## CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

#### FORM COR-C/OH

`	Commission Filers)	2 Total pages filed:		· · · · ·	OFFICE	USE ONLY
00085398		14			Date Received	
	IS / MRS / MR	FIRST		MI	ELECTRONI	CALLY FILED
OFFICEHOLDER NAME	∕lr.	Chase E.			12/05/2023	
	IICKNAME	LAST		SUFFIX		
		West				
ORIGINAL [	January 15	Runoff	Other (s	specify)	Date Hand-delivere	ed or Date Postmarked
REPORT TYPE	X July 15	Exceeded modified	reporting limit		Receipt #	Amount
	30th day before election	15th day after camp			-	
	<b>-</b>	appointment (office	holder only)		Date Processed	I
L	8th day before election	Final Report (Attac	n C/OH-FR)		_	
ORIGINAL PERIOD M COVERED	onth Day Yea		Month Day	Year	Date Imaged	
COVERED	01/01/2023	THROUGH	06/30/2023			
EXPLANATION OF CO						
I thought I made a mista	ake, but I didn't.					
AFFIDAVIT			<i></i>			
AFFIDAVIT			ear, or affirm, under p	enalty of perjur	y, that this correc	cted report is true
AFFIDAVIT			ear, or affirm, under p correct.	enalty of perjur	y, that this correc	cted report is true
AFFIDAVIT		and	correct.			cted report is true
AFFIDAVIT		and				cted report is true
AFFIDAVIT		and Che	correct.	/ and all applica	able statements:	
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AFFIDAVIT		and Che	correct. ck the box next to any Semiannual report	/ and all applica s: I swear, or aith and without	able statements: r affirm that the o t an intent to misl	riginal report ead or to
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Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

Th	o CIOH Instruction (	Guide explains how to com	ploto this form	1 Filer ID		2 Total pages	filed:
l'''	ie C/OIT mistraction C	suide explains now to com	piete tilis lorili.	(Ethics Comm 00085398	•		14
3	CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
	OFFICEHOLDER NAME	Mr.	Chase E.			Date Received	
	TV WIL					ELECTRONIC	NIIV EII ED
						12/05/2023	ALLI FILLD
		NICKNAME	LAST		SUFFIX	12/05/2023	
			West				
4	CANDIDATE /	ADDRESS / PO BOX; AF	PT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
	OFFICEHOLDER MAILING	1506 GRAND JUNCTIC	N DR				
	ADDRESS					Receipt #	Amount
	Change of Address	Katy, TX 77450				Date Processed	
						Date 1 10cc33cu	
						Date Imaged	
5	CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST		MI	•	
		AUGUALANE					
		NICKNAME	LAST		SUFFIX		
6	CAMPAIGN	STREET ADDRESS (NO F	O BOY DI EASE):	ΛD	T / SUITE #; CITY;	ет	TATE; ZIP CODE
ľ	TREASURER	STREET ADDRESS (NO F	O BOX FLEASE),	AF	1730HE#, CHT,	31	ATE, ZIF CODE
	ADDRESS						
	(Residence or Business)						
7	CAMPAIGN	AREA CODE PHO	ONE NUMBER E	EXTENSION			
	TREASURER PHONE						
	THONE						
8	REPORT			_		_	
	TYPE	January 15	30th day before	e election	Runoff	15th day after c appointment (of	ampaign treasurer ficeholder only)
		X July 15	8th day before	election	Exceeded modified	Final Report (At	
				ш	reporting limit	_ ` `	,
9	PERIOD	Month Day Yea	 r		Month Day	Year	
	COVERED	01/01/2023	TH	HROUGH	06/30/202	3	
10	ELECTION	ELECTION DATE			ELECTION TYPE		
		Month Day Yea	r XP	rimary	Runoff	Other	
		03/05/2024	l ∏g	Seneral	Special		
11	OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	011102	None District HD132 Ha	ırris		State Represent		0132
$\vdash$							
			00-	TO DAGE 6			
			GO T	O PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

3 of 14

13 C / OH NAME	West, Chase E. (Mr.)	)		<b>14</b> Filer ID 00085398	(Ethics Comr	nission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures i	accepted or political expenditumay have been made without to quired to report this information	the candidate's or offic	eholder's kno	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
_	GENERAL					
		COMMITTEE ADDF	RESS			
	SPECIFIC					
		COMMITTEE CAME	PAIGN TREASURER NAME			
		COMMITTEE CAMP	PAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION	1. TOTAL UNITEM	UZED BOLITICAL CO	NITRIBLITIONS (OTLIED THAN	NI DI EDCEC I CANC		
TOTALS			NTRIBUTIONS (OTHER THAI CONTRIBUTIONS MADE ELEC		\$	0.00
		CAL CONTRIBUTION PLEDGES, LOANS, C	<b>S</b> DR GUARANTEES OF LOANS	5)	\$	1,400.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EX	PENDITURES		\$	0.00
	4. TOTAL POLITIC	CAL EXPENDITURES	•		\$	615.17
CONTRIBUTION BALANCE	5. TOTAL POLITICATION REPORTING PE		S MAINTAINED AS OF THE LA	AST DAY OF THE	\$	322.67
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		OUTSTANDING LOANS AS	OF THE LAST DAY	\$	350.00
17 AFFIDAVIT					•	
		tr	swear, or affirm, under penalty rue and correct and includes al nder Title 15, Election Code.			
			Me	Change F. Woot		
		-		Chase E. West  Candidate or Officeho	older	
ΔΕΕΙΧ NO:	TARY STAMP / SEAL ABO	OVE	G .			
			ny hand and seal of office.	, this the		_ day
	,,, ,	,	,,			
Signature of office	cer administering	Printed name o	f officer administering	Title of office	er administerir	ng oath

## **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

4 of 14

					4 01 14
<b>18</b> FIL	ER NAM	ME	19 Filer ID	(Ethics C	ommission Filers)
We	est, Cha	ase E. (Mr.)	00085398		
l		E SUBTOTALS SCHEDULE		SUE	BTOTAL AMOUNT
<u> </u>					
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,400.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	X	SCHEDULE E: LOANS		\$	350.00
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	12.84
6.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	350.00
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	602.33
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 5/14	
2	FILER NAME West, Chase			3	Filer ID (Ethics Commission 00085398	n Filers)
4	Date 06/24/2023	5 Full name of contributor out-of-state PAC (ID#:_ Benefield, Trent (Mr.)  6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$200.00
_		Katy, TX 77493				
8	Principal occu Unknown	pation / Job title (See Instructions)	Employer (See Instructions     Unknown	)		
	Date 06/24/2023	Full name of contributor out-of-state PAC (ID#:_ Benefield, Trent (Mr.) Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$200.00
	Principal occu	Raty, TX 77493  spation / Job title (See Instructions)	Employer (See Instructions	)		
	Unknown	, ,	Unknown			
	Date 06/22/2023	Full name of contributor out-of-state PAC (ID#:_ Kamish, Marsha (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Katy, TX 77450				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		
	Date 06/22/2023	Full name of contributor out-of-state PAC (ID#:_Kamish, Marsha (Ms.)  Contributor address; City; State; Zip Code  Katy, TX 77450			Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		
	Date 06/24/2023	Full name of contributor out-of-state PAC (ID#:_ Nicholas, Radzukewycz (Mr.)  Contributor address; City; State; Zip Code  Katy, TX 77493	)		Amount of Contribution (\$)	\$100.00
	Principal occu Mechanical I	pation / Job title (See Instructions) Engineer	Employer (See Instructions Unknown	)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS	SCHEDULE A	.1
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 2/2 Rpt: 6/14	
2	FILER NAME West, Chase			3 Filer ID (Ethics Commission Filer 00085398	s)
4	Date 06/24/2023	5 Full name of contributor out-of-state PAC (ID#:_ Radzucewycz, Nicholas (Mr.)  6 Contributor address; City; State; Zip Code	)	7 Amount of Contribution (\$) \$10	00.00
8	Principal occu	Katy, TX 77493  spation / Job title (See Instructions)	9 Employer (See Instructions		
•	Mechanical		Freelance	5)	
	Date 06/29/2023	Full name of contributor out-of-state PAC (ID#:_ West, Sue Contributor address; City; State; Zip Code  KATY, TX 77449	Amount of Contribution (\$) \$25	50.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions The West Law Office PL		
	Date 06/26/2023	Full name of contributor out-of-state PAC (ID#:_West, Sue (Ms.)  Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$25	50.00
	Principal occu	Katy, TX 77449  upation / Job title (See Instructions)	Employer (See Instructions	s)	
	Attorney		The West Law Office		
	Date 06/26/2023	Full name of contributor out-of-state PAC (ID#:_ West, Sue (Ms.)  Contributor address; City; State; Zip Code  Katy, TX 77449		Amount of Contribution (\$) \$25	50.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions The West Law Office	s)	

	LOANS			SCHEDULE E		
	The Instruction	on Guide explains how to complete	this form.	1 Total pages Schedule E: Sch: 1/1 Rpt: 7/14		
2	FILER NAME West, Chase E.	(Mr.)		3 Filer ID (Ethics Commission Filers) 00085398		
4	TOTAL OF UN	IITEMIZED LOANS		\$		
5	Date of loan 06/23/2023	7 Name of lender out-of-s West, Chase (Mr.)	tate PAC (ID#:	9 Loan Amount (\$) \$350.0		
6	Is lender a financial institution?	8 Lender address; City; S	tate; Zip Code	10 Interest Rate		
	No	Katy, TX 77450		<b>11</b> Maturity Date 03/05/2024		
12	Principal occupati Music Producer	on / Job title (See Instructions)	13 Employer (See Instru Audio Realm Studio			
14	Description of Col	lateral	15 Check if personal fun	ds were deposited into political account (See Instructions)		
16	GUARANTOR INFORMATION	17 Name of guarantor	, and the second	19 Amount Guaranteed (\$)		
	X not applicable	18 Guarantor address; City; S	tate; Zip Code			
20	Principal occupati	on	21 Employer (See Instru	ctions)		

## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Committee	Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	xpense Printi Salai		Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1: Sch: 1/1 Rpt: 8/14	l	IAME Chase E. (Mr.)				3	Filer ID 00085398	(Ethics Commission Filers)	
┰	Date	<b>5</b> Payee n					<u> </u>			$\dashv$
	06/25/2023		e Technical Services							
6	Amount (\$)	<b>7</b> Payee a	ddress; City;	State; Zip	Code					$\neg$
	\$12.84	366 Su	mmer Street							
			ville, MA 02144-3132							
8	PURPOSE OF		y (See Categories listed at the	top of this schedule)	(b)	Description	Lautai	do of Toyon Com	oloto Cobodulo T	
	EXPENDITURE	Accoun	nting/Banking					de of Texas. Com officeholder living		
						ActBlue Fee				
9	Complete ONLY if direct expenditure to benefit C/O		e/Officeholder name	Office	sought			Office he	eld	

#### UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 9/14 West, Chase E. (Mr.) 00085398 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 06/23/2023 West, Chase Amount (\$) Payee address; City; State; Zip Code \$350.00 1506 GRAND JUNCTION DR Katy, TX 77450 TYPE OF Non-Political Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Loan Outstanding 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH West, Chase (Mr.) State Representative District None District HD132

## SCHEDULE G

## 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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	•	Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
		The Instruction Guide explains	how to complete this form.	
1	Total pages Schedule G:	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/5 Rpt: 10/14	West, Chase E. (Mr.)		00085398
4	Date	Payee name		
	06/23/2023	CVS		
6	Amount (\$)	Payee address; City; State	Zip Code	
	\$43.79	1616 S Mason Rd		
	Reimbursement from			
	x political contributions intended	Katy, TX 77450		
		-	T	_
8	PURPOSE OF	Category (See Categories listed at the top of this sch	edule) <b>(b)</b> Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
			Supplies for res	earch and strategizing.
9		didate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH			
	Date	Payee name		
	06/05/2023	Campaign Partner		
	Amount (\$)	Payee address; City; State	Zip Code	
	\$49.00	P.O. Box 118		
	Reimbursement from			
	X political contributions intended	Still River, MA 01467		
	PURPOSE	Category (See Categories listed at the top of this sch	edule) Description	Check if travel outside of Texas. Complete Schedule T.
	OF	Solicitation/Fundraising Expense	edule) Description	Check if Austin, TX, officeholder living expense
	EXPENDITURE	Solicitation/Fundraising Expense	Website Domair	— and Hosting
			Woodle Boman	rana riosang
	Complete ONLY if direct	didate/Officeholder name	Office sought	Office held
	expenditure to benefit	addic, officerolder name	Office Sought	Office Held
	C/OH			
	Date	Payee name		
	06/20/2023	Canva		
	Amount (\$)		Zip Code	
	\$75.00	75 E Santa Clara St.	Zip Code	
		73 E Santa Clara St.		
	X political contributions			
	intended	San Jose, CA 95113		
	PURPOSE	Category (See Categories listed at the top of this sch	edule) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
			Mini Pushcards	
	•	didate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH	st, Chase (Mr.)	State Repres	sentative None District HD132
	GOTT		·	

#### SCHEDULE G

# **EXPENDITURE CATEGORIES FOR BOX 8(a)**

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Over Polling Ex Printing E			Transportat Travel in Dis Travel Out o		
	Credit Card Payment		The Instruction Guide explains	s how to co	emplete this form.				
1	Total pages Schedule G:	2 FILER NAM	E			3	Filer ID	(Ethics Commission Filers)	_
	Sch: 2/5 Rpt: 11/14	West, Cha	se E. (Mr.)				0008539	98	
4	Date	5 Payee name	)						_
	06/23/2023	Canva							
6	Amount (\$)	<b>7</b> Payee addre	ess; City; State	e; Zip Co	ode				_
	\$45.00	75 E Santa	Clara St.						
	X Reimbursement from political contributions intended	San Jose,	CA 95113						
8	PURPOSE	(a) Category (s	See Categories listed at the top of this so	chedule)	(b) Description	=		outside of Texas. Complete Schedule T.	
	OF EXPENDITURE	Advertising	Expense			_		ı, TX, officeholder living expense	
					Mini Push Cards	wit	th differer	nt info	
9	avnanditura ta hanafit	Candidate/Office			Office sought			Office held	
	C/OH	West, Chase (	Mr.)		State Represe	ent	ative	None District HD132	
	Date	Payee name	1						=
	06/23/2023	Canva							
	Amount (\$)	Payee addre	ess; City; State	e; Zip Co	ode				_
	\$12.95	75 E Santa	•						
	Reimbursement from								
	X political contributions intended	San Jose,	CA 95113						
	PURPOSE	Category (s	See Categories listed at the top of this so	chedule)	Description [	С	heck if travel	outside of Texas. Complete Schedule T.	
	OF EXPENDITURE	Advertising	Expense			С	heck if Austin	n, TX, officeholder living expense	
					Shipping of Adve	ertis	sing Mate	erial	
	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought			Office held	
	C/OH								
	Date	Payee name	1						=
	06/16/2023	Canva	•						
	Amount (\$)	Payee addre	ess; City; State	e; Zip Co	ode				_
	\$58.00	75 E Santa	* * * * * * * * * * * * * * * * * * * *						
	Reimbursement from								
	X political contributions intended	San Jose,	CA 95113						
	PURPOSE OF	Category (s	See Categories listed at the top of this so	chedule)	Description	=		outside of Texas. Complete Schedule T.	
	EXPENDITURE	Advertising	Expense		L	_		ı, TX, officeholder living expense	
					Re-order of Mini	Рu	sn Cards	j	
	Complete ONII V if allows:	Condidate (Off:	holder nems		Office accorded			Office held	_
	evnenditure to henefit	Candidate/Office			Office sought	ant.	ativo	Office held	
	C/OH	West, Chase (	vii. <i>j</i>		State Represe	=11li	auve	None District HD132	

## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- Git Committee Le	od/Beverage Expense ft/Awards/Memorials Expense gal Services ne Instruction Guide explains I		pense /ages/Contract Labor		Travel in Dist Travel Out of OTHER (ente	
1	Total pages Schedule G: Sch: 3/5 Rpt: 12/14	2 FILER NAME West, Chase	E. (Mr.)			3	Filer ID 0008539	(Ethics Commission Filers)
4	Date	5 Payee name				<u> </u>		
	06/23/2023	Canva						
6	Amount (\$)	7 Payee address;		Zip Co	de			
	\$41.00	75 E Santa Cl	ara St.					
	X Reimbursement from political contributions intended	San Jose, CA	95113					
8	PURPOSE OF	(a) Category (See	Categories listed at the top of this sche	edule)	(b) Description	=		utside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Ex	kpense		Reprint of Mini P	_		TX, officeholder living expense
					Replint of Milli P	uSH	Carus	
9		Candidate/Officehol	der name		Office sought			Office held
	expenditure to benefit C/OH	West , Chase (Mr	.)		State Represe	enta	tive	None District HD132
	Date	Payee name						
	06/03/2023	Dog Haus						
	Amount (\$) \$61.00	Payee address; 1096 Enclave		Zip Co	de			
	Reimbursement from	1090 Eliciave	rkwy					
	y political contributions intended	Houston, TX 7	77077					
	PURPOSE OF		Categories listed at the top of this sche	edule)	Description	_		utside of Texas. Complete Schedule T. TX, officeholder living expense
	EXPENDITURE	Consulting Ex	pense		L Strategy session	_		
					Circlegy 30331011	****	ii voidiite	510.
	Complete ONLY if direct expenditure to benefit	Candidate/Officehol	der name		Office sought			Office held
	C/OH							
	Date	Payee name						
	06/19/2023	T Shirts Etc.						
	Amount (\$)	Payee address;		Zip Co	de			
	\$146.33	811 S Mason Ste 160	Ru					
	X Reimbursement from political contributions intended	Katy, TX 7745	50					
	PURPOSE	-	Categories listed at the top of this sche	edule)	Description	<b>7</b> Ch	neck if travel or	utside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertising Ex	•	,		_		TX, officeholder living expense
	EXI ENDITORE				T shirts for volun	teeı	rs	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officehol	der name		Office sought			Office held

## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.		oistrict t of District inter a category not listed above)
1	Total pages Schedule G:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
	Sch: 4/5 Rpt: 13/14	West, Chas	se E. (Mr.)		000853	398
4	Date	<b>5</b> Payee name				
	06/23/2023	Tim Horton				
6	Amount (\$)	<b>7</b> Payee addre	ess; City; State;	Zip Code		
	\$6.42	21811 Clay	•	,		
	Reimbursement from political contributions intended	Katy, TX 77	7449			
8	PURPOSE	(a) Category (S	ee Categories listed at the top of this sch	edule) (b) Description	Check if trave	outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Consulting	Expense		Check if Aust	in, TX, officeholder living expense
	LA LABITORE			Strategy meeti	ing with volun	teer
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name	Office sough	t	Office held
	Date	Payee name				
	06/05/2023	Twitter				
	Amount (\$)	Payee addre	ess; City; State;	Zip Code		
	\$11.91	1355 Marke	et St.			
	Reimbursement from	Ste. 900				
	X political contributions intended	San Francis	sco , CA 94103			
	PURPOSE	Category (S	ee Categories listed at the top of this sch	edule) Description	Check if trave	l outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertising	Expense		Check if Austi	in, TX, officeholder living expense
	EXI ENDITORE			Twitter Blie su	bscription	
		Candidate/Office	holder name	Office sough	t	Office held
	expenditure to benefit C/OH	West, Chase(	Mr.)	State Repre	esentative	None District HD132
	Data					
	Date	Payee name (see previo				
		(See previo	us)			
	4 (4)		0''			
	Amount (\$)	Payee addre	ess; City; State;	Zip Code		
		Payee addre	ess; City; State;	Zip Code		
	Amount (\$)  Reimbursement from political contributions intended	Payee addre	ess; City; State;	Zip Code		
	Reimbursement from political contributions intended	,	ess; City; State;		=	el outside of Texas. Complete Schedule T.
	Reimbursement from political contributions intended	,	·		=	el outside of Texas. Complete Schedule T. in, TX, officeholder living expense
	Reimbursement from political contributions intended  PURPOSE OF	,	·		=	
	Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE	Category (s	ee Categories listed at the top of this sch	edule) Description	Check if Austi	in, TX, officeholder living expense
	Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit	Category (s	ee Categories listed at the top of this sch	edule) Description Office sough	Check if Austi	in, TX, officeholder living expense Office held
	Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit	Category (s	ee Categories listed at the top of this sch	edule) Description	Check if Austi	in, TX, officeholder living expense
	Reimbursement from political contributions intended  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit	Category (s	ee Categories listed at the top of this sch	edule) Description Office sough	Check if Austi	in, TX, officeholder living expense Office held

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 5/5 Rpt: 14/14 West, Chase E. (Mr.) 00085398 Date Payee name 06/21/2023 **UPrinting** 6 Amount (\$) Payee address; City; State; Zip Code 800 Haskell Ave. \$51.93 Reimbursement from political contributions intended Х Van Nuys, CA 91406 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Branded water bottles ro hand out at Summer events. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit West, Chase (Mr.) State Representative None District HD132 C/OH