STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH COVER SHEET PG 1

The SC C/OH Instruction G	Guide explains how to complete	this form.	1 Filer ID (Ethics Commission Filers	2 Total pages filed:		
	·		00083877		23	
3 CANDIDATE NAME	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY	Y
	Mr.	Allen B.			Date Received	
					ELECTRONICALLY FILED)
	NICKNAME	LAST		SUFFIX	01/16/2024	
		West				
					Date Hand-delivered or Date Postmarke	ed
4 CANDIDATE ADDRESS	ADDRESS / PO BOX; AP	I/SUITE#; C	STY; STATE; ZIP CC	DDE	Descipt # Amount	
	1837 Eastern Hills Dr.				Receipt # Amount	
_	Garland, TX 75043				Date Processed	
Change of Address	Gariana, 17. 75045					
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER	Ms.	Diane L.			IVII	
NAME	W.S.	Diane L.				
	NICKNAME	LAST			SUFFIX	
		Kelley				
6 CAMPAIGN	STREET ADDRESS (NO P	O BOX PLEASE)); APT / SUITE #;	CITY;	STATE; ZIP CO	ODE
TREASURER ADDRESS	6657 Crestway Ct.	,	,	- ,	,	
	-					
(Residence or Business)	Dallas, TX 75230					
7 CAMPAIGN	AREA CODE	PHONE N	NUMBER		EXTENSION	
TREASURER PHONE	(214) 682-5558					
8 REPORT TYPE						
	X January 15	30th day	y before convention / elec	ction	Runoff	
	July 15	8th day	before convention / electi	ion	Final report (Attach SC C/0	OH-FR)
	_					
9 PERIOD COVERED	1	⁄ear			Month Day Yea	ar
COVERED	11/29/2023		THROUGH		12/31/2023	
10 CONVENTION /	Month Day	⁄ear	11 OFFICE	<u> </u>		
ELECTION DATE	Wionth Day	Cai	SOUGH		STATE CHAIR	
					X COUNTY CHAIR	
12 POLITICAL	Republican		COL	UNTY (If Applica	able)	
PARTY			Dal	las		
		GO	TO PAGE 2			

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT: SUPPORT & TOTALS

FORM SC C/OH COVER SHEET PG 2

2 of 23

13 CANDIDATE NAME	West, Allen B. (Mr.)		14 Filer ID 00083877	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)		political expenditures by political committees to andidate's knowledge or consent. Candidates penditures.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ll °	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NA	ME	
		COMMITTEE CAMPAIGN TREASURER AD	DRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER ES OF LOANS, OR CONTRIBUTIONS MADE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LO	DANS)	\$ 16,364.05
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 6,895.92
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF T RIOD	HE LAST DAY OF THE	\$ 9,468.13
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOAN TING PERIOD	S AS OF THE LAST DAY	\$ 0.00
17 AFFADAVIT			enalty of perjury, that the acd des all information required tode.	
			Mr. Allen B. West	
			Signature of Candidate	
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office	. .	
Signature of office	eer administering oath	Printed name of officer administering oa	th Title of office	r administering oath

SUBTOTALS - SC C/OH

FORM SC C/OH COVER SHEET PG 3

			CC	JVER SHE	3 of 23
18 CANDI West,		NAME B. (Mr.)	19 Filer ID 00083877	(Ethics Commis	sion Filers)
		SUBTOTALS CHEDULE		SUBTOTA	L AMOUNT
1.	X S	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	16,364.05
2.] s	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.] s	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.] s	\$			
5.	x s	\$	6,895.92		
6.] s	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.] s	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.] s	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.] s	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.] s	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11.] s	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F O FILER	RETURNED	\$	

	MONET	NETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1
	The Instruc	ction Guide explains how to comp	lete this form	n.	1	Total pages Schedule A1: Sch: 1/8 Rpt: 4/23	
2	FILER NAME West, Allen E	3. (Mr.)			3	Filer ID (Ethics Commission 00083877	n Filers)
4	Date 12/22/2023	Ammons, Sandy 6 Contributor address; City; State; Zip Coo)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu Director	Dallas, TX 75230 pation / Job title (See Instructions)	9	Employer (See Instructions Marketing & More LLC) ;)		
	Date 12/25/2023	Bradley, Marsha Contributor address; City; State; Zip Code Lubbock, TX 79413			Amount of Contribution (\$)	\$25.00	
	Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions Retired	<u> </u>		
	Date 12/22/2023	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
	Principal occu	Desoto, TX 75115 pation / Job title (See Instructions)		Employer (See Instructions) Fair Park Bible Fellowship		Church	
	Date Full name of contributor out-of-state PAC (ID#: 12/20/2023 Burns, Emily)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	Dallas, TX 75244 pation / Job title (See Instructions)		Employer (See Instructions) Retired			
	Date Full name of contributor out-of-state PAC (ID#:) 12/15/2023 Canion, Judith Colleen Contributor address; City; State; Zip Code Dallas, TX 75243			Amount of Contribution (\$)	\$100.00		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			•				

	MONET	NETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 2/8 Rpt: 5/23	
2	FILER NAME West, Allen E	3. (Mr.)			3	Filer ID (Ethics Commission 00083877	on Filers)
4	Date 12/04/2023	 Full name of contributor out out out out out out out)	7	Amount of Contribution (\$)	\$4,729.05
		Dallas, TX 75230					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 12/19/2023	Full name of contributor out Dowd, Malinda Contributor address; City; State; Zip				Amount of Contribution (\$)	\$40.00
		Dallas, TX 75208 Principal occupation / Joh title (See Instructions) Employer (See Instructions)					
	Principal occupation / Job title (See Instructions) Homemaker			Employer (See Instructions Homemaker)		
	Date Full name of contributor out-of-state PAC (ID#:_ 12/21/2023 Edmonson, Robert Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75214					
	Principal occu Real Estate.	pation / Job title (See Instructions) Sales		Employer (See Instructions Allie Beth Allman & Asso			
	Date Full name of contributor out-of-state PAC (ID#:_ 12/20/2023 Florey, Lynette Contributor address; City; State; Zip Code Dallas, TX 75243)		Amount of Contribution (\$)	\$250.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$100.00	
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
			•				

	MONET	NETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1
	The Instruc	ction Guide explains how to comple	ete this for	n.	1	Total pages Schedule A1: Sch: 3/8 Rpt: 6/23	
2	FILER NAME West, Allen E	3. (Mr.)			3	Filer ID (Ethics Commission 00083877	n Filers)
4	Date 12/11/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$250.00
8	Principal occu	Dallas, TX 75230 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Date 12/27/2023	Full name of contributor out-of-state PAC (ID#:) Getting, Roy Contributor address; City; State; Zip Code Irving, TX 75060		•	Amount of Contribution (\$)	\$100.00	
	Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions Retired	5)		
	Date 12/23/2023	Full name of contributor out-of-state PAC (ID#:) Grant, James Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
	Principal occu	Longview, TX 75601 pation / Job title (See Instructions)		Employer (See Instructions	 S)		
	Carpenter Date Full name of contributor out-of-state PAC (ID#: 12/22/2023 Herrera, Danny			Self-Employed	•	Amount of Contribution (\$)	\$25.00
	Principal occu Business An	pation / Job title (See Instructions)		Employer (See Instructions Vizient, Inc.	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 12/16/2023 James, Leonard Contributor address; City; State; Zip Code Frisco, TX 75033		•	Amount of Contribution (\$)	\$10.00		
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			•				

	MONET	NETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1
	The Instruc	ction Guide explains how t	o complete this for	n.	1	Total pages Schedule A1: Sch: 4/8 Rpt: 7/23	
2	FILER NAME West, Allen E	3. (Mr.)			3	Filer ID (Ethics Commission 00083877	n Filers)
4	Date 12/11/2023	5 Full name of contributor	out-of-state PAC (ID#: e; Zip Code)	7	Amount of Contribution (\$)	\$100.00
	Dringing! goog	Dallas, TX 75228	10	Employer (See Instructions	<u></u>		
8	Hairdresser	pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	•)		
	Date 12/25/2023	Jourdan, Emily Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00	
	Dringing! aggr	Dallas, TX 75209 Principal occupation / Job title (See Instructions) Employer (See Instructions)			<u></u>		
	Writer			Self Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00	
		Granbury, TX 76049					
	Principal occu Realtor	pation / Job title (See Instructions)		Employer (See Instructions Allie Beth Allman	5)		
	12/20/2023 Lang, Jeff)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions) Retired			
	Date Full name of contributor out-of-state PAC (ID#:) 12/21/2023 Laughlin, Grant Contributor address; City; State; Zip Code Dallas, TX 75251			Amount of Contribution (\$)	\$250.00		
	Principal occu Commercial	pation / Job title (See Instructions) Real Estate		Employer (See Instructions LCRG	s)		

	MONEI	NETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this fo	rm.	1 Total pages Schedule A1: Sch: 5/8 Rpt: 8/23		
2	FILER NAME West, Allen E	B. (Mr.)			3 Filer ID (Ethics Commission Filers) 00083877		
4	Date 12/19/2023	 5 Full name of contributor Lyman, Denise 6 Contributor address; City; Sta 	out-of-state PAC (ID#: ate; Zip Code		7 Amount of Contribution (\$) \$1,500.0	D	
Q	Principal occu	Dallas, TX 75230 pation / Job title (See Instructions)	16	Employer (See Instructions	2)	_	
0		ing Strategist		Paramount Communica			
	Date Full name of contributor out-of-state PAC (ID#:) 12/19/2023 Mariani, Janet Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$500.0	– O			
	Dallas, TX 75219						
		pation / Job title (See Instructions)		Employer (See Instructions			
	Marketing			The Tradition Senior Liv	-	_	
	Date Full name of contributor ☐ out-of-state PAC (ID#: 12/22/2023 Mason, Ajua Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$100.0	Э	
		Dallas, TX 75237				_	
	Stylist	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date Full name of contributor out-of-state PAC (ID# 12/22/2023 McKeel, Ron Contributor address; City; State; Zip Code Carrollton, TX 75010		out-of-state PAC (ID#: atte; Zip Code)	Amount of Contribution (\$) \$100.00)	
	Principal occu Property Mai	pation / Job title (See Instructions) nagement		Employer (See Instructions MCPM Services LLC	5)	_	
	Date 12/11/2023 Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$) \$500.0	=		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	; ;)	_	

	MONET	NETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1	
	The Instruc	ction Guide explains hov	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 6/8 Rpt: 9/23	
2	FILER NAME West, Allen E	B. (Mr.)				3	Filer ID (Ethics Commission 00083877	on Filers)
4	Date 12/11/2023	5 Full name of contributor Mouskondis, E.B.6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Dallas, TX 75230 pation / Job title (See Instructions	s)	9	Employer (See Instructions	<u> </u> s)		
	Retired	,	,		Retired	,		
	Date Full name of contributor out-of-state PAC (ID#:) 12/11/2023 Nesbit, Stephen Contributor address; City; State; Zip Code Dallas. TX 75225		•	Amount of Contribution (\$)	\$2,500.00			
		Dallas, TX 75225						
	Principal occupation / Job title (See Instructions) M&A				Employer (See Instructions Self Employed	s)		
	Date Full name of contributor out-of-state PAC (ID#:) 12/27/2023 Quint, Michael Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00		
	Drincinal occu	Dallas, TX 75254 pation / Job title (See Instructions			Employer (See Instructions	·)		
	Real Estate		,		Newmark	"		
	Date Full name of contributor out-of-state PAC (ID#:_ 12/20/2023 Rende, Joseph)		Amount of Contribution (\$)	\$100.00
	•	pation / Job title (See Instructions tructure Developer, Financier	<i>'</i>		Employer (See Instructions Shikun&Binui Concess		A, Inc.	
	Date Full name of contributor out-of-state PAC (ID#:) 12/20/2023 Ringer, Denise Contributor address; City; State; Zip Code Dallas, TX 75205				Amount of Contribution (\$)	\$200.00		
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions Retired	s)		
			,					

	MONET	NETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 7/8 Rpt: 10/23	
2	FILER NAME West, Allen E	3. (Mr.)			3	Filer ID (Ethics Commission 00083877	n Filers)
4	Date 12/20/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$10.00
	Dringing age	Coppell, TX 75019	٦,	Employer (Coo Instructions	<u></u>		
8	IT Manager	pation / Job title (See Instructions)	9	Employer (See Instructions Wiley X	5)		
	Date 12/11/2023	Full name of contributor out-of-state PAC (ID#:) Russell, Phillip Contributor address; City; State; Zip Code Farmers Branch, TX 75234			Amount of Contribution (\$)	\$100.00	
	Principal occu	Farmers Branch, TX 75234 ncipal occupation / Job title (See Instructions) Emplo			 ;)		
	Retired			Retired			
	Date Full name of contributor out-of-state PAC (ID#:		:)		Amount of Contribution (\$)	\$25.00
		Lago Vista, TX 78645					
		pation / Job title (See Instructions) & & Not Required	Employer (See Instructions) Not Avaliable & Not Required				
	Date Full name of contributor out-of-state PAC (ID#:_12/22/2023 Sisler, Karen)		Amount of Contribution (\$)	\$200.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 12/22/2023 Smith, Mary Ellen Contributor address; City; State; Zip Code Dallas, TX 75240			Amount of Contribution (\$)	\$100.00		
	Principal occu Financial Ad	pation / Job title (See Instructions) visor		Employer (See Instructions Self Employed	5)		

	MONEI	ARY POLITICAL COI	NTRIBUTIONS			SCHEDUL	E A1
	The Instru	ction Guide explains how to o	complete this form.		1	Total pages Schedule A1: Sch: 8/8 Rpt: 11/23	
2	FILER NAME West, Allen E	B. (Mr.)			3	Filer ID (Ethics Commission 00083877	on Filers)
4	Date 12/11/2023		out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$250.00
		Dallas, TX 75238					
8	Principal occu Realtor	pation / Job title (See Instructions)		mployer (See Instructions) elf Employed)		
	Date 12/12/2023	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$40.00
	Delin sim al a san	Dallas, TX 75229	T -				
	Principal occupation / Job title (See Instructions) Homemaker			mployer (See Instructions) omemaker)		
	Date 12/20/2023	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$300.00
		Carrollton, TX 75006					
	Principal occu Retired	pation / Job title (See Instructions)		mployer (See Instructions) etired)		
	Date 12/15/2023	Full name of contributor	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions)	Eı	mployer (See Instructions))		
	Date 12/21/2023	Villere, Christine Contributor address; City; State; 2	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$35.00
	Principal occu	Santa Fe, TX 77510 pation / Job title (See Instructions)	Eı	mployer (See Instructions))		
		*		ot Avaliable & Not Req			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	•		Expense //Wages/Contract Labor complete this form.	Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:		•	•	3 Filer ID (Ethics Commission Filers	
_	Sch: 1/12 Rpt: 12/23	West, Allen B. (Mr.)			00083877	,
	<u> </u>	. ,			00083877	
4	Date	Payee name				
	12/05/2023	Anedot				
6	Amount (\$)	Payee address; City;	State; Zip C	code		
	\$1.70	1340 Poydras Street, S	uite 1770			
		,				
		Na Odana 1 A 70446	2			
		New Orleans, LA 70112	<u> </u>			
8	PURPOSE	a) Category (See Categories liste	ed at the top of this schedule)	(b) Description		
	OF EXPENDITURE	Fees		<u> </u>	outside of Texas. Complete Schedule T.	
				_ _	n, TX, officeholder living expense	
				Online Dona	tion Processing Fee	
9	Complete ONLY if direct	Candidate/Officeholder nam	ne Office so	ught	Office held	
	expenditure to benefit C/OI					
	Date	Payee name				_
	12/05/2023	Anedot				
			State; Zip C	`odo		
	Amount (\$)		, ,	oue		
	\$1.30	1340 Poydras Street, S	uite 1770			
		New Orleans, LA 70112	2			
	PURPOSE	a) Category (See Categories liste	ed at the top of this schedule)	(b) Description		
	OF EXPENDITURE	Fees	, ,	Check if travel	outside of Texas. Complete Schedule T.	
	EXPENDITURE				n, TX, officeholder living expense	
				Online Dona	tion Processing Fee	
	Complete ONLY if direct	Candidate/Officeholder nam	ne Office so	ught	Office held	
	expenditure to benefit C/OI					
	Date	Payee name				
	12/11/2023	Anedot				
	Amount (\$)	Payee address; City;	State; Zip C	ode		
	\$100.30	1340 Poydras Street, S	uite 1770			
		New Orleans, LA 70112	2			
	PURPOSE	a) Category (See Categories liste	ad at the top of this schedule)	(b) Description		
	OF	Fees	ed at the top of this schedule)	I `	outside of Texas. Complete Schedule T.	
	EXPENDITURE	. 555		Check if Austir	n, TX, officeholder living expense	
				Online Dona	tion Processing Fee	
	Complete ONLY if direct	Candidate/Officeholder nam	ne Office so	pught	Office held	
	expenditure to benefit C/OI					
_						21

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 2/12 Rpt: 13/23	2 FILER NAME West, Allen B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083877
4	Date 12/11/2023	5 Payee name Anedot	
6	Amount (\$) \$20.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8	PURPOSE		
0	OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense ion Processing Fee
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	12/16/2023	Anedot	
	Amount (\$) \$0.70	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770	
		New Orleans, LA 70112	
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense ion Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/19/2023	Anedot	
	Amount (\$) \$20.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770	
		New Orleans, LA 70112	
	PURPOSE OF EXPENDITURE	1003	outside of Texas. Complete Schedule T. TX, officeholder living expense Cessing Fee
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

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

Fees Office Over Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Salaries/We

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		d above)
1	Total pages Schodule E1:		niccion Eilerc)
	Total pages Schedule F1: Sch: 3/12 Rpt: 14/23	West, Allen B. (Mr.)	iissioii Fileis)
4	Date	5 Payee name	
	12/19/2023	Anedot	
	12/19/2023		
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$60.30	1340 Poydras Street, Suite 1770	
		New Orleans, LA 70112	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Online Donation Processing Fee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH	
_	Date	Payee name	
	12/20/2023	Anedot	
_			
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.30	1340 Poydras Street, Suite 1770	
		New Orleans, LA 70112	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	LXI LINDITORL	Check if Austin, TX, officeholder living expense	
		Online Donation Processing Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH	
	Date	Payee name	
	12/20/2023	Anedot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.30		
		New Orleans, LA 70112	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) FROS (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Online Donation Processing Fee	
		Stante Donation Flocessing Fee	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	•		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/12 Rpt: 15/23	West, Allen B. (Mr.) 00083877
4	Date	5 Payee name
	12/20/2023	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.30	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Online Donation Processing Fee
_	0 1: 0.11.7.7.1.	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/20/2023	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.70	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Online Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	12/20/2023	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.30	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online Donation Processing Fee
		Offiliae Doffation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Travel Out of Dis	strict category not listed above)
⊢			_		
1	Total pages Schedule F1: Sch: 5/12 Rpt: 16/23	2 FILER NAME West, Allen B. (Mr.)	3	Filer ID 00083877	(Ethics Commission Filers)
┝	<u> </u>	F 0			
4	Date	5 Payee name			
l	12/20/2023	Anedot			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$4.30	1340 Poydras Street, Suite 1770			
l		,			
l					
		New Orleans, LA 70112			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	Fees Check if tra	el out	side of Texas. Com	plete Schedule T.
l	EXPENDITURE	Check if Au	stin, T>	K, officeholder living	j expense
l		Online Dor	atio	n Processing	Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
ľ	expenditure to benefit C/O				
⊨					
	Date	Payee name			
	12/20/2023	Anedot			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$4.30	1340 Poydras Street, Suite 1770			
	¥•				
		New Orleans, LA 70112			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Fees Check if tra	el out	side of Texas. Com	plete Schedule T.
	LXI ENDITORE			K, officeholder living	
		Online Dor	atio	n Processing	Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	eld
	expenditure to benefit C/O	1			
F	Date	Payee name			
	12/21/2023	Anedot			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$2.30	1340 Poydras Street, Suite 1770			
		New Orleans, LA 70112			
\vdash	DUDDOCT				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	rol out	side of Texas. Com	ploto Cobodulo T
	EXPENDITURE	1 003		side σε τέχας. Con ζ, officeholder living	•
				n Processing	
		Grillile Doi	auUl	i i iocessiily	
\vdash					
l	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought		Office h	eld
L		<u> </u>			
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I					

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	Committee Legal Service	nemorials Expense Print	Ü	e /Contract Labor	Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1: Sch: 6/12 Rpt: 17/23	Priler Name West, Allen B. (Mr.)			3	Filer ID 00083877	(Ethics Commission Filers)
_						00003011	
4	Date 12/21/2023	Payee name Anedot					
6	Amount (\$)	Payee address; City	y; State; Zip	Code			
	\$1.70	1340 Poydras Street,	Suite 1770				
		New Orleans, LA 701	.12				
8	PURPOSE	a) Category (See Categories	listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Fees			ш	side of Texas. Com X, officeholder living	
					Online Donation		
						_	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder na	ame Office	sought		Office he	eld
	Date	Payee name					
	12/21/2023	Anedot					
	Amount (\$)	Payee address; City	y; State; Zip	Code			
	\$10.30	1340 Poydras Street,	Suite 1770				
		New Orleans, LA 701	.12				
	PURPOSE OF		listed at the top of this schedule)	(b)	Description	aids of T	plata Cabadula T
	EXPENDITURE	Fees				side of Texas. Com X, officeholder living	
					Online Donation		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder na	ame Office	sought		Office he	eld
	Date	Payee name					
L	12/22/2023	Anedot					
	Amount (\$)	Payee address; City		Code			
	\$4.30	1340 Poydras Street,	Suite 1770				
		New Orleans, LA 701	.12				
	PURPOSE OF	a) Category (See Categories	listed at the top of this schedule)	(b)	Description		
	EXPENDITURE	Fees			ш	side of Texas. Com X, officeholder living	
					Online Donation		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder na	ame Office	sought		Office he	eld

SCHEDULE F1

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/12 Rpt: 18/23	West, Allen B. (Mr.) 00083877
4	Date	5 Payee name
	12/22/2023	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.30	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Online Donation Processing Fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
⊨		
	Date	Payee name
L	12/22/2023	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.30	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online Donation Processing Fee
		Offilite Doriation (1700ccssing 1 cc
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
⊨	5 .	
	Date	Payee name
	12/22/2023	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.30	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
I		Online Donation Processing Fee
\vdash	Complete ONLY if alias -t	Condidate/Officeholder name Office country
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
\vdash		
L		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide expla		Wages	/Contract Labor		OTHER (enter a	category not listed a	above)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 8/12 Rpt: 19/23	West, Aller						00083877		
4	Date	5 Payee name)							
	12/22/2023	Anedot								
6	Amount (\$)	7 Payee addre	ess; City; S	tate; Zip Co	ode					
	\$8.30	1340 Poyd	ras Street, Suite 1770							
		New Orlea	ns, LA 70112							
8	PURPOSE	(a) Category (S	See Categories listed at the top of th	is schedule)	(b)	Description				
	OF EXPENDITURE	Fees				<u> </u>		de of Texas. Com		
						Online Donati		officeholder living		
						Offine Dorial	1011	i rocessing	1 00	
_	Commission ONII V if disposi	Caradidata/Of		Office				Office he	اما	
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ugnt 			Office he	eia 	
	Date	Payee name	?							
	12/22/2023	Anedot								
	Amount (\$)	Payee addre	ess; City; S	tate; Zip Co	ode					
	\$4.30	1340 Poyd	ras Street, Suite 1770							
		New Orlea	ns, LA 70112							
	PURPOSE OF	(a) Category (s	See Categories listed at the top of th	is schedule)	(b)	Description				
	EXPENDITURE	Fees				-		de of Texas. Com		
						Online Donati		officeholder living		
						Online Donati	1011	i rocessing	1 66	
	Commiste ONII V if diseast	Caradidata/Of		Office				Office he	اما	
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	agni			Office he	eiu	
	Date	Payee name)			-				
	12/22/2023	Anedot								
	Amount (\$)	Payee addre	ess; City; S	tate; Zip Co	ode					
	\$20.30	l ´	ras Street, Suite 1770	, ,						
	Ψ20.00	10.0.00	rao otroot, outto 1770							
		New Orlea	ns, LA 70112							
_	PURPOSE	(a) Category (S	See Categories listed at the top of th	is schedule)	(b)	Description	_			
	OF EXPENDITURE	Fees				ш		de of Texas. Com		
								officeholder living		
						Online Donati	IOH	Processing	ree	
		<u></u>			<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	ught			Office he	eld	
	experiorale to belieff C/OI									
	<u>-</u>								.,,	- 4 01 (() 0=

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/12 Rpt: 20/23	West, Allen B. (Mr.) 00083877
4	Date	5 Payee name
	12/23/2023	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.30	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online Donation Processing Fee
		Offiline Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨		
	Date	Payee name
L	12/25/2023	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.30	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online Donation Processing Fee
		Offiline Donation Processing Fee
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨		
	Date	Payee name
	12/26/2023	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.81	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
1		Online Donation Processing Fee
$ldsymbol{ldsymbol{ldsymbol{eta}}}$	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	portantare to borront 0/01	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 co	mpl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 10/12 Rpt: 21/23	West, Allen B. (Mr.)		00083877
4	Date	5 Payee name		<u> </u>
l	12/27/2023	Anedot		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$4.30	1340 Poydras Street, Suite 1770		
		New Orleans, LA 70112		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees	`´	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Online Donation Processing Fee
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:	0.51.105.111		000
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ıgnt	Office held
┡	·			
	Date	Payee name		
	12/27/2023	Anedot		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$4.30	1340 Poydras Street, Suite 1770		
l				
		New Orleans, LA 70112		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l				Online Donation Processing Fee
l				- Innie Zonaus II rossosing i os
-	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ıght	Office held
	expenditure to benefit C/O		J	
F	Date	Payee name		
	12/13/2023	Dallas College		
┝	Amount (\$)	Payee address; City; State; Zip Co	nde	
	\$240.00	4343 IH 30	Juo	
	*=			
		Mesquite, TX 75150		
┝	PURPOSE	•	(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense	(6)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense		Check if Austin, TX, officeholder living expense
				Facilities Rental Fees for Speaking Event
L				
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/Ol	1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/12 Rpt: 22/23	West, Allen B. (Mr.) 00083877
4	Date	5 Payee name
	12/13/2023	Dallas College
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	4343 IH 30
		Mesquite, TX 75150
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Facilities Rental Fees for Speaking Event
		a stammed visiting and see see speaking and see see speaking and see see speaking and see see speaking and see
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	12/26/2023	Paper Source
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.48	4525 Cole Avenue, #170
		Dallas, TX 75205
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Printing Expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/07/2023	Payee name Universal Risk Insurance Services
	Amount (\$)	
	\$200.00	14011 Ventura Blvd., Suite 224W
		Shorman Oaks, CA 01422
	DUDD 0.0-	Sherman Oaks, CA 91423
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Insurance Expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

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/Political Credit Card Payment	Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 12/12 Rpt: 23/23	West, Allen B. (Mr.) 00083877
4 Date	5 Payee name
12/19/2023	Viscusi, Alexander
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,899.63	16735 La Cantera Parkway #14204
	San Antonio, TX 78256
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	50 Large Yard Signs & 1,000 Small Yard Signs
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held