15/2024	Jane Weempe	1000.00
Officeholder Contribution	Contributor address; City; State; Zit 1316 W Canterbury Court Dallas, TX 75208	p Code
Principal occ	upation / Job title (See Instructions) Employer	r (See Instructions)
Date 10/15/2024	Full name of contributor out-of-state PAC (ID#: Jason Arechinga	Amount of contribution (\$) 200.00
Campaign Contribution	Contributor address; City; State: Zir 22603 Impala Bend San Antonio, TX 78	Code 2259
Principal occ	upation / Job title (See Instructions) Employer	r (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 22 of 66
2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC ((ID#:)	7 Amount of contribution (\$)
10/15/2024	Jay Heller		500.00
Campaign Contribution	6 Contributor address; City; 2165 East Maya Palm Drive Boca Ra	State; Zip Code aton, FL 33432	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
10/15/2024	Newt Walker		1000.00
Campaign Contribution	Contributor address; City;	State; Zip Code ΓX 75201	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
10/15/2024	Nick Walsh		200.00
Campaign Contribution	Contributor address; City; 3200 McKinney Avenue Suite 701 Dallas, 7	State; Zip Code ГХ 75204	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 10/15/2024	Full name of contributor □ out-of-state PAC ((ID#:)	Amount of contribution (\$) 1000.00
Campaign Contribution	Contributor address; City; 3020 Greenville Avenue Dallas, 7	State: Zip Code ГХ 75206	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 23 of 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
10/15/2024	Pasha Heidari			1000.00
Officeholder Contribution	6 Contributor address; 3020 Greenville Avenue	City; Dallas,	State; Zip Code TX 75206	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
10/15/2024	Robert Wright			250.00
Campaign Contribution	Contributor address; 2361 Allen Street	City;	State; Zip Code TX 75204	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	· (ID#:)	Amount of contribution (\$)
10/15/2024	Syd Hurley			5000.00
Officeholder Contribution	Contributor address; 2227 Vantage Street	City; Dallas,	State; Zip Code TX 75207	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 10/15/2024	Full name of contributor Tony Shidid	out-of-state PAC	(ID#:)	Amount of contribution (\$) 250.00
Campaign Contribution	Contributor address; 6208 Copperhill Drive	City; Dallas,	State: Zip Code TX 75248	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	s form.	1 Total pages Schedule A1: 24 of 66
2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
10/16/2024	Arthur Santa Maria		1000.00
Campaign Contribution	6 Contributor address; City; 785 Huntingdon Street Coppe	State; Zip Code ell, TX 75019	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
10/16/2024	Scott Goldstein		250.00
Campaign Contribution	Contributor address; City;	State; Zip Code , TX 75238	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	cions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
10/16/2024	Todd Petty		200.00
Campaign Contribution	Contributor address; City;	State; Zip Code , TX 75201	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 10/18/2024	Full name of contributor □ out-of-state PA Andrea Mayes	C (ID#:)	Amount of contribution (\$) 1000.00
Campaign Contribution	Contributor address; City; 206 Park Ridge Blvd South	State: Zip Code ake, TX 76092	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 25 of 66
2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date 10/18/2024 Officeholder Contribution	5 Full name of contributor □ out-of-state PAC (ID#: Frank Conrad 6 Contributor address; City; State; 411 W 24th Street New York, NY	1000.00 Zip Code
8 Principal occu	pation / Job title (See Instructions) 9 Emp	oloyer (See Instructions)
Date 10/18/2024 Campaign Contribution	Full name of contributor out-of-state PAC (ID#:	500.00
Principal occup	eation / Job title (See Instructions) Emp	oloyer (See Instructions)
Date 10/18/2024 Campaign Contribution	Full name of contributor	500.00Zip Code
Principal occup	pation / Job title (See Instructions) Emp	oloyer (See Instructions)
Date 10/18/2024 Officeholder Contribution	Full name of contributor	Amount of contribution (\$) 500.00
Principal occup	pation / Job title (See Instructions) Emp	oloyer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 f	form.	1 Total pages Schedule A1: 26 of 66
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Chad West			
4 Date	5 Full name of contributor ut-of-state PAC (I	(ID#:)	7 Amount of contribution (\$)
10/18/2024	Payton Mayes		1000.00
Campaign Contribution	6 Contributor address; City; 206 Park Ridge Blvd Southlak	State; Zip Code ke, TX 76092	
8 Principal occu	pation / Job title (See Instructions)	ions)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
10/23/2024	Michael Suarez		1000.00
Campaign Contribution	Contributor address; City;	State; Zip Code FX 75208	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
10/23/2024	Michael Suarez		4000.00
Officeholder Contribution	Contributor address; City; 907 Stevens Wood Court Dallas, T	State; Zip Code ГХ 75208	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 10/24/2024	Full name of contributor out-of-state PAC (I Robert Lamkin	ID#:)	Amount of contribution (\$) 1000.00
Campaign Contribution	Contributor address; 6201 W Plano Pkwy Suite 100 Plano, T.	State: Zip Code X 75092	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 f	form.	1 Total pages Schedule A1: 27 of 66
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Chad West			
4 Date	5 Full name of contributor out-of-state PAC (I	D#:)	7 Amount of contribution (\$)
10/28/2024	Mariam Andersen		500.00
Campaign Contribution	6 Contributor address; City; 903 Stevens Woods Court Dallas, T	State; Zip Code CX 75208	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
10/29/2024	David Blewett		1000.00
Campaign Contribution	Contributor address; City;	State; Zip Code "X 75214	
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
10/30/2024	Phil Wise		1000.00
Campaign Contribution	Contributor address; City; 4514 Travis Street Suite 326 Dallas, T	State; Zip Code TX 75205	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 11/14/2024	Full name of contributor	D#:)	Amount of contribution (\$) 1000.00
Officeholder Contribution	Contributor address; City; 5722 Oram Street Dallas, T	State: Zip Code 'X 75206	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 28 of 66
2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
11/14/2024	Steven Meisel		100.00
Campaign Contribution	6 Contributor address; City; 3637 Haynie Avenue Dallas,	State; Zip Code TX 75205	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
11/15/2024	Cullen Finnegan		500.00
Campaign Contribution	Contributor address; City;	State; Zip Code TX 75225	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
11/15/2024	Ryan Holloway		100.00
Campaign Contribution	Contributor address; City; 8906 Stanwood Drive Dallas,	State; Zip Code TX 75228	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 11/18/2024	Full name of contributor	(ID#:)	Amount of contribution (\$) 200.00
Campaign Contribution	Contributor address; City; 20238 Marimac Trinida	State: Zip Code d, TX 75163	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 29 of 66
2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC ((ID#:)	7 Amount of contribution (\$)
11/18/2024	Adrian Iglesias		1000.00
Campaign Contribution	6 Contributor address; City; 5822 Gallant Run Suite 120 Frisco, 7	State; Zip Code FX 75033	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
11/18/2024	Brannon Albritton		50.00
Campaign Contribution	Contributor address; City; 6941 Dalhart Lane Dallas, 7	State; Zip Code ΓΧ 75214	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
11/18/2024	Carson Elvis		100.00
Campaign Contribution	Contributor address; City;	State; Zip Code ГХ 75206	
Principal occu	aation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 11/18/2024	Full name of contributor	ID#:)	Amount of contribution (\$) 100.00
Campaign Contribution	Contributor address; City; 3326 Conroe Street Dallas, T	State: Zip Code ΓΧ 75212	
Principal occu	aation / Job title (See Instructions)	Employer (See Instructi	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 30 of 66
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Chad West		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
11/18/2024	Eric Brown	200.00
Campaign Contribution	6 Contributor address; City; State; Zip Code 6316 Brimwood Drive Plano, TX 75093	
8 Principal occ	supation / Job title (See Instructions) 9 Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
11/18/2024	Harris McKay	100.00
Campaign Contribution	Contributor address; City; State; Zip Code 5949 Sherry Lane Suite 1500 Dallas, TX 75225	
Principal occu	upation / Job title (See Instructions) Employer (See Instru	ctions)
Date	Full name of contributor	Amount of contribution (\$)
11/18/2024	Jamie Walk	200.00
Campaign Contribution	Contributor address; City; State; Zip Code 6327 Brook Lake Drive Dallas, TX 75248	
Principal occi	upation / Job title (See Instructions) Employer (See Instru	actions)
Date 11/18/2024	Full name of contributor out-of-state PAC (ID#:) Jeremiah Dover	Amount of contribution (\$) 250.00
Campaign Contribution	Contributor address; City; State; Zip Code 10014 Estacado Drive Dallas, TX 75228	
Principal occi	upation / Job title (See Instructions) Employer (See Instru	octions)
		actions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 f	form.	1 Total pages Schedule A1: 31 of 66
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Chad West			
4 Date	5 Full name of contributor out-of-state PAC (I	ID#:)	7 Amount of contribution (\$)
11/18/2024	John Merrick Egan		100.00
Campaign Contribution	6 Contributor address; City; 3420 Rosedale Avenue Suite 7 Dallas, T	State; Zip Code ΓX 75205	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ions)
Date	Full name of contributor out-of-state_PAC (i	ID#:)	Amount of contribution (\$)
11/18/2024	Jon Altschuler		25.00
Campaign Contribution	Contributor address; City; 1601 Elm Street Suite 3130 Dallas, 7	State; Zip Code ΓX 75201	20.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (I	ID#:)	Amount of contribution (\$)
11/18/2024	Jon Leach		100.00
Campaign Contribution	Contributor address; City; 300 S Pearl Street Suite 200 Dallas, T	State; Zip Code ГХ 75201	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 11/18/2024	Full name of contributor □ out-of-state PAC (I Kyle Dixon	ID#:)	Amount of contribution (\$) 500.00
Campaign Contribution	Contributor address; City; 4654 Beverly Drive Dallas, T	State: Zip Code FX 75209	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 f	orm.	1 Total pages Schedule A1: 32 of 66
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Chad West			
4 Date	5 Full name of contributor out-of-state_PAC (I	ID#:)	7 Amount of contribution (\$)
11/18/2024	Lauren Black		1000.00
Campaign Contribution	6 Contributor address; City; 751 Kessler Lake Drive Dallas, T	State; Zip Code FX 75208	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
11/18/2024	Perren Gasc		100.00
Campaign Contribution	Contributor address; City; 6716 Churchill way Dallas, T	State; Zip Code FX 75206	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
11/18/2024	Tyler Simmons		100.00
Campaign Contribution	Contributor address; City; 2500 McKinney Avenue Suite 734 Dallas, T	State: Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 11/19/2024	Full name of contributor	D#:)	Amount of contribution (\$) 1000.00
Campaign Contribution	Contributor address; 9900 N Central Expressway Suite 57@allas, T	State: Zip Code X 75238	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

2 FILER NAME Chad West 4 Date 5 11/19/2024	Full name of contributor	☐ out-of-state PAC	N (ID4)	3 Filer ID (Ethics Commission Filers)
4 Date 5		out-of-state PAC	\(\(\text{ID#}\).	
Ĭ		out-of-state PAC	\ (ID#-	
11/19/2024	D : : D :		, (ID#)	7 Amount of contribution (\$)
	11/19/2024 Benjamin Breunig			1500.00
Officeholder Contribution 6	Contributor address; 9900 N Central Expressway	City; y Suite 57@allas,	State; Zip Code , TX 75238	
8 Principal occupat	tion / Job title (See Instructions)		9 Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
11/19/2024	Charles Adams			100.00
Campaign Contribution	Contributor address; 4213 Caruth Blvd	City;	State; Zip Code , TX 75225	
Principal occupati	on / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
11/19/2024	Jacobe Chandler			500.00
Campaign Contribution	Contributor address; 4718 Firewheel Drive	City;	State; Zip Code d, TX 75044	
Principal occupati	ion / Job title (See Instructions)		Employer (See Instruct	ions)
Date 11/20/2024	Full name of contributor Brenda Garza	out-of-state PAC	C (ID#:)	Amount of contribution (\$) 500.00
Campaign Contribution	Contributor address; 223 E 6th Street	City; Dallas,	State: Zip Code TX 75203	
Principal occupati	ion / Job title (See Instructions)		Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 34 of 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
11/20/2024	Jennifer Thornton	_		500.00
Campaign Contribution	6 Contributor address; 431 E 6th Street	City; Dallas,	State; Zip Code TX 75203	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
11/20/2024	Scott Kepner			500.00
Campaign Contribution	Contributor address; 940 Emmett Ave Suite 200	City;	State; Zip Code nt, CA 94002	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	cions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
11/21/2024	Schafer Smartt			100.00
Campaign Contribution	Contributor address; 5426 Martel Ave	Citv:	State; Zip Code TX 75206	
Principal occu	 pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 11/21/2024	Full name of contributor Tony Page	out-of-state PAC	(ID#:)	Amount of contribution (\$) 1000.00
Campaign Contribution	Contributor address; 3210 Carlisle Street Suite 1	City; Dallas,	State: Zip Code TX 75204	
Principal occu	Dation / Job title (See Instructions)		Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

The	Instruction Guide explains how to co	mplete this	form.	1 Total pages Schedule A1: 35 of 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	ut-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
11/22/2024	Sue Alvarez			100.00
Campaign Contribution	6 Contributor address; Contributor Street	City; Dallas,	State; Zip Code , TX 75211	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	_	ut-of-state PAC	C (ID#:)	Amount of contribution (\$)
11/24/2024	Jude Akpunku			250.00
Campaign Contribution	Contributor address; Contributor Address; S12 Avenue L	City; Dallas,	State; Zip Code , TX 75203	
Principal occup	nation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	ut-of-state PAC	C (ID#:)	Amount of contribution (\$)
11/25/2024	Amy Felts			25.00
Campaign Contribution	Contributor address; C	City; Caddo	State; Zip Code Mills, TX 75135	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 11/25/2024	Full name of contributor ou	ut-of-state PAC	C (ID#:)	Amount of contribution (\$) 1000.00
Campaign Contribution	Contributor address; C 611 Kessler Springs Avenue	City; Dallas,	State: Zip Code , TX 75208	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 36 of 66
2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
11/26/2024	Bonnie Taylor		25.00
Campaign Contribution	6 Contributor address; City; 1403 Hollywood Avenue Dallas,	State; Zip Code TX 75208	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
11/26/2024	Bruce Reid		1000.00
Officeholder Contribution	Contributor address; City;	State; Zip Code o, IL 60606	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
11/26/2024	Lee Cobb		1000.00
Campaign Contribution	Contributor address; City; 1717 Arts Plaza Suite 2311 Dallas,	State; Zip Code TX 75201	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 11/26/2024	Full name of contributor ☐ out-of-state PAC Leland Burk	(ID#:)	Amount of contribution (\$) 1000.00
Officeholder Contribution	Contributor address: City, 8215 Westchester Drive Suite 207 Dallas,	State: Zip Code TX 75225	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 37 of 66
2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
11/30/2024	Alencia Deanda Gregg		50.00
Campaign Contribution	6 Contributor address; City; 6108 Teresa Lane Rowlett	State; Zip Code t, TX 75089	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
11/30/2024	Billy Prewitt		1000.00
Campaign Contribution	Contributor address; City;	State; Zip Code TX 75201	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
11/30/2024	Gary Collier		25.00
Campaign Contribution	Contributor address; City; 1600 Arbor Ridge Drive Fort Wo	State; Zip Code orth, TX 76112	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 12/02/2024	Full name of contributor	(ID#:)	Amount of contribution (\$) 100.00
Campaign Contribution	Contributor address; City; 821 Haines Avenue Dallas,	State: Zip Code TX 75208	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	s form.	1 Total pages Schedule A1: 38 of 66
2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
12/03/2024	Bob Meckfessel		100.00
Campaign Contribution	6 Contributor address; City; 1427 Haines Avenue Dallas	State; Zip Code , TX 75208	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
12/03/2024	David Mullally		250.00
Campaign Contribution	Contributor address; City;	State; Zip Code , TX 75208	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
12/03/2024	Gay Revi		100.00
Campaign Contribution	Contributor address; City; 908 N Bishop Avenue Suite 102 Dallas	State; Zip Code , TX 75208	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 12/03/2024	Full name of contributor	C (ID#:)	Amount of contribution (\$) 1000.00
Campaign Contribution	Contributor address; 3879 Maple Avenue Suite 400 Dallas	State: Zip Code , TX 75219	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 39 of 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)
12/04/2024	Chris Heinbaugh			100.00
Campaign Contribution	6 Contributor address; 1801 Annex Ave Suite 507	City; Dallas,	State; Zip Code TX 75204	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
12/04/2024	David Spence			1000.00
Campaign Contribution	Contributor address; 408 W 8th Street Suite 103	City;	State; Zip Code TX 75208	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
12/04/2024	David Spence			1000.00
Officeholder Contribution	Contributor address; 408 W 8th Street Suite 103	City; Dallas,	State; Zip Code TX 75208	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date 12/04/2024	Full name of contributor Veletta Forsythe Lill	out-of-state PAC	: (ID#:)	Amount of contribution (\$) 250.00
Campaign Contribution	Contributor address; 622 Blair Blvd	City; Dallas,	State: Zip Code TX 75223	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

The	Instruction Guide explains how t	to complete this	form.	1 Total pages Schedule A1: 40 of 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)
12/06/2024	Brady Wood			500.00
Campaign Contribution	6 Contributor address; 5121 Southbrook Drive	City; Dallas,	State; Zip Code TX 75209	
8 Principal occu	oation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
12/06/2024	Jason Moser			250.00
Campaign Contribution	Contributor address; 600 Rainbow Drive	City;	State; Zip Code TX 75208	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	iions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
12/06/2024	Megan Wood			500.00
Campaign Contribution	Contributor address; 5121 Southbrook Drive	City;	State; Zip Code TX 75209	
Principal occup	nation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 12/09/2024	Full name of contributor Anne Hagan	out-of-state PAC	: (ID#:)	Amount of contribution (\$) 250.00
Campaign Contribution	Contributor address; 204 S Willomet Avenue	City; Dallas,	State: Zip Code TX 75208	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 41 of 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
12/09/2024	Katherine Homan			500.00
Campaign Contribution	6 Contributor address; 1629 Handley Drive	City; Dallas,	State; Zip Code TX 75208	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
12/09/2024	Mark Wolf			200.00
Campaign Contribution	Contributor address; 3918 Fairfax Avenue	City; Dallas,	State; Zip Code TX 75209	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
12/10/2024	Amy Schaffner			150.00
Campaign Contribution	Contributor address; 1622 Oak Knoll Street	City; Dallas,	State; Zip Code TX 75208	
Principal occup	 pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 12/10/2024	Full name of contributor Becky Connatser	out-of-state PAC	(ID#:)	Amount of contribution (\$) 250.00
Campaign Contribution	Contributor address; 815 W Greenbriar Lane	City; Dallas,	State: Zip Code TX 75208	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 42 of 66
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Chad West			
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
12/10/2024	Bonnie Taylor		25.00
Campaign Contribution	6 Contributor address; City; 1403 Hollywood Avenue Dallas,	State; Zip Code TX 75208	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor uut-of-state PAC	(ID#:)	Amount of contribution (\$)
12/10/2024	Britton Williams		25.00
Campaign Contribution	Contributor address; City;	State; Zip Code TX 75203	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
12/10/2024	Brooks Johnson		500.00
Campaign Contribution	Contributor address; City; 929 N Windomere Avenue Dallas,	State; Zip Code TX 75208	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 12/10/2024	Full name of contributor uut-of-state PAC Cindy Hawkins	(ID#:)	Amount of contribution (\$) 50.00
Campaign Contribution	Contributor address; City; 2126 Kessler Court Dallas, '	State: Zip Code TX 75208	
Principal occup	vation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 43 of 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date 12/10/2024	Full name of contributor Clinton Haley	out-of-state PAC	(ID#:)	7 Amount of contribution (\$) 500.00
Campaign Contribution	6 Contributor address; 6311 Club Lake Drive	City; Dallas,	State; Zip Code TX 75214	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date 12/10/2024	Full name of contributor Cynthia Michaels	out-of-state PAC	(ID#:)	Amount of contribution (\$) 250.00
Campaign Contribution	Contributor address; 519 Woolsey Drive	City; Dallas,	State; Zip Code TX 75224	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 12/10/2024	Full name of contributor David Preziosi	out-of-state PAC	(ID#:)	Amount of contribution (\$) 100.00
Campaign Contribution	Contributor address; 2229 Lawndale Drive	City; Dallas,	State; Zip Code TX 75211	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 12/10/2024	Full name of contributor Lisa Taylor		C (ID#:)	Amount of contribution (\$) 50.00
Campaign Contribution	Contributor address; 923 Salmon Drive	City; Dallas,	State: Zip Code TX 75208	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 44 of 66
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Chad West				
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
12/10/2024	Roger Wedell			100.00
Campaign Contribution	6 Contributor address; 1318 Elmwood Blvd	City; Dallas,	State; Zip Code TX 75224	
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
12/10/2024	Russ Aikman			100.00
Campaign Contribution	Contributor address; 225 S Windomere Ave	City;	State; Zip Code TX 75208	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
12/10/2024	Suzanne Buss			50.00
Campaign Contribution	Contributor address; 653 Culpepper Place	City:	State; Zip Code TX 75208	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 12/10/2024	Full name of contributor Tom Tibbitts	out-of-state PAC	C (ID#:)	Amount of contribution (\$) 250.00
Campaign Contribution	Contributor address: 8580 County Road 167	City; McKin	State: Zip Code iney, TX 75071	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 45 of 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
12/11/2024	Joel Williams			100.00
Campaign Contribution	6 Contributor address; 4323 Lorraine Avenue	City; Dallas,	State; Zip Code TX 75205	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
12/11/2024	Jon Hetzel			1000.00
Campaign Contribution	Contributor address; 7002 Vivian Avenue	City;	State; Zip Code TX 75223	
Principal occup	 pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
12/11/2024	Susan Williams			100.00
Campaign Contribution	Contributor address; 4323 Lorraine Avenue	Citv:	State; Zip Code TX 75205	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 12/11/2024	Full name of contributor Tiffany Hicks	out-of-state PAC	(ID#:)	Amount of contribution (\$) 50.00
Campaign Contribution	Contributor address; 740 Rainbow Drive	City; Dallas,	State: Zip Code TX 75208	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 46 of 66
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Chad West				
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
12/13/2024	Brian Garner			500.00
Campaign Contribution	6 Contributor address; P.O. Box 180188	City; Dallas,	State; Zip Code TX 75218	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$)
12/13/2024	Doug Taylor			25.00
Campaign Contribution	Contributor address; 1147 N Winnetka Avenue	City;	State; Zip Code TX 75208	
Principal occup	nation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
12/15/2024	Heather Walker			300.00
Campaign Contribution	Contributor address; 1010 N Winnetka Avenue	City; Dallas,	State; Zip Code TX 75208	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 12/16/2024	Full name of contributor Susan Reese	out-of-state PAC	C (ID#:)	Amount of contribution (\$) 1000.00
Campaign Contribution	Contributor address; 8625 Douglas Avenue	City; Dallas,	State: Zip Code TX 75225	
Controduction				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

2 FILER NAME Chad West 4 Date 5				3 Filer ID (Ethics Commission Filers)
4 Date 5				
	Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
12/16/2024	Tyler Kurtz			200.00
Campaign 6 Contribution	Contributor address; 526 S Winnetka Avenue	City; Dallas,	State; Zip Code TX 75208	
8 Principal occupat	tion / Job title (See Instructions)		9 Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
12/17/2024	Austin Green			400.00
Campaign Contribution	Contributor address; 4411 Vandelia Street	City;	State; Zip Code TX 75219	
Principal occupation	on / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
2/17/2024	Barb Nunn			50.00
Campaign Contribution	Contributor address; 504 N Manus Drive	Citv:	State; Zip Code TX 75224	
Principal occupati	ion / Job title (See Instructions)		Employer (See Instruct	ions)
Date 12/17/2024	Full name of contributor David Deggs	out-of-state PAC	(ID#:)	Amount of contribution (\$) 100.00
Campaign Contribution	Contributor address; 4241 Rawlins Street Suite 14	City; Dallas,	State: Zip Code TX 75219	
Principal occupati	ion / Job title (See Instructions)		Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

The	Instruction Guide evaluing how	to complete this	form	1 Total pages Schedule A1:
Ine	Instruction Guide explains how	to complete this	torm.	48 of 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)
12/17/2024	David Nichols			25.00
Campaign Contribution	6 Contributor address; 5877 Bayside Drive	City; Fort W	State; Zip Code forth, TX 76132	
8 Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
12/17/2024	Gary Bellomy			100.00
Campaign Contribution	Contributor address; 4425 Swiss Avenue	City;	State; Zip Code TX 75204	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
12/18/2024	Assieh Khajehnoori			1000.00
Campaign Contribution	Contributor address; 812 N Bishop Avenue	City; Dallas,	State; Zip Code TX 75208	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date 12/18/2024	Full name of contributor Keith Pomykal	out-of-state PAC	: (ID#:)	Amount of contribution (\$) 100.00
Campaign Contribution	Contributor address; 3001 Sale Street Suite 409	City; Dallas,	State: Zip Code TX 75219	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 FILER NAME Chad West				49 of 66 3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	: (ID#:)	7 Amount of contribution (\$)
12/18/2024	Michael Payma			1000.00
Campaign Contribution	6 Contributor address; 812 N Bishop Avenue	City; Dallas,	State; Zip Code TX 75208	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
12/18/2024	Paul Wingo			1000.00
Campaign Contribution	Contributor address; 1227 Woodlawn Avenue	City;	State; Zip Code TX 75208	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
12/18/2024	Paula Larsen			250.00
Campaign Contribution	Contributor address; 665 Kessler Reserve Court	City; Dallas,	State; Zip Code TX 75208	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date 12/18/2024	Full name of contributor Scott Larsen	out-of-state PAC	· (ID#:)	Amount of contribution (\$) 250.00
Campaign Contribution	Contributor address; 665 Kessler Reserve Court	City; Dallas,	State: Zip Code TX 75208	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	iions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 50 of 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date 12/19/2024	Full name of contributor Beverly Mendoza	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$) 50.00
Campaign Contribution	6 Contributor address; 520 E 5th Street	City; Dallas,	State; Zip Code , TX 75203	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date 12/19/2024	Full name of contributor Carol Hagler	out-of-state PAC	C (ID#:)	Amount of contribution (\$) 50.00
Campaign Contribution	Contributor address; 417 N Montclair Avenue	City; Dallas,	State; Zip Code , TX 75208	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 12/19/2024	Full name of contributor Jack Hagler		C (ID#:)	Amount of contribution (\$) 50.00
Campaign Contribution	Contributor address; 417 N Montclair Avenue	City;	State; Zip Code , TX 75208	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 12/19/2024	Full name of contributor Tino Jalomo		C (ID#:)	Amount of contribution $(\$)$ 100.00
Campaign Contribution	Contributor address; 607 W Canty Street		State: Zip Code , TX 75208	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

12/19/2024 Vipin Nambiar Campaign 6 Contributor address; City;	3 Filer ID (Ethics Commission Filers) ate PAC (ID#:) State; Zip Code Dallas, TX 75209
12/19/2024 Campaign Contribution Contribution Contributor address; City; 5534 W Hanover Avenue Distributor salar address; Distributor salar address; City;	1000.00 State; Zip Code
Campaign Contribution 6 Contributor address; City; 5534 W Hanover Avenue D	State; Zip Code
Contribution 5534 W Hanover Avenue D	
8 Principal occupation / Job title (See Instructions)	
	9 Employer (See Instructions)
Date Full name of contributor out-of-sta	ate PAC (ID#:) Amount of contribution (\$)
12/19/2024 Vipin Nambiar	1500.00
Officeholder Contribution Contributor address; City; 5534 W Hanover Avenue City;	State; Zip Code Pallas, TX 75209
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor out-of-sta	ate PAC (ID#:) Amount of contribution (\$)
12/20/2024 Anthony Cuevas	100.00
Campaign Contributor address; City; 1619 Sylvan Avenue D	State; Zip Code Pallas, TX 75208
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor out-of-sta 12/20/2024 Austin Schenkel	ate PAC (ID#:) Amount of contribution (\$) 50.00
Campaign Contributor address; City; Contribution 3317 Purdue Avenue	State: Zip Code Pallas, TX 75225
Principal occupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 52 of 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date 12/20/2024 Campaign Contribution	6 Contributor address; 5877 Bayside Drive	City;	State; Zip Code Yorth, TX 76132	7 Amount of contribution (\$) 25.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date 12/20/2024 Campaign Contribution	Full name of contributor Chris Luna Contributor address; 4033 Prescott Avenue	City;	State; Zip Code	Amount of contribution (\$) 250.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 12/20/2024 Campaign Contribution	Full name of contributor Kent Mecklenburg Contributor address; 4033 Prescott Avenue	out-of-state PAC City; Dallas,	State; Zip Code	Amount of contribution (\$) 150.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 12/20/2024 Campaign Contribution	Full name of contributor Leo Cusimano Contributor address; 1619 Sylvan Avenue		State: Zip Code TX 75208	Amount of contribution (\$) 100.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 53 of 66
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Chad West			
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
12/20/2024	Lupe Valdez		150.00
Campaign Contribution	6 Contributor address; City; 707 N Edgefield Avenue Dallas,	State; Zip Code TX 75208	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
12/20/2024	Stephen Hoyl		250.00
Campaign Contribution	Contributor address; City;	State; Zip Code TX 75201	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
12/20/2024	Swede Hanson		500.00
Campaign Contribution	Contributor address; City; 9925 Lakedale Drive Dallas,	State; Zip Code TX 75218	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	iions)
Date 12/20/2024	Full name of contributor	: (ID#:)	Amount of contribution (\$) 100.00
Campaign Contribution	Contributor address; City; 623 Haines Avenue Dallas,	State: Zip Code TX 75208	
Principal occup	vation / Job title (See Instructions)	Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 54 of 66
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Chad West			
4 Date	5 Full name of contributor out-of-state PAC	: (ID#:)	7 Amount of contribution (\$)
12/25/2024	Barry Hancock		1000.00
Officeholder Contribution	6 Contributor address; City; 4514 Travis Street Suite 326 Dallas,	State; Zip Code TX 75205	
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
12/27/2024	Chuck Norcross		100.00
Campaign Contribution	Contributor address; City; 506 Woolsey Drive Dallas,	State; Zip Code TX 75224	
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
12/27/2024	Heather Butterfield		100.00
Campaign Contribution	Contributor address; City; 3254 Purdue Avenue Los An	State; Zip Code ageles, CA 90066	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 12/27/2024	Full name of contributor ☐ out-of-state PAC Kathy Hewitt	: (ID#:)	Amount of contribution (\$) 50.00
Officeholder Contribution	Contributor address; City; 1410 Yakimo Drive Dallas,	State: Zip Code TX 75208	
1	ation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 55 of 66
2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date 12/27/2024	5 Full name of contributor ☐ out-of-state PAC (ID#: Laurence Vineyard	7 Amount of contribution (\$) 200.00
Campaign Contribution	6 Contributor address; City; State; 11436 Strait Lane Dallas, TX 752	·
8 Principal occu	pation / Job title (See Instructions) 9 Empl	oloyer (See Instructions)
Date 12/27/2024	Full name of contributor	Amount of contribution (\$) 100.00
Campaign Contribution	Contributor address; City; State; 414 North Casa Grande Circle Duncanville, T.	·
Principal occup	eation / Job title (See Instructions)	oloyer (See Instructions)
Date 12/27/2024	Full name of contributor out-of-state PAC (ID#: Temple Anderson	Amount of contribution (\$) 100.00
Campaign Contribution		Zip Code 08
Principal occup	pation / Job title (See Instructions) Emp	oloyer (See Instructions)
Date 12/30/2024	Full name of contributor out-of-state PAC (ID#: Alice Zaccarello	Amount of contribution (\$) 100.00
Campaign Contribution	Contributor address; City; State; 2243 Lawndale Drive Dallas, TX 752	Zip Code 11
Principal occu	pation / Job title (See Instructions) Emp	oloyer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1: 56 of 66
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Chad West			
4 Date	5 Full name of contributor out-of-state PA	AC (ID#:)	7 Amount of contribution (\$)
12/30/2024	Becky Moffett		400.00
Campaign Contribution	6 Contributor address; City; 934 Stevens Woods Court Dallas	State; Zip Code s, TX 75208	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor ut-of-state PA	.C (ID#:)	Amount of contribution (\$)
12/30/2024	Lauren Moffett		100.00
Campaign Contribution	Contributor address; City;	State; Zip Code s, TX 75208	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)
12/30/2024	Tom Kapioltas		250.00
Campaign Contribution	Contributor address; City; 5304 Middleton Drive Parke	State; Zip Code r, TX 75002	
Principal occup	vation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 12/31/2024	Full name of contributor	.C (ID#:)	Amount of contribution (\$) 25.00
Campaign Contribution	Contributor address; City; 2752 Gaston Avenue Suite 1232 Dalla:	s, TX 75226	
Principal occu	vation / Job title (See Instructions)	Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 57 of 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)
12/31/2024	Ben Orr			250.00
Campaign Contribution	6 Contributor address; 518 N Manus Drive	City;	State; Zip Code TX 75224	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
12/31/2024	Benny Guzman			5.00
Campaign Contribution	Contributor address; 306 S Montreal	City;	State; Zip Code TX 75208	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 12/31/2024	Full name of contributor Bobby Bowling	out-of-state PAC	(ID#:)	Amount of contribution (\$) 1000.00
Campaign Contribution	Contributor address; 457 San Clemente	City; El Paso	State; Zip Code o, TX 79912	
Principal occu _l	pation / Job title (See Instructions)		Employer (See Instruc	ltions)
Date 12/31/2024	Full name of contributor Brandon Luke	out-of-state PAC	: (ID#:)	Amount of contribution (\$) 1000.00
Campaign Contribution	Contributor address; 1520 Elm Street Suite 201	City; Dallas,	State: Zip Code TX 75201	
			Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 FILER NAME Chad West	-			58 of 66 3 Filer ID (Ethics Commission Filers)
4 Date 12/31/2024	5 Full name of contributor Brian Brooks 6 Contributor address;		(ID#:) State; Zip Code	7 Amount of contribution (\$) 50.00
Campaign Contribution	735 Rainbow Drive	City; Dallas,	State; Zip Code TX 75208	
8 Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	iions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
12/31/2024 Campaign Contribution	Chad Dolezal Contributor address; 101 S Winnetka Avenue	City;	State; Zip Code TX 75208	25.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date 12/31/2024	Full name of contributor Chris Culak	out-of-state PAC	: (ID#:)	Amount of contribution (\$) 50.00
Campaign Contribution	Contributor address; 1223 Kings Highway	City; Dallas,	State; Zip Code TX 75208	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 12/31/2024	Full name of contributor Claudia Huerta	out-of-state PAC	: (ID#:)	Amount of contribution (\$) 50.00
Campaign Contribution	Contributor address; 2125 Elmwood Blvd	City; Dallas,	State: Zip Code TX 75224	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 59 of 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	: (ID#:)	7 Amount of contribution (\$)
12/31/2024	David de la Fuente			10.00
Campaign Contribution	6 Contributor address; 106 S Clinton	City; Dallas,	State; Zip Code TX 75208	
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
12/31/2024	Diana Lin			25.00
Campaign Contribution	Contributor address; 4323 Highlander Dr	City;	State; Zip Code TX 75287	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
12/31/2024	Enrique MacGregor			250.00
Campaign Contribution	Contributor address; 845 N Oak Cliff Blvd	City; Dallas,	State: Zip Code TX 75208	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 12/31/2024	Full name of contributor Fred Pena	out-of-state PAC	: (ID#:)	Amount of contribution (\$) 100.00
Campaign Contribution	Contributor address; 410 E 5th Street	City; Dallas,	State: Zip Code TX 75203	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 60 of 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
12/31/2024	Hailee Joy			50.00
Campaign Contribution	6 Contributor address; 701 Melba Street	City; Dallas,	State; Zip Code TX 75208	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date		out-of-state PAC	(ID#:)	Amount of contribution (\$)
12/31/2024	Jarrod Jackson			250.00
Campaign Contribution	Contributor address; 5301 Montrose	City; Dallas,	State; Zip Code TX 75209	
Principal occup	vation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
12/31/2024	Jennifer Jennings			25.00
Campaign Contribution	Contributor address; 1823 Naylor Street	City; Dallas,	State; Zip Code TX 75228	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 12/31/2024	Full name of contributor Joy Dolezal	out-of-state PAC	(ID#:)	Amount of contribution (\$) 25.00
Campaign Contribution	Contributor address; 101 S Winnetka Avenue	City; Dallas,	State: Zip Code TX 75208	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

The	Instruction Guide explains how to	o complete this	form.	1 Total pages Schedule A1: 61 of 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	: (ID#:)	7 Amount of contribution (\$)
12/31/2024	JR Huerta	_	,	200.00
Campaign Contribution	6 Contributor address; 2125 Elmwood Blvd	City;	State; Zip Code TX 75224	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
12/31/2024	Juan Parra			25.00
Campaign Contribution	Contributor address; 15 Stonebriar Court	City; Dallas,	State; Zip Code TX 75206	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
12/31/2024	Kyle Wick			300.00
Campaign Contribution	Contributor address; 1212 N Oak Cliff Blvd	Citv:	State; Zip Code TX 75208	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date 12/31/2024	Full name of contributor Mark Niermann	out-of-state PAC	: (ID#:)	Amount of contribution (\$) 250.00
Campaign Contribution	Contributor address; 845 N Oak Cliff Blvd	City; Dallas,	State: Zip Code TX 75208	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 62 of 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)
12/31/2024	Mary Cook			100.00
Campaign Contribution	6 Contributor address; 1942 Malone Cliff View	City;	State; Zip Code TX 75208	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
12/31/2024	Mary Kay de la Fuente			25.00
Campaign Contribution	Contributor address; 106 S Clinton	City;	State; Zip Code TX 75208	
Principal occup	 pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
12/31/2024	Melissa Kingston			1000.00
Campaign Contribution	Contributor address; 5901 Palo Pinto	City; Dallas,	State; Zip Code TX 75206	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 12/31/2024	Full name of contributor Michelle Brooks	out-of-state PAC	(ID#:)	Amount of contribution (\$) 50.00
Campaign Contribution	Contributor address; 735 Rainbow Drive	City; Dallas,	State: Zip Code TX 75208	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 63 of 66
2 FILER NAME Chad West			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-stat	e PAC (ID#:)	7 Amount of contribution (\$)
12/31/2024	Nick Noorani		500.00
Campaign Contribution	6 Contributor address; City; 3009 Hallwell Dr Da	State; Zip Code allas, TX 75093	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	etions)
Date	Full name of contributor out-of-stat	e PAC (ID#:)	Amount of contribution (\$)
12/31/2024	Paul Sims		250.00
Campaign Contribution	Contributor address; City; 8811 Antrim Dr. Da	State; Zip Code allas, TX 75218	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	etions)
Date	Full name of contributor out-of-stat	e PAC (ID#:)	Amount of contribution (\$)
12/31/2024	Peter Jacobsen		100.00
Campaign Contribution	Contributor address; City; 419 W 9th Street Suite 104 Da	State; Zip Code allas, TX 75208	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	Etions)
Date 12/31/2024	Full name of contributor	e PAC (ID#:)	Amount of contribution (\$) 1000.00
Campaign Contribution	Contributor address; City; 5901 Palo Pinto Da	allas, TX 75206	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	l stions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

Th	Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1: 64 of 66
2 FILER NAME	Ē			3 Filer ID (Ethics Commission Filers)
Chad West				
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
12/31/2024	Stephanie Wick			50.00
Campaign Contribution	6 Contributor address; 1212 N Oak Cliff Blvd	City; Dallas,	State; Zip Code TX 75208	
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
12/31/2024	Taryl Sherman			25.00
Campaign Contribution	Contributor address; 1743 Elmwood Blvd	City;	State; Zip Code TX 75224	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
12/31/2024	Taylor de la Fuente			10.00
Campaign Contribution	Contributor address; 106 S Clinton	City; Dallas,	State; Zip Code TX 75208	
Principal occi	 upation / Job title (See Instructions)		Employer (See Instruct	ions)
Date 12/31/2024	Full name of contributor Vinnie Sherman	out-of-state PAC	(ID#:)	Amount of contribution (\$) 25.00
Campaign Contribution	Contributor address; 1743 Elmwood Blvd	City; Dallas,	State: Zip Code TX 75224	
Principal occi	upation / Job title (See Instructions)		Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 65 of 66
2 FILER NAME Chad West				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
12/31/2024	Waylon Longino			500.00
Campaign Contribution	6 Contributor address; 4619 Insurance Lane	City; Dallas,	State; Zip Code TX 75205	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
12/31/2024	William Joy			50.00
Campaign Contribution	Contributor address; 701 Melba Street	City; Dallas,	State; Zip Code TX 75208	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
12/31/2024	William Zimmerman			25.00
Campaign Contribution	Contributor address; 105 S Willomet Avenue	City; Dallas,	State; Zip Code TX 75208	
Principal occup	 pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 12/31/2024	Full name of contributor Yasmine Payma		(ID#:)	Amount of contribution (\$) 50.00
Campaign Contribution	Contributor address; 812 N Bishop Avenue		State: Zip Code TX 75208	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 66 of 66
2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
08/07/2024	TREpac Texas Realtors PAC	2500.00
Campaign Contribution	6 Contributor address; City; State; Zip C P.O. Box 2246 Austin, TX 78768	
8 Principal occup	pation / Job title (See Instructions) 9 Employer (S	See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
10/15/2024	HBA of Greater Dallas HOMEPAC	2500.00
Campaign Contribution	Contributor address; City; State; Zip C 5816 W Plano Parkway Dallas, TX 75093	
Principal occup	ation / Job title (See Instructions) Employer (S	See Instructions)
Date	Full name of contributor) Amount of contribution (\$)
09/23/2024	Apartment Assoc of Greater Dallas	2500.00
Campaign Contribution	Contributor address; City; State; Zip C 2100 West Walnut Hill Lane Suite 10 D Cing, TX 75038	
Principal occup	ation / Job title (See Instructions) Employer (S	See Instructions)
Date	Full name of contributor) Amount of contribution (\$)
	Contributor address; City; State; Zip C	Code
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category	not listed above)
1 Total pages Schedule F1: 1 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics (Commission Filers)
4 Date	5 Payee name			
07/15/2024	The UPS Store 78			
6 Amount (\$) 51.02 Officeholder Funds for	7 Payee address; 1222 North Bishop Avenue Suite 200 Dallas , TX 75208	City;	State;	Zip Code
Officeholder Expenditures	Danas, 1A 73206			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	Printing costs	Printing costs		
EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living e	kpense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	ffice held
Date	Payee name			
07/24/2024	JW Mariott			
Amount (\$) 126.14	Payee address;	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	110 East 2nd Street Austin, TX 78701			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Travel out of district	Travel out of district		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living e	kpense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	0	ffice held
Date	Payee name			
07/24/2024	Austin Barton Spring			
Amount (\$) 70.39	Payee address;	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	1500 Barton Springs Roa A ustin, TX 78704			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meal with Affordable Housing advocates	Meals		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living ex	rpense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.		,
1 Total pages Schedule F1: 2 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
07/24/2024	Vespaio			
6 Amount (\$) 128.26 Officeholder Funds for Officeholder Expenditures	7 Payee address; 1610 South Congress Avenue Austin, TX 78704	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Meal with Affordable Housing advocates	Meals		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
07/25/2024	MAILCHIMP			
Amount (\$) 171.63	Payee address;	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures	405 N Angier Ave NE Atlanta, GA 30308			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	E newsletter		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
07/26/2024	Austin Airport			
Amount (\$) 15.02	Payee address; 3600 Presidential Boulevard	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	Austin, TX 78719			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Travel out of district	Travel out of district		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	 DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

oreal card ayment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 3 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
07/29/2024	Tribal All Day Café			
6 Amount (\$) 73.68	7 Payee address;	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	263 North Bishop AvenuBallas, TX 75208			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Meals	Meal with Commission	oner	
OF EXPENDITURE	Management	With Commission		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
07/29/2024	Cheesecake Factory			
Amount (\$) 127.72	Payee address;	City;	State;	Zip Code
Officeholder Funds for	7700 West Northwest Highway Dallas , TX 75225			
Officeholder Expenditures	Danas, 1A 15225			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Fundraising	Meal with Board men	mber	
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
08/01/2024	Chad West			
Amount (\$) 181.50	Payee address;	City;	State;	Zip Code
Officeholder Funds for	810 North Bishop Dallas, TX 75208			
Officeholder Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Mileage Reimbursement	Travel in District		
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	1			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 4 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
08/05/2024	Walgreens			
6 Amount (\$) 69.13 Officeholder Funds for Officeholder Expenditures	7 Payee address; 1306 North Beckley Ave Dadlas, TX 75208	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing costs	Printing costs		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/02/2024	Amazon			
Amount (\$) 265.24 Officeholder Funds for	Payee address; 325 9th Avenue North Seattle, WA 98109	City;	State;	Zip Code
Officeholder Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Supplies	Office Supplies		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
08/05/2024	Extra Space			
	Payee address;	City;	State;	Zip Code
76.00	1931 Fort Worth AvenueDallas, TX 75208	City,	State,	Zip Code
Campaign Funds for Campaign Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Storage	Storage Fees		
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	oursi (orner a satego	
1 Total pages Schedule F1: 5 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name		<u> </u>	
08/07/2024	Wayward Coffee			
6 Amount (\$) 34.90 Officeholder Funds for Officeholder Expenditures	7 Payee address; 1318 West Davis Street Dallas, TX 75208	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Meals	Coffee with new resid	dents	
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
08/07/2024	Cox Farms Market			
Amount (\$) 57.76	Payee address;	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	778 Fort Worth Avenue Dallas, TX 75208			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meals	Supplies for meeting		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
08/09/2024	Cretias Bakery			
Amount (\$) 86.00	Payee address; 228 West Davis Street Dallas, TX 75208	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gifts	Gifts for Supporters		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austii	n, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	1			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 6 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Fil	lers)
4 Date	5 Payee name		I	
08/12/2024	Taco Deli			
6 Amount (\$) 35.28 Officeholder Funds for Officeholder Expenditures	7 Payee address; 1878 Sylvan Avenue Dallas, TX 75208	City;	State; Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Volunteer Expense	Food for volunteers		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
08/12/2024	Tribal All Day Café			
Amount (\$) 49.18	Payee address; 263 North Bishop AvenuĐallas, TX 75208	City;	State; Zip Code	
Officeholder Funds for Officeholder Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Meal with neighborhood advocate		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
08/13/2024	Tribal All Day Café			
Amount (\$) 33.29	Payee address;	City;	State; Zip Code	
Officeholder Funds for Officeholder Expenditures	263 North Bishop AvenuDallas, TX 75208			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Meal with communit	y member	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Garer (errier a satege	.yot.lota abovo,
1 Total pages Schedule F1: 7 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)
4 Date 08/13/2024	5 Payee name Paradiso			
6 Amount (\$) 100.00 Officeholder Funds for Officeholder Expenditures	7 Payee address; 308 North Bishop AvenuĐallas, TX 75208	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description Gift card for commun	nity event	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
08/14/2024	Veracruz Café			
Amount (\$) 100.00 Officeholder Funds for Officeholder Expenditures	Payee address; 408 North Bishop Avenue Suite 107 Dallas, TX 75208	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	Description Donation for neighborhood event		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
08/19/2024	Toulouse Knox			
Amount (\$) 60.56 Campaign Funds for Campaign Expenditures	Payee address; 3314 Knox Street Dallas, TX 75205	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fundraising	Meal with Donor		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1: 8 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee name				
08/20/2024	Uchiba Dallas				
6 Amount (\$) 93.94 Officeholder Funds for Officeholder Expenditures	7 Payee address; 2817 Maple Avenue Dallas, TX 75201	City;	State;	Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Meals	Meal with Commission	oner		
	(c) Check if travel outside of Texas. Complete Schedule T.	uleT. Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
08/20/2024	La Condesa				
Amount (\$) 250.56	Payee address; 400 West Second Street Austin, TX 78701	City;	State;	Zip Code	
Officeholder Funds for Officeholder Expenditures	0-1	December			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Travel out of district	Meal with City Staff			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
08/20/2024	Chad West				
Amount (\$) 1404.00	Payee address;	City;	State;	Zip Code	
1404.00	810 North Bishop AvenuDallas, TX 75208	•	,	·	
Officeholder Funds for Officeholder Expenditures					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF	Travel Out Of District	Hotel cost			
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Other (enter a categor	y not listed above)
1 Total pages Schedule F1: 9 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
08/20/2024	Chad West			
6 Amount (\$) 402.32 Officeholder Funds for	7 Payee address; 810 North Bishop AvenuĐallas, TX 75208	City;	State;	Zip Code
Officeholder Expenditures				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Travel Out Of District	Travel Reimbursement - flight		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name			
08/21/2024	Chad West			
Amount (\$) 186.88	Payee address;	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	810 North Bishop AvenuĐallas, TX 75208			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Travel Out Of District	Travel Reimburseme	nt meals	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
08/22/2024	Susana Jaimes			
Amount (\$) 325.00	Payee address;	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	3606 S Tyler Street Dallas, TX 75224			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor for holiday cards and gifts	Contract Labor		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1: 10 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee name				
08/23/2024	The Kessler School				
6 Amount (\$) 2000.00 Officeholder Funds for Officeholder Expenditures	7 Payee address; 1822 W 10th Street Dallas, TX 75208	City;	State;	Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Donation	Donation			
	(c) Check if travel outside of Texas. Complete Schedule T.	leT. 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	Payee name				
08/26/2024	Hunkys				
Amount (\$) 100.00	Payee address; 3930 Cedar Springs RoaDallas, TX 75219	City;	State;	Zip Code	
Campaign Funds for Campaign Expenditures					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Gifts	Gift for Donor			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
08/26/2024	MAILCHIMP				
	Payee address;	City;	State;	Zip Code	
171.03	405 N Angier Ave NE Atlanta, GA 30308	J.1.,	State,	p	
Campaign Funds for Campaign Expenditures					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF	Advertising	E newsletter			
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living	<u> </u>	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1: 11 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee name				
08/27/2024	Chips Hamburgers				
6 Amount (\$) 58.96 Officeholder Funds for Officeholder Expenditures	7 Payee address; 4530 West Lovers Lane Dallas, TX 75225	City;	State;	Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Meals	Meal with Board Member			
	(c) Check if travel outside of Texas. Complete Schedule T.	dule T. 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	Payee name				
08/29/2024	R+D Dallas				
Amount (\$) 87.73 Officeholder Funds for	Payee address; 8300 Preston Center PlazDallas, TX 75205	City;	State;	Zip Code	
Officeholder Expenditures					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Meeting with home b	ouilder		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
08/30/2024	Stevens Park Golf Course				
Amount (\$) 50.89	Payee address;	City;	State;	Zip Code	
Officeholder Funds for Officeholder Expenditures	1005 North Montclair Avenue Dallas, TX 75208				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Travel in district	Community Meeting			
	Check if travel outside of Texas. Complete Schedule T.	Chack if Austin	n, TX, officeholder living	eynense	
Complete ONLY if dire-4	Candidate / Officeholder name	Office sought	, 17, omocnoider living	Office held	
Complete ONLY if direct expenditure to benefit C/OF		Onice sought		Cilice field	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 12 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
08/30/2024	Parking Management			
$\begin{tabular}{ll} \bf 6 & Amount (\$) & \\ & 20.00 \\ \hline \end{tabular}$ Officeholder Funds for Officeholder Expenditures	7 Payee address; 1005 North Montclair Avenue Dallas, TX 75208	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Travel out of district	Non Profit Meeting		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
08/30/2024	Dr Delphinium			
Amount (\$) 173.77 Officeholder Funds for	Payee address; 5806 West Lovers Lane Dallas, TX 75225	City;	State;	Zip Code
Officeholder Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gifts	Flowers for supporter	r	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
08/30/2024	Beverleys			
Amount (\$) 132.59	Payee address; 3215 North Fitzhugh Avenue	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	Dallas, TX 75204			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Food/Beverage Expense	Meal with Board		
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Opensitions/Opensitions/Donations/Do

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 13 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
09/03/2024	Elmwood Coffee			
6 Amount (\$) 5.25 Officeholder Funds for Officeholder Expenditures	7 Payee address; 1805 South Edgefield Avenue Dallas, TX 75208	City;	State; Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Meals	Meals		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
09/03/2024	Stevens Park Golf Course			
Amount (\$) 8.71	Payee address;	City;	State; Zip Code	
Officeholder Funds for Officeholder Expenditures	1005 North Montclair Avenue Dallas, TX 75208			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Travel in district	Community Meeting		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
09/03/2024	Lucky Dog Saloon			
Amount (\$) 14.07	Payee address; 2701 Cedar Springs Roatballas, TX 75201	City;	State; Zip Code	
Officeholder Funds for Officeholder Expenditures	2701 Cedar Springs Road and St. 73201			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Volunteer Expense	Meal with volunteer		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Guior (orner a satego	3.7.1.01.1.01.01.1.1.01.01.1
1 Total pages Schedule F1: 14 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
09/03/2024	Katy Trail Ice House			
6 Amount (\$) 41.01 Officeholder Funds for Officeholder Expenditures	7 Payee address; 3127 Routh Street Dallas, TX 75201	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Volunteer Expense	Meal with volunteer		
OF EXPENDITURE	volunteer Expense	Wedi with volunteer		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/03/2024	Extra Space Storage			
Amount (\$) 98.00	Payee address;	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures	1931 Fort Worth AvenueDallas, TX 75208			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Storage	Storage Fees		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/03/2024	R+D Dallas			
Amount (\$) 101.98	Payee address; 8300 Preston Center PlazDallas, TX 75225	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meals	Meal with former CM	Л	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDUI F AS NEE	:DED	
	ALIAGITADDITIONAL GOLIEGOL IIIIO	SSIILDOLL AG INLL	-5-5	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Caror (criter a catego	ny notnoted above,
1 Total pages Schedule F1: 15 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
09/03/2024	Hudson House Lake			
6 Amount (\$) 114.72	7 Payee address; 4040 Abrams Road Dallas, TX 75214	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures		_		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Meeting with association leadership		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
09/03/2024	Maison Chinoise			
Amount (\$) 171.98	Payee address;	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	4152 Cole Avenue Suite 106 Dallas, TX 75204			
r	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Meeting with eco dev	v advocate	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/03/2024	American Airlines			
Amount (\$) 710.03	Payee address;	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	3200 E Airfield Drive DFW Airport, TX 75261			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Travel Out Of District	Travel for conference	2	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a categor	y not listed above)
1 Total pages Schedule F1: 16 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
09/04/2024	Honor Bar			
6 Amount (\$) 47.33 Officeholder Funds for	7 Payee address; 26 Highland Park VillageDallas, TX 75205	City;	State;	Zip Code
Officeholder Expenditures	(a) Catagory (See Catagorica listed at the tan of this schedule)	(b) Description		
8 BURDOOF	(a) Category (See Categories listed at the top of this schedule)		. 1	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Meeting with TIF Bo	ard representative	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name			
09/05/2024	R+D Dallas			
Amount (\$) 198.71	Payee address;	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	8300 Preston Center PlazDallas, TX 75225			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Dinner with former e	lected official	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
09/05/2024	Written By The Seasons			
Amount (\$) 271.30	Payee address; 380 Melba Street Dallas, TX 75208	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	,			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Dinner with commun	ity advocates	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1: 17 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee name				
09/09/2024	Cretias Bakery				
6 Amount (\$) 13.20 Campaign Funds for Campaign Expenditures	7 Payee address; 228 West Davis Street Dallas, TX 75208	City;	State;	Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Gift	Gift for volunteer			
	(c) Check if travel outside of Texas. Complete Schedule T.	dule T. 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	Payee name				
09/09/2024	Birdies East				
Amount (\$) 117.36	Payee address; 6221 East Mockingbird Lane	City;	State;	Zip Code	
Officeholder Funds for Officeholder Expenditures	Dallas, TX 75214				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Meals	Meal with board men	nber		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
09/10/2024	Waterman - Central DFW				
Amount (\$) 1135.50	Payee address; 3606 S Tyler Street Dallas, TX 75225	City;	State;	Zip Code	
Officeholder Funds for Officeholder Expenditures	Janas, 17 /3223				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Office Expense	Computer equipmt ar	nd install		
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Other (enter a category not listed abov	<i>ie)</i>
1 Total pages Schedule F1: 18 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Commission F	-ilers)
4 Date	5 Payee name			
09/10/2024	Cretias Bakery			
6 Amount (\$) 24.00	7 Payee address; 228 West Davis Street Dallas, TX 75208	City;	State; Zip Code	
Officeholder Funds for Officeholder Expenditures				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Gifts	Gifts for councilmem	abers	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
09/10/2024	Ascension Coffee			
Amount (\$) 26.51	Payee address;	City;	State; Zip Code	
Officeholder Funds for Officeholder Expenditures	200 Crescent Court Suite 40 Dallas, TX 75201			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meals	Meeting with housing	g advocate	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
09/10/2024	Katy Trail Ice House			
Amount (\$) 31.95	Payee address; 3127 Routh Street Dallas, TX 75201	City;	State; Zip Code	
Officeholder Funds for Officeholder Expenditures	3127 Routi Street Dallas, 1X 73201			
	Category (See Categories listed at the top of this schedule)	Description		_
PURPOSE OF EXPENDITURE	Meals	Meeting with board r	nember	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 19 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
09/11/2024	Rally House			
6 Amount (\$) 153.68 Officeholder Funds for Officeholder Expenditures	7 Payee address; 5500 Greenville Avenue Suite 203 Dallas, TX 75206	City;	State; Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Gift/Awards/Memorials Expense	Gift for community volunteer		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
09/13/2024	Greater Dallas Chamber			
Amount (\$) 300.00	Payee address;	City;	State; Zip Code	
Officeholder Funds for Officeholder Expenditures	909 Lake Carolyn Parkway Suite 320 Irving, TX 74111			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation	Sponsorship		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
09/16/2024	The Pour House			
Amount (\$) 24.68	Payee address; 1919 Skillman Street Dallas, TX 75206	City;	State; Zip Code	
Campaign Funds for Campaign Expenditures	1717 Skillinali Succe Dallas, 17, 73200			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meeting	Meeting with volunte	eers	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 20 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
09/16/2024	Shinsei Restaurant			
6 Amount (\$) 130.45 Officeholder Funds for Officeholder Expenditures	7 Payee address; 7713 Inwood Road Dallas, TX 75209	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Meeting with housing	g advocate	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name			
09/17/2024	Tepa Bar & Grill			
Amount (\$) 63.31 Officeholder Funds for	Payee address; 428 South Hampton RoadDallas, TX 75208	City;	State;	Zip Code
Officeholder Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meeting Expense	Community Meeting		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
09/18/2024	The UPS Store 78			
Amount (\$) 125.01	Payee address;	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	1222 North Bishop Avenue Suite 200 Dallas , TX 75208			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Printing costs	Printing costs		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austii	n, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 21 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
09/18/2024	Mirador		
6 Amount (\$) 85.45 Officeholder Funds for Officeholder Expenditures	7 Payee address; 1608 Elm Street Dallas, TX 75201	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Meeting	Meeting with suppor	ters
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/18/2024	Teleflora		
Amount (\$) 108.22	Payee address;	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures	11444 West Olympic Boulevard Los Angeles, CA 90064		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Gifts	Flowers for staff mbr family funeral	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
	-		
09/18/2024	National Anthem		
Amount (\$) 164.16	Payee address;	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures	2130 Commerce Street Dallas, TX 75201		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Meals	Dinner with staff	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	outer (erner a catego	.,
1 Total pages Schedule F1: 22 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name	l		
09/19/2024	The Salty Donut			
6 Amount (\$) 65.08 Officeholder Funds for Officeholder Expenditures	7 Payee address; 414 West Davis Street Dallas, TX 75208	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Gifts	Gifts for councilmem	bers	
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/20/2024	NTX The Kessler			
Amount (\$) 115.00	Payee address;	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	1230 West Davis Street Dallas, TX 75208			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gift/Awards/Memorials Expense	Sponsorship		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/23/2024	Hunkys			
Amount (\$) 41.64	Payee address; 3930 Cedar Springs RoadDallas, TX 75219	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Meals with BADMA	member	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Caror (criter a catego	ny notnoted above,
1 Total pages Schedule F1: 23 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name	l	<u> </u>	
09/23/2024	Cretias Bakery			
6 Amount (\$) 39.20 Officeholder Funds for Officeholder Expenditures	7 Payee address; 228 West Davis Street Dallas, TX 75208	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	Volunteer Expense	Gifts for community	volunteers	
EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/23/2024	The Dallas Assembly			
Amount (\$) 2560.00	Payee address;	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	12900 Preston Road Suite 1210 Dallas, TX 75230			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Travel out of district	Travel Out of District	t	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/25/2024	Taco y Vino			
Amount (\$) 66.76	Payee address; 213 West Eighth Street Dallas, TX 75208	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meeting	Meeting with board n	nember	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Garer (errier a satege	.,
1 Total pages Schedule F1: 24 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)
4 Date 09/25/2024	5 Payee name MAILCHIMP			
6 Amount (\$) 171.63 Campaign Funds for Campaign Expenditures	7 Payee address; 405 N Angier Ave NE Atlanta, GA 30308	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description E newsletter		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/27/2024	Bullzerk	0"		7' 0 1
Amount (\$) 33.56 Officeholder Funds for Officeholder Expenditures	Payee address; 332 West Davis Street Dallas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gifts	Gift for retiring neigh	nborhood leader	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
09/27/2024	Apple Store			
Amount (\$) 433.99 Officeholder Funds for Officeholder Expenditures	Payee address; 100 Knox Street Dallas, TX 75214	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Supplies	Officeholder phone a	ccessories	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	 DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 25 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
09/27/2024	Bishop Street Market		
6 Amount (\$) 45.47 Officeholder Funds for Officeholder Expenditures	7 Payee address; 401 N Bishop Avenue Dallas, TX 75208	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Gifts	Gift for city employe	re
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/27/2024	Adamson High Band		
Amount (\$) 255.00	Payee address; 309 East Ninth Street Dallas, TX 75208	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Donation	Donation	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/27/2024	The Adolphus		
Amount (\$) 353.18	Payee address; 1321 Commerce Street Dallas, TX 75202	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures	1321 Commerce Street Danas, 17/3202		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Meals	Council meeting	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 26 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
09/28/2024	Elena Guzman		
6 Amount (\$) 260.00 Officeholder Funds for Officeholder Expenditures	7 Payee address; 306 S Montreal Avenue Dallas, TX 75208	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Contract Labor storage	Contract Labor	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/01/2024	Go Daddy		
Amount (\$) 74.32	Payee address; 813 N 1st Avenue Tempe, AZ 40021	City;	State; Zip Code
Campaign Funds for Campaign Expenditures	813 N 1st Avenue Tempe, AZ 40021		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising	Domain	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/01/2024	Well Community		
Amount (\$) 500.00	Payee address; 125 Sunset Avenue Dallas, TX 75208	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures	123 Suitset Avenue Danas, 17, 73200		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Donation	Donation	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Carer (errier a categor	y
1 Total pages Schedule F1: 27 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name	l		
10/02/2024	Tribal All Day Café			
6 Amount (\$) 65.39 Officeholder Funds for Officeholder Expenditures	7 Payee address; 263 North Bishop AvenuĐallas, TX 75208	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Meeting	Meeting with commis	ssioner	
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name			
10/02/2024	Amazon			
Amount (\$) 224.10	Payee address; 325 9th Avenue North Seattle, WA 98109	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	,			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Supplies	Home Office Supplie	es	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name			
10/03/2024	Ace Parking			
Amount (\$) 20.00	Payee address;	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	200 Crescent Court Dallas, TX 75201			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Parking	Parking		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a catego	ry not listed above)
1 Total pages Schedule F1: 28 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
10/03/2024	Ascension			
6 Amount (\$) 22.44	7 Payee address; 1621 Oak Lawn Avenue Dallas, TX 75207	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Meeting Expense	Breakfast with housing	ng advocate	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/03/2024	Extra Space			
Amount (\$) 98.00	Payee address;	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures	1931 Fort Worth AvenueDallas, TX 75208			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Storage	Storage Fees		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/03/2024	Beverleys			
Amount (\$) 180.46	Payee address; 3215 North Fitzhugh Avenue	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	Dallas, TX 75204			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Meeting with restaura	ant assoc leader	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	,	
1 Total pages Schedule F1: 29 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
10/04/2024	The UPS Store 78			
$\begin{tabular}{ll} \bf 6 & Amount (\$) & \\ & 60.08 \\ \hline Officeholder Funds for \\ Officeholder Expenditures \\ \hline \end{tabular}$	7 Payee address; 1222 North Bishop Avenue Suite 200 Dallas, TX 75208	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing costs	Printing costs		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/04/2024	BBBop Seoul			
Amount (\$) 81.83	Payee address;	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	828 West Davis Street Dallas, TX 75208			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meals	Lunch with Non-Profit Board Members		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/04/2024	Gonzalez Restaurant			
Amount (\$) 154.27	Payee address; 416 West Jefferson Boulevard	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	Dallas, TX 75208			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meeting Expense	Dinner with neighbor	rhood leaders	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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 NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica	al 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: 30 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
10/04/2024	Primal Fundraising		
6 Amount (\$) 3416.52	7 Payee address; 5706 East Mockingbird Lane	City;	State; Zip Code
Campaign Funds for Campaign Expenditures	Dallas, TX 75206		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Consulting Costs	Consulting Costs	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/07/2024	State Fair		
Amount (\$)	Payee address;	City;	State; Zip Code
50.00	925 South Haskell Aventeallas, TX 75223		
Officeholder Funds for Officeholder Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Gifts	State Fair Gift for vol	lunteer
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/07/2024	Bistro 31		
Amount (\$) 54.16	Payee address;	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures	87 Highland Park Village Suite 200 Dallas, TX 75205		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Lunch with home bui	lder
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	:DED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 31 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
10/07/2024	Honor Bar		
6 Amount (\$) 75.51 Officeholder Funds for Officeholder Expenditures	7 Payee address; 26 Highland Park VillageDallas, TX 75205	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Dinner with Richards	son CM
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/08/2024	Ascension		
Amount (\$) 27.16	Payee address;	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures	200 Crescent Court Suite 40 Dallas, TX 75201		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Meeting	Breakfast meeting wi	ith potential council candidate
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/08/2024	Maggianos North Park		
Amount (\$) 291.87	Payee address; 205 NorthPark Center Dallas, TX 75225	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures	203 Notuli aix Centel Danas, 17 73223		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Dinner with neighbor	rhood leaders
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIII E VS NEE	-DED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 32 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name		1	
10/08/2024	The 23rd Senatorial District Tejano			
6 Amount (\$) 60.00 Officeholder Funds for Officeholder Expenditures	7 Payee address; 10432 High Hollow Drive Suite 141 Dallas, TX 75230	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Dues	Member Dues		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/08/2024	North Oak Cliff Greenspace			
Amount (\$) 1250.00 Officeholder Funds for	Payee address; 1005 North Montclair Avenue Dallas, TX 75208	City;	State;	Zip Code
Officeholder Expenditures		T 5		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation	Sponsorship		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/09/2024	Walgreens			
Amount (\$) 22.40	Payee address; 1306 North Beckley Ave Dæ llas, TX 75208	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	,,,,,,,			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Supplies	Office Supplies		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	outer (other a satisfier	y not noted above,
1 Total pages Schedule F1: 33 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
10/10/2024	The USPS			
6 Amount (\$) 47.18 Officeholder Funds for	7 Payee address; 515 Centre Street Dallas, TX 75208	City;	State;	Zip Code
Officeholder Expenditures				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	Printing costs	Printing costs		
EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name			
10/11/2024	Wayward Coffee			
Amount (\$) 15.00	Payee address;	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	1318 West Davis Street Dallas, TX 75208			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meeting	Coffee meeting with	advisor	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name			
10/15/2024	Ascension			
Amount (\$)	Payee address;	City;	State;	Zip Code
22.09	200 Crescent Court Suite 40	2.1.3,	,	шр отпо
Officeholder Funds for Officeholder Expenditures	Dallas, TX 75201			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meeting	Breakfast meeting wi	ith arts advocate	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	ı			

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 34 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
10/15/2024	Walgreens		
6 Amount (\$) 54.11 Officeholder Funds for Officeholder Expenditures	7 Payee address; 1306 North Beckley AveDadlas, TX 75208	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Office supplies	Office decorations	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/15/2024	Ace Parking		
Amount (\$) 25.00	Payee address;	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures	200 Crescent Court Dallas, TX 75201		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Parking	Parking	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/15/2024	Dallas Fair		
Amount (\$) 38.00	Payee address; 1300 Robert B Cullum Boulevard	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures	Dallas, TX 75210		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Meals	Lunch with Donors	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Garor (ornor a satego	.,,
1 Total pages Schedule F1: 35 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
10/15/2024	Tribal All Day Café			
6 Amount (\$) 40.72 Officeholder Funds for Officeholder Expenditures	7 Payee address; 263 North Bishop AvenuĐallas, TX 75208	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Meeting	Breakfast meeting wi	ith envt advocate	
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/15/2024	Stevens Park Golf Course			
Amount (\$) 183.92	Payee address;	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	1005 North Montclair Avenue Dallas, TX 75208			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Meeting with golf co	urse advocates	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/15/2024	American Airlines			
Amount (\$) 208.95	Payee address; 3200 E Airfield Drive DFW Airport, TX 75261	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	1			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Travel out of district	Travel expense flight	changes	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDUI F AS NEF	-DFD	
	ALIASTIASSITIONAL OUT IEU OF THIO	JULIEU TELEVIOLE		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		,
1 Total pages Schedule F1: 36 of 62	2 FILER NAME Chad West		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name		1	
10/16/2024	DFW Airport Park			
6 Amount (\$) 52.00 Officeholder Funds for Officeholder Expenditures	7 Payee address; 3200 E Airfield Drive Dallas, TX 65261	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Parking	Parking		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/16/2024	Stevens Park Golf Course			
Amount (\$) 90.00 Officeholder Funds for Officeholder Expenditures	Payee address; 1005 North Montclair Avenue Dallas, TX 75208	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Meeting with Roseme	ont Dads group	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
10/16/2024	Tribal All Day Café			
Amount (\$) 48.74 Officeholder Funds for Officeholder Expenditures	Payee address; 263 North Bishop AvenuÐallas, TX 75208	City;	State;	Zip Code
1	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meeting Expense	Breakfast meeting wi	ith skate park donor	r
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 37 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Commi	ssion Filers)
4 Date	5 Payee name			
10/16/2024	Las Palmas			
6 Amount (\$) 160.65 Officeholder Funds for Officeholder Expenditures	7 Payee address; 2708 Routh Street Dallas, TX 75201	City;	State; Zip	Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Meals	Dinner with former C	Councilmember	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office	held
Date	Payee name			
10/17/2024	Ascension			
Amount (\$) 44.50	Payee address; 1621 Oak Lawn Avenue Dallas, TX 75201	City;	State; Zip	Code
Officeholder Funds for Officeholder Expenditures		D : #		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meeting	Meeting with arts adv	vocate	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office I	neld
Date	Payee name			
10/22/2024	Fort Worth Avenue Development			
Amount (\$) 250.00	Payee address; P.O. Box 225120 Fort Worth , TX 75222	City;	State; Zip	Code
Officeholder Funds for Officeholder Expenditures	1.0. Box 223120			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Donation	Sponsorship		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office	held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 38 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
10/24/2024	Lucky Dog Saloon		
6 Amount (\$) 1464.07 Campaign Funds for Campaign Expenditures	7 Payee address; 2701 Cedar Springs RoadDallas, TX 75201	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fundraising	Fundraising event	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/24/2024	MAILCHIMP		
Amount (\$) 171.63	Payee address; 405 N Angier Ave NE Atlanta, GA 30308	City;	State; Zip Code
Campaign Funds for Campaign Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising	E newsletter	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/24/2024	Primal Fundraising		
Amount (\$) 4135.00	Payee address;	City;	State; Zip Code
Campaign Funds for Campaign Expenditures	5706 East Mockingbird Lane Dallas, TX 75206		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Consulting Costs	Consulting Costs	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/Oh		Cinico sought	Onice field
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a categor	y flot listed above)
1 Total pages Schedule F1: 39 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
10/29/2024	Rosemont Dads Club			
6 Amount (\$) 1500.00	7 Payee address; 911 North Morocco Averibrallas, TX 75211	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Donation	Sponsor		
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name			
10/29/2024	Ascension			
Amount (\$) 51.70	Payee address;	City;	State;	Zip Code
Officeholder Funds for	2708 Routh Street Dallas, TX 75201			
Officeholder Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Food/Beverage Expense	Breakfast mtg w hous	sing advisor	
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name			
10/30/2024	Barnes and Nobles			
Amount (\$) 64.95	Payee address; 7700 West Northwest Highway	City;	State;	Zip Code
Officeholder Funds for	Dallas, TX 75225			
Officeholder Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Gifts	Gift for board member	er	
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIII E AS NES	DED	
	AT INCH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	יחבט	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 40 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		,
11/04/2024	Tribal All Day Café		
6 Amount (\$) 38.28 Officeholder Funds for Officeholder Expenditures	7 Payee address; 263 North Bishop AvenuĐallas, TX 75208	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Volunteer Expense	Breakfast meeting w	ith volunteer
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/04/2024	Hunkys Old Fashioned		
Amount (\$) 150.00	Payee address; 3930 Cedar Springs RoaDallas, TX 75218	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures		5	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Gifts	Gift Card for neighbo	orhood event
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/04/2024	ABC Party		
Amount (\$) 85.66	Payee address; 1414 West Davis Street Dallas, TX 75208	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures	THE West David Succe Davids, 111 /5200		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Office Supplies	Event supplies	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Garor (ornor a satego	.yororou abovo,
1 Total pages Schedule F1: 41 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name		<u> </u>	
11/04/2024	Oak Cliff Lions Club			
6 Amount (\$) 100.00 Officeholder Funds for	7 Payee address; P.O. Box 4445 Dallas, TX 75208	City;	State;	Zip Code
Officeholder Expenditures 8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE		Member Dues		
OF EXPENDITURE	Fees	Member Dues		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11/04/2024	Oak Cliff Lions Club			
Amount (\$) 250.00	Payee address;	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	P.O. Box 4445 Dallas, TX 75208			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation	Donation		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11/04/2024				
11/04/2024	Extra Space	2"		
Amount (\$) 98.00	Payee address; 1931 Fort Worth AvenueDallas, TX 75208	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Storage	Storage Fees		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Other (enter a categor	y flot listed above)
1 Total pages Schedule F1: 42 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
11/04/2024	Simply To Impress			
6 Amount (\$) 1154.45	7 Payee address; 3606 S Tyler Street Dallas, TX 75224	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	,			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Printing Expense	Community cards		
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name			
11/06/2024	Village Buger			
Amount (\$) 32.19	Payee address;	City;	State;	Zip Code
Officeholder Funds for	3699 McKinney Avenue Suite C325 Dallas, TX 75204			
Officeholder Expenditures	24143, 111,620			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Meeting	Lunch meeting with	city staff	
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name			
11/07/2024	Cretias Bakery			
Amount (\$) 38.00	Payee address; 228 West Davis Street Dallas, TX 75208	City;	State;	Zip Code
Officeholder Funds for	220 Hest Davis Succe Dallas, 1/4 /3200			
Officeholder Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Gifts	Gifts for retiring boar	rd member	
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL CODIES OF THE	COLLEGE E AGAIT	-DED	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	:חבח	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	oursi (ornor a satogor	y
1 Total pages Schedule F1: 43 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)
4 Date 11/07/2024	5 Payee name Ascension			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
42.33	2708 Routh Street Dallas, TX 75201	Oity,	otate,	Zip Code
Officeholder Funds for Officeholder Expenditures	·			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Food/Beverage Expense	Meeting with Commi	issioner	
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	•	Office held
Date	Payee name			
11/08/2024	The UPS Store 78			
Amount (\$) 167.67	Payee address;	City;	State;	Zip Code
Officeholder Funds for	1222 North Bishop Avenue Suite 200 Dallas , TX 75208			
Officeholder Expenditures	Ballas , III /3200			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Postage and Mailing	Stamps		
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name			
11/10/2024	W. C. D.			
11/12/2024	Victoria Perez			
Amount (\$) 36.99	Payee address; 808 Rutherford Road Waxahachie, TX 75165	City;	State;	Zip Code
Officeholder Funds for	,			
Officeholder Expenditures		T		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Donation	Reimbursement for d	onation	
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	ı			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a categor	y not listed above)
1 Total pages Schedule F1: 44 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
11/12/2024	Parking			
6 Amount (\$) 34.35 Campaign Funds for Campaign Expenditures	7 Payee address; 2506 Northwest 2nd Ave Mia mi Beach, FL 33127	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Fundraising	Out of district travel	- parking	
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name			
11/12/2024	Joeys Italian			
Amount (\$) 30.24	Payee address;	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures	2506 Northwest 2nd Ave Mia mi Beach, FL 33127			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fundraising	Out of district travel	- meals	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name			
11/12/2024	Giannis Restaurant			
Amount (\$) 31.08	Payee address; 1116 Ocean Drive Miami Beach, FL 33139	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fundraising	Out of district travel	- meals	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	,	
1 Total pages Schedule F1: 45 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
11/12/2024	Standard Miami			
6 Amount (\$) 691.23 Campaign Funds for Campaign Expenditures	7 Payee address; 40 Island Avenue Miami Beach, FL 33139	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fundraising	Out of district travel -	- hotel	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	ı expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11/18/2024	The Spelled Milk			
Amount (\$) 75.00 Officeholder Funds for	Payee address; 712 West Davis Street Dallas, TX 75208	City;	State;	Zip Code
Officeholder Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gifts	Gift cards for board n	nembers	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11/18/2024	Legends Concession			
Amount (\$) 108.56	Payee address; 2045 East Division StreetArlington, TX 76011	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	2043 East Division Succernington, 17, 70011			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Meal with sports adve	ocate	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 46 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
11/18/2024	National Anthem		
6 Amount (\$) 72.98 Officeholder Funds for Officeholder Expenditures	7 Payee address; 2130 Commerce Street Dallas, TX 75201	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Meals	Meal with city staff	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/19/2024	Ace Parking		
Amount (\$) 20.00	Payee address; 200 Crescent Court Dallas, TX 75201	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Out of district travel	Out of district travel	- parking
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/19/2024	Ascension		
Amount (\$) 30.68	Payee address; 2708 Routh Street Dallas, TX 75201	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures	2706 Routh Street Danas, 1A 73201		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Meeting	Breakfast meeting wi	ith activist
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Other (enter a category	y not listed above)
1 Total pages Schedule F1: 47 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
11/19/2024	Chad West			
6 Amount (\$) 191.90	7 Payee address; 810 North Bishop Dallas, TX 75208	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Reimbursement for mileage	Travel in District		
LAI ENDITORE	(4)			
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living e	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
11/19/2024	Susana Jaimes			
Amount (\$) 325.00	Payee address;	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures	3606 N Bishop Avenue Dallas, TX 75224			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	Contract Labor		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
11/20/2024	Moxies Grill and Bar			
Amount (\$) 137.99	Payee address; 100 Crescent Court Dallas, TX 75201	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	Too Crescent Court Danas, 17/3201			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meeting	Dinner meeting with	LIHTC developer	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 48 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name		1	
11/21/2024	Oddfellows			
6 Amount (\$) 200.00 Officeholder Funds for Officeholder Expenditures	7 Payee address; 316 West Seventh Street Dallas, TX 75208	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Donation	Gift for neighborhood	d fundraiser	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11/21/2024	Family Gateway			
Amount (\$) 1000.00 Officeholder Funds for Officeholder Expenditures	Payee address; 1421 West Mockingbird Lane Dallas, TX 75247	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation	Donation		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11/25/2024	Michaels			
Amount (\$) 102.76	Payee address;	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	751 Highway 67 Cedar Hill , TX 75104			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Supplies	Office supplies		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 49 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
11/25/2024	MAILCHIMP		
6 Amount (\$) 171.63 Campaign Funds for Campaign Expenditures	7 Payee address; 405 N Angier Ave NE Atlanta, GA 30308	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising	E newsletter	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/25/2024	Qualigraphics		
Amount (\$) 347.42	Payee address; 934 Stevens Woods CourDallas, TX 75208	City;	State; Zip Code
Campaign Funds for Campaign Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising	Marketing materials	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/25/2024	USPS		
Amount (\$) 727.80	Payee address; 515 Centre Street Dallas, TX 75208	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures	515 Centre Street Dallas, TX 75208		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Printing Expense	Postage	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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 NEE	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 50 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
11/27/2024	Benihana			
6 Amount (\$) 84.32 Officeholder Funds for Officeholder Expenditures	7 Payee address; 7775 Banner Drive Dallas, TX 75251	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Discussion with police	ce assoc rep	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11/27/2024	Elena Guzman			
Amount (\$) 785.00	Payee address; 306 S Montreal Avenue Dallas, TX 75208	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Labor	Help with community	y card mailer	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
11/27/2024	Skate Parks for Dallas			
Amount (\$) 1000.00	Payee address; 100 Bachman Lake Park Loop Trail	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	Dallas, TX 75220			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Donation	Donation		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1: 51 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
11/29/2024	BBBop Seoul		
6 Amount (\$) 55.51	7 Payee address; 828 West Davis Street Dallas, TX 75208	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Meals	Lunch with bus assoc	e member
OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/30/2024	Taco y Vino		
Amount (\$) 150.00	Payee address;	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures	213 West Eighth Street Dallas, TX 75208		
•	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Gifts	Gift card for neighbo	rhood
EXI ENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/02/2024	USPS		
Amount (\$) 49.20	Payee address;	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures	515 Centre Street Dallas, TX 75208		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Postage	Postage	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a catego	ry not listed above)
1 Total pages Schedule F1: 52 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name		I	
12/02/2024	Legends Concession			
6 Amount (\$) 133.86 Campaign Funds for	7 Payee address; 2045 East Division StreetArlington, TX 76011	City;	State;	Zip Code
Campaign Expenditures				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	Fundraising	Dinner with donors		
EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/02/2024	Aris Pantry			
Amount (\$) 189.22	Payee address;	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	1307 West Davis Street Dallas, TX 75208			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gifts	Gifts for neighborhoo	od volunteers	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/02/2024	Target			
Amount (\$) 149.20	Payee address; 2418 North Haskell Aver Dæ llas, TX 75204	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Supplies	Supplies for campaig	n office	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 53 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee name			
12/02/2024	The UPS Store 78			
6 Amount (\$) 96.73 Officeholder Funds for Officeholder Expenditures	7 Payee address; 1222 North Bishop Avenue Suite 200 Dallas , TX 75208	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing costs	Printing		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/02/2024	Katy Seitzler			
Amount (\$) 210.00 Campaign Funds for	Payee address; 217 Sycamore Creek Roallen, TX 75002	City;	State;	Zip Code
Campaign Expenditures	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Contract Labor	Contract Labor - Gra	phics	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/02/2024	Eatzis Oak Lawn			
Amount (\$) 110.93 Officeholder Funds for Officeholder Expenditures	Payee address; 3403 Oak Lawn Avenue Dallas, TX 75219	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gifts	Meal train for Oak C	liff family	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 54 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
12/03/2024	Stevens Park Golf Course		
6 Amount (\$) 150.71 Officeholder Funds for Officeholder Expenditures	7 Payee address; 1005 North Montclair Avenue Dallas, TX 75208	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Meeting	Community meeting	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/03/2024	Extra Space		
Amount (\$) 113.00	Payee address; 1931 Fort Worth AvenueDallas, TX 75208	City;	State; Zip Code
Campaign Funds for Campaign Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Storage	Storage Fees	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/05/2024	Flowers By Legacy		
Amount (\$) 210.79	Payee address;	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures	P.O. Box 1442 Evanston, IL 60201		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Gifts	Flowers for funeral	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 55 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
12/05/2024	Chad West			
6 Amount (\$) 1950.00 Officeholder Funds for Officeholder Expenditures	7 Payee address; 810 North Bishop AvenuĐallas, TX 75208	City;	State; Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Rent	Office Rent Reimbur	rsement Jul - Dec 24	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
12/05/2024	Chad West			
Amount (\$) 726.00	Payee address; 810 North Bishop AvenuĐallas, TX 75208	City;	State; Zip Code	
Officeholder Funds for Officeholder Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Supplies	Office I-net reimbursement Jul - Dec 24		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
12/05/2024	Chad West			
Amount (\$) 1080.00	Payee address;	City;	State; Zip Code	
Officeholder Funds for Officeholder Expenditures	810 North Bishop AvenuDallas, TX 75208			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Supplies	Phone Expense Rein	nbursement Jul - Dec 24	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Others (actions extension until listed phone)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Otrier (eriter a catego	ry not listed above)
1 Total pages Schedule F1: 56 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
12/06/2024	Qualigraphics			
6 Amount (\$) 66.94	7 Payee address; 934 Stevens Woods CourtDallas, TX 75208	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising	Marketing materials		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/09/2024	American Airlines			
Amount (\$) 697.40	Payee address;	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	3200 E Airfield Drive DFW Airport, TX 75261			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Travel out of District	Travel out of district	- site visit	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/10/2024	Dallas Morning News			
Amount (\$) 52.23	Payee address; 1954 Commerce Street Dallas, TX 75201	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	1954 Commerce Street Danas, 17/3201			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Subscription	Subscription		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to e	complete this form.	Other (enter a categor	y not listed above)
1 Total pages Schedule F1: 57 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
12/11/2024	La Comida Mexican			
6 Amount (\$) 913.63 Campaign Funds for	7 Payee address; 1101 North Beckley Ave Dadlas, TX 75203	City;	State;	Zip Code
Campaign Expenditures	(1)	10.5		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fundraising	Campaign Launch Pa	arty	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/11/2024	La Comida Mexican			
Amount (\$) 100.00	Payee address;	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	1101 North Beckley Avenadlas, TX 75203			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gifts	Gifts for Community	volunteer	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	(Office held
Date	Payee name			
12/11/2024	Amazon			
Amount (\$) 159.90	Payee address; 325 9th Avenue North Seattle, WA 98109	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	323 Jul I Wende Horai Scattle, WI 70107			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Office Supplies	Office Supplies		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 58 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name		1	
12/11/2024	Mammogram Poster Girls			
6 Amount (\$) 250.00 Officeholder Funds for Officeholder Expenditures	7 Payee address; 408 West 8th Street Suite 103 Dallas, TX 75208	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Donation	Mammogram Sponso	or	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/11/2024	Taco y Vino			
Amount (\$) 61.93 Officeholder Funds for	Payee address; 213 West Eighth Street Dallas, TX 75208	City;	State;	Zip Code
Officeholder Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Meeting	Lunch with neighbor	hood leader	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/11/2024	Chad West			
Amount (\$) 223.22	Payee address; 810 North Bishop AvenuÐallas, TX 75208	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	610 Notui Disnop AvenuDanas, 1A 73206			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Reimbursement for mileage Oct - Dec	Travel in District		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austii	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a category	not listed above)
1 Total pages Schedule F1: 59 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics (Commission Filers)
4 Date	5 Payee name			
12/11/2024	Victoria Perez			
6 Amount (\$) 37.45 Officeholder Funds for	7 Payee address; 808 Rutherford Road Waxahachie, TX 75165	City;	State;	Zip Code
Officeholder Expenditures				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Reimbursement	Meals		
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living e	xpense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	C	ffice held
Date	Payee name			
12/12/2024	Dallas Morning News			
Amount (\$) 84.42	Payee address;	City;	State;	Zip Code
	1954 Commerce Street Dallas, TX 75203			
Officeholder Funds for Officeholder Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Subscription	Subscription		
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	0	ffice held
Date	Payee name			
12/13/2024	The Kessler School PTO			
Amount (\$) 500.00	Payee address; 1822 W 10th Street Dallas, TX 75208	City;	State;	Zip Code
Officeholder Funds for	1022 W 1041 54000 Dailes, 174 /3200			
Officeholder Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation	Event Sponsorship		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living ex	kpense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	(Office held
expenditure to benefit C/OF	ł			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 60 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
12/13/2024	Bishop Street Market		
6 Amount (\$) 43.30 Officeholder Funds for Officeholder Expenditures	7 Payee address; 419 N Bishop Avenue Dallas, TX 75208	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Gifts	Gift for senior neighb	oor
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/13/2024	Enos Pizza		
Amount (\$) 100.00	Payee address; 407 North Bishop AvenuĐallas, TX 75208	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Gifts	Gift card for office staff	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/10/2004	, p.		
12/13/2024	Las Palmas		
Amount (\$) 118.22	Payee address; 2708 Routh Street Dallas, TX 75201	City;	State; Zip Code
Officeholder Funds for Officeholder Expenditures			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Meals	Dinner with former C	CM Mark Clayton
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Caror (criter a catego	ny notnoted above,
1 Total pages Schedule F1: 61 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
12/16/2024	Hunkys Old Fashioned			
6 Amount (\$) 150.00 Officeholder Funds for	7 Payee address; 3930 Cedar Springs RoadDallas, TX 75219	City;	State;	Zip Code
Officeholder Expenditures	(4) 6.1	1425		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	Gifts	Gifts for Supporters		
EXPENDITURE				
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/16/2024	Dallas Youth Sports			
Amount (\$) 1000.00	Payee address;	City;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures	2524 West Ledbetter Dri Dallas, TX 75233			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation	Holiday Level Spons	or	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
12/23/2024	Victoria Perez			
Amount (\$) 1000.00	Payee address; 810 Rutherford Road Dallas, TX 76065	City;	State;	Zip Code
Campaign Funds for Campaign Expenditures	of Kumerou Koad Banas, 17/70005			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Contract Labor	Contract Labor		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 62 of 62	2 FILER NAME Chad West		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
12/23/2024	Benny Guzman		
6 Amount (\$) 200.00 Campaign Funds for Campaign Expenditures	7 Payee address; 306 S Montreal Avenue Dallas, TX 75208	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Contract Labor	Contract Labor	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/24/2024	The 23rd Senatorial District Tejano		
Amount (\$) 50.00 Officeholder Funds for	Payee address; 10432 High Hollow Drive Suite 141	City;	State; Zip Code
Officeholder Expenditures	Dallas, TX 75230		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Member Dues	Member Dues	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED