STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH COVER SHEET PG 1

The SC C/OH Instruction (Guide explains how to complete t	this form	1 Filer ID	\	2 Total pages file	ed:
The 30 Croff instruction of	Juliue explains now to complete	tilis lottii.	(Ethics Commission File 00083877	ers)	3	2
3 CANDIDATE	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
NAME	Mr.	Allen B.			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	02/05/2024	
	INICKINAIVIL	West		301117	02,00. = 0	
		VVCSi				- : 5 : 4-4
4 CANDIDATE	ADDRESS / PO BOX; APT	 Γ/SUITE#; C	ITY: STATE; ZIP (CODE	Date Hand-delivered or	Date Postmarked
ADDRESS	1837 Eastern Hills Dr.	, ,	,		Receipt #	Amount
	1007 Edotom mio 51.				· .	
	Garland, TX 75043				Date Processed	
Change of Address					<u></u>	
					Date Imaged	
- 0111011011					<u> </u>	
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST			MI	
NAME	Ms.	Diane L.				
	NICKNAME	LAST			SUFFIX	
	TWO IN WILL	Kelley			30.17	
		1101107				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PC	BOX PLEASE)	APT / SUITE #;	CITY;	STATE;	ZIP CODE
ADDRESS	6657 Crestway Ct.					
(Residence or Business)						
·	Dallas, TX 75230					
7 CAMPAIGN	AREA CODE	PHONE N	NUMBER		EXTENSION	
TREASURER PHONE	(214) 682-5558					
FIIONL						
8 REPORT TYPE						
8 REPURTIFE	January 15	X 30th day	y before convention / el	ection	Runoff	
	1.06,45	C Oth day	to force convention / ala	:	☐ Final raport (A	#=== CO C/OH ED)
	July 15	∐ 8t⊓ day	before convention / ele	ction	Final report (A	Attach SC C/OH-FR)
9 PERIOD	Month Day Y	'ear			Month D	Day Year
COVERED	01/01/2024	Cai	THROUGH			5/2024
	01/01/202-				01,2	3/2024
10 CONVENTION /	Month Day Y	'ear	11 OFFIC	CE	STATE CHAI	
ELECTION DATE			SOUG		吕	
					X COUNTY CH	AIR
12 POLITICAL	Republican		C	OUNTY (If Applica	able)	
PARTY			Ta	arrant		
	<u> </u>					
		GO	TO PAGE 2			
			1017022			

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT: SUPPORT & TOTALS

FORM SC C/OH COVER SHEET PG 2

2 of 32

13 CANDIDATE NAME	West, Allen B. (Mr.)			14 Filer ID 00083877	(Ethics Com	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)		andidate's knowled	es by political committees to supplies or consent. Candidates are r			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	ME			
ш -	GENERAL					
		COMMITTEE ADI	DRESS			
	SPECIFIC					
		COMMITTEE CAN	MPAIGN TREASURER NAME			
		COMMITTEE CAN	MPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			CONTRIBUTIONS (OTHER THA R CONTRIBUTIONS MADE ELE		S, \$	0.00
		AL CONTRIBUTION			\$	26,679.70
EXPENDITURE	`	PLEDGES, LOANS 	, OR GUARANTEES OF LOANS	5)		
TOTALS	3. TOTAL UNITEW	IZED POLITICAL E	APENDITURES		\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURI	ES		\$	12,603.81
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE L	AST DAY OF THE	\$	24,608.51
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFADAVIT			I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.			
			Mr	. Allen B. West		
			Sign	ature of Candidate		
AFFIX NO	TARY STAMP / SEAL AB	OVE				
				, this the		day
of	, 20, to co	ertify which, witness	s my hand and seal of office.			
Signature of office	cer administering oath	Printed name	of officer administering oath	Title of office	cer administer	ing oath

SUBTOTALS - SC C/OH

FORM SC C/OH COVER SHEET PG 3

			C	JVER	3 of 32
l		E NAME n B. (Mr.)	19 Filer ID 00083877	(Ethics	Commission Filers)
		E SUBTOTALS SCHEDULE		SL	IBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	26,679.70
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	11,539.32
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	1,064.49
10		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 1/10 Rpt: 4/32	
2	FILER NAME West, Allen I	3. (Mr.)			3	Filer ID (Ethics Commission 00083877	on Filers)
4	Date 01/16/2024	5 Full name of contributor Alkes, Morris6 Contributor address; City; State)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Coral Springs, FL 33065 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Retired	,		Retired	,		
	Date 01/05/2024	Full name of contributor Anderson, David Contributor address; City; State	out-of-state PAC (ID#:; ; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75230					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 01/21/2024	Full name of contributor Arnett, Bob Contributor address; City; State	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$500.00
		Dallas, TX 75218					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Carter Arnett PLLC	i)		
	Date 01/08/2024	Full name of contributor Arnett, Deborah Contributor address; City; State Dallas, TX 75218	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 01/20/2024	Full name of contributor Austin, Gordon Contributor address; City; State Carrollton, GA 30117	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
			•				

	MONET	ARY POLITICAL CO	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how t	o complete this for	n.	1	Total pages Schedule A1: Sch: 2/10 Rpt: 5/32	
2	FILER NAME West, Allen B	3. (Mr.)			3	Filer ID (Ethics Commission 00083877	n Filers)
4	Date 01/05/2024	5 Full name of contributor Barry, Darrell6 Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code)	7	Amount of Contribution (\$)	\$315.00
g	Principal occu	Dallas, TX 75244 pation / Job title (See Instructions)	la la	Employer (See Instructions	·/		
Ü	Real Estate			Self Employed	')		
	Date 01/16/2024	Full name of contributor Bazer, Eve Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Fort Lauderdale, FL 33308 pation / Job title (See Instructions)		Employer (See Instructions	(;)		
	Retired	panony cos and (coe mondono)		Retired	,		
	Date 01/09/2024	Full name of contributor Brodrick, Brenda Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$500.00
		Farmers Branch, TX 75234					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 01/16/2024	Full name of contributor Burns, Thomas Contributor address; City; Stat Edgewood, TX 75117	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 01/17/2024	Full name of contributor Burr, William Contributor address; City; Stat North Port, FL 34286	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			<u>, </u>				

	MONEI	ARY POLITICAL (SCHEDUI	E A1		
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/10 Rpt: 6/32	
2	FILER NAME West, Allen I	B. (Mr.)			3	Filer ID (Ethics Commission 00083877	on Filers)
4	Date 01/09/2024	 5 Full name of contributor Canion, Judity 6 Contributor address; City; St 	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$100.00
8	Principal occu Retired	Dallas, TX 75243 pation / Job title (See Instructions)	9 Employer (See Instructions Retired	<u> </u> ;)		
	Date 01/16/2024	Full name of contributor Carroll, Frank Contributor address; City; Si Spring, TX 77379	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu Business Ow	pation / Job title (See Instructions)	Employer (See Instructions Self-Employed	<u>(</u>		
	Date 01/22/2024	Full name of contributor Chamberlain, John Contributor address; City; Si	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75380 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 01/15/2024	Full name of contributor Eisner, Dave Contributor address; City; Si	out-of-state PAC (ID#:	Self Employed		Amount of Contribution (\$)	\$50.00
	Principal occu Electrician	pation / Job title (See Instructions)	Employer (See Instructions Vee Quiva Casino	s)		
	Date 01/06/2024	Full name of contributor Ellis, Steven Contributor address; City; Si Lindale, TX 75771	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 4/10 Rpt: 7/32	
2	FILER NAME West, Allen E	3. (Mr.)			3	Filer ID (Ethics Commission 00083877	n Filers)
4	Date 01/15/2024	Gemoules, Greg	ut-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Coppell, TX 75019 pation / Job title (See Instructions)	l _a	Employer (See Instructions			
	Optometrist	pation 7 300 title (See Instructions)	J	Self-Employed	,		
	Date 01/17/2024	Getting, Roy Contributor address; City; State; Z)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Retired	,		Retired	,		
	Date 01/25/2024	Full name of contributor	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
		Dallas, TX 75225					
	Principal occu Stationery sa	pation / Job title (See Instructions) ales		Employer (See Instructions Self Employed)		
	Date 01/16/2024	Full name of contributor of contributor of contributor address; City; State; Z Wharton, TX 77488	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions Robert Jarvela)		
	Date 01/01/2024	Full name of contributor o Jennings, Melanie Contributor address; City; State; Z Dallas, TX 75243	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$30.00
	Principal occu CPA	pation / Job title (See Instructions)		Employer (See Instructions GL Tax Group)		
			1				

	WONET	ARY POLITICAL CO	DNIRIBUTION	5		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	o complete this forn	n.	1	Total pages Schedule A1: Sch: 5/10 Rpt: 8/32	
	FILER NAME West, Allen E	3. (Mr.)			3	Filer ID (Ethics Commission 00083877	n Filers)
4	Date 01/08/2024	5 Full name of contributor Jourdan, Emily 6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$750.00
		Dallas, TX 75209					
	Principal occu Managing Me			Employer (See Instructions EEJ Business Services			
	Date 01/19/2024	Full name of contributor Kafka, Terry Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$500.00
	Drincipal occur	Dallas, TX 75231 pation / Job title (See Instructions)		Employer (See Instructions			
	Real Estate	pation / Job title (See instructions)		Self-Employed	')		
	Date 01/16/2024	Full name of contributor Kemp, David Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$50.00
		Beverly Hills, FL 34465					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 01/10/2024	Full name of contributor Malladi, Preeti Contributor address; City; State Irving, TX 75039	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$300.00
	Principal occu Surgeon	pation / Job title (See Instructions)		Employer (See Instructions Self Employed)		
	Date 01/16/2024	Full name of contributor Mariani, Janet Contributor address; City; State Dallas, TX 75219	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
		pation / Job title (See Instructions)		Employer (See Instructions			
	Marketing			The Tradition Senior Liv	ing		

	MONET	ARY POLITICAL (CONTRIBUTIO	Ν	S		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 6/10 Rpt: 9/32	
2	FILER NAME West, Allen E	B. (Mr.)				3	Filer ID (Ethics Commission 00083877	on Filers)
4	Date 01/19/2024	5 Full name of contributor Meister, Julie6 Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$250.00
8	Principal occu	Dallas, TX 75225		_	Employer (See Instructions	·/-		
0	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	·)		
	Date 01/06/2024	Full name of contributor Mello, Nancy Contributor address; City; Si)		Amount of Contribution (\$)	\$300.00
		Dallas, TX 75230	,					
	Principal occu Retired	pation / Job title (See Instructions	;)		Employer (See Instructions Retired	5)		
	Date 01/23/2024	Full name of contributor Mello, Nancy Contributor address; City; Si)		Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75230						
	Principal occu Retired	pation / Job title (See Instructions	(3)		Employer (See Instructions Retired	5)		
	Date 01/19/2024	Full name of contributor Merrilees, Beverly Contributor address; City; Si Merritt Island, FL 32952)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions Retired	5)		
	Date 01/01/2024	Full name of contributor Nolan, John Grant Contributor address; City; Si Dallas, TX 75254	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu President	pation / Job title (See Instructions	(3)		Employer (See Instructions Elward-Nolan, Inc.	5)		
			1					

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 7/10 Rpt: 10/32	
2	FILER NAME West, Allen I	B. (Mr.)			3	Filer ID (Ethics Commission 00083877	on Filers)
4	Date 01/03/2024	5 Full name of contributor Peck, John6 Contributor address; City; State	out-of-state PAC (ID#:; Zip Code)	7	Amount of Contribution (\$)	\$1,200.00
8	Principal occu Retired	Dallas, TX 75225 pation / Job title (See Instructions)	9	Employer (See Instructions Retired	<u> </u>		
	Date 01/15/2024	Full name of contributor Petraglia, William Contributor address; City; State Staten Island, NY 10314	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu Detective	pation / Job title (See Instructions)		Employer (See Instructions N.Y.P.D.	<u> </u>		
	Date 01/08/2024	Full name of contributor Ramsey, Aimee Contributor address; City; State	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Dallas, TX 75203 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Owner	,		Silver Image Transporta		1	
	Date 01/20/2024	Full name of contributor Russell, Ralph Contributor address; City; State Lago Vista, TX 78645-4140	out-of-state PAC (ID#: ; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Date 01/01/2024	Full name of contributor Schulman, Howard Contributor address; City; State Dallas, TX 75252	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu Business Ov	pation / Job title (See Instructions) vner		Employer (See Instructions Self Employed	5)		
			•				

	MONET	ARY POLITICAL C	CONTRIBUTION	IS		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 8/10 Rpt: 11/32	
2	FILER NAME West, Allen E	B. (Mr.)			3	Filer ID (Ethics Commission 00083877	on Filers)
4	Date 01/12/2024	5 Full name of contributor Sepich, Dwight6 Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$20.00
8	Principal occu	Richardson, TX 75080 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Security Sale			Siemens	,		
	Date 01/07/2024	Full name of contributor Smith, Kella Contributor address; City; Sta)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75205					
	Principal occu Retired	pation / Job title (See Instructions))	Employer (See Instructions Retired	5)		
	Date 01/19/2024	Full name of contributor Smith, Lamar Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occur	Fort Worth, TX 76107 pation / Job title (See Instructions)	,	Employer (See Instructions	;) 		
	Retired	,		Retired	,		
	Date 01/11/2024	Full name of contributor Smith, Stephanie Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu Sales	pation / Job title (See Instructions)		Employer (See Instructions HTP	5)		
	Date 01/16/2024	Full name of contributor Stowe, Cindy Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu Writer	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how t	o complete this for	n.	1	Total pages Schedule A1: Sch: 9/10 Rpt: 12/32	
2	FILER NAME West, Allen E	3. (Mr.)			3	Filer ID (Ethics Commission 00083877	on Filers)
4	Date 01/20/2024	5 Full name of contributor Strausman, Evelyn6 Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code)	7	Amount of Contribution (\$)	\$300.00
0	Dringing Lagge	Carrollton, TX 75006	<u> </u>	Employer (Coa Instructions			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	·)		
	Date 01/05/2024	Full name of contributor Texas Neuropsychology Gr Contributor address; City; Stat				Amount of Contribution (\$)	\$1,124.70
		Dallas, TX 75219					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 01/17/2024	Full name of contributor Todd, Brenda Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$20.00
		Dallas, TX 75228					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	i)		
	Date 01/18/2024	Full name of contributor Uskovich, Bryan Contributor address; City; Stat Dallas, TX 75230)		Amount of Contribution (\$)	\$250.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 01/21/2024	Full name of contributor Villere, Christine Contributor address; City; Stat Santa Fe, TX 77510	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$35.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			,				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 10/10 Rpt: 13/32		
2	FILER NAME West, Allen B. (Mr.)				3	Filer ID (Ethics Commission 00083877	on Filers)	
4	Date 01/13/2024 5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00			
0	Dringing oggu	Coppell, TX 75019 pation / Job title (See Instructions)		Employer /See Instructions				
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions)			
	Date Full name of contributor out-of-state PAC (ID#:) 01/04/2024 Yamini, Sally Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00		
	Dringinal occu	Dallas, TX 75205 pation / Job title (See Instructions)		Employer (See Instructions				
	Real Estate			Broker, Donald Richard		nes		
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$100.00			
	Keystone Heights, FL 32656							
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)			
Date Full name of contributor out-of-state PAC (ID#: 01/09/2024 Zvara, Julie Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00			
	Dallas, TX 75209 Principal occupation / Job title (See Instructions) Area Manager Employer (See Instructions RT Portable X-Ray)				
	Date Full name of contributor 01/12/2024 Zvara, Julie Contributor address; City; State; Zip Code Dallas, TX 75209			Amount of Contribution (\$)	\$9,000.00			
Principal occupation / Job title (See Instructions) Area Manager Employer (See Instructions) RT Portable X-Ray)				

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commiss 00083877) 4 Date 01/03/2024 5 Payee name Anedot	ion Filers)
4 Date 5 Payee name	
01/03/2024 Anedot	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$48.30 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	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
01/05/2024 Anedot	
Amount (\$) Payee address; City; State; Zip Code	
\$40.30 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	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date Payee name	
01/05/2024 Anedot	
Amount (\$) Payee address; City; State; Zip Code	
\$12.90 1340 Poydras Street, Suite 1770	
New Orleans, LA 70112	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas Complete Schedule Texas Complete Schedule Texas Complete Schedule Texas Complete Schedule Texas	
Fees Check if travel outside of Texas. Complete Schedule T. 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/OH	

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

	Candidate/Officeholder/Politica 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: 2/18 Rpt: 15/32	West, Allen B. (Mr.) 00083877					
4	Date	5 Payee name					
	01/06/2024	Anedot					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$2.30	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					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	1					
	Date	Payee name					
	01/06/2024	Anedot					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$12.30	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					
		Similar Simila					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	1					
	Date	Payee name					
	01/07/2024	Anedot					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$2.30	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					
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OH						
ı							

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 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 (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	<u> </u>	
	Sch: 3/18 Rpt: 16/32	West, Allen B. (Mr.) 00083877	
4	Date	5 Payee name	_
	01/08/2024	Anedot	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$4.30	1340 Poydras Street, Suite 1770	
	755		
		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	
Ļ	Operation ONLY & Street	Our distance (Office health are reserved.	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	·		_
	Date	Payee name	
	01/08/2024	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.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Online Donation Processing Fee	
	0 1: 0.11.7.7.1.		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	·		_
	Date	Payee name	
	01/09/2024	Anedot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$40.30	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.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Online Donation Processing Fee	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	ponditare to benefit 0/01		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
tising 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

	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)				
L	Sch: 4/18 Rpt: 17/32	West, Allen B. (Mr.) 00083877				
4	Date	5 Payee name				
	01/09/2024	Anedot				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$20.30	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/O	Candidate/Officeholder name Office sought Office held				
Г	Date	Payee name				
	01/10/2024	Anedot				
H	Amount (\$)	Payee address; City; State; Zip Code				
	\$12.30	1340 Poydras Street, Suite 1770				
		New Orleans, LA 70112				
	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				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
⊨						
	Date	Payee name				
L	01/11/2024	Anedot				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$10.30	1340 Poydras Street, Suite 1770				
		New Orleans, LA 70112				
Г	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.				
	EXPENDITORE	Check if Austin, TX, officeholder living expense				
1		Online Donation Processing Fee				
L						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
$ldsymbol{ld}}}}}}$	oxpondition to bottom O/O/1					

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

	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: 5/18 Rpt: 18/32	West, Allen B. (Mr.) 00083877				
4	Date	5 Payee name				
	01/12/2024	Anedot				
6	Amount (\$)	7 Payee address; City; State; Zip Code	_			
	\$360.30	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				
			_			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	experialitate to beliefit 6/01	'				
	Date	Payee name				
	01/12/2024	Anedot				
	Amount (\$)	Payee address; City; State; Zip Code	-			
	\$1.10	1340 Poydras Street, Suite 1770				
	Ψ1.10	10 to to dyardo caroot, care 11 to				
		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.				
	LA LIBITORE	Check if Austin, TX, officeholder living expense				
		Online Donation Processing Fee				
			_			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	experiulture to benefit C/Oi					
	Date	Payee name				
	01/13/2024	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	Fees Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	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/OH					

SCHEDULE F1

Advertising Expense Exaccounting/Banking Fe Consulting Expense From Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Le

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	mple	ete this form.			
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
	Sch: 6/18 Rpt: 19/32	West, Allen B. (Mr.)		00083877			
4	Date	5 Payee name		•			
	01/15/2024	Anedot					
6	Amount (\$)	7 Payee address; City; State; Zip Co	de				
	\$2.30	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			
Ļ	Opening ONLY if allowed	Open di data (Office le alden grane	1-4	Office health			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held			
	Date	Payee name					
	01/15/2024	Anedot					
	Amount (\$)	Payee address; City; State; Zip Co	de				
	\$20.30	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 Flocessing Fee			
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held			
	expenditure to benefit C/OI		giit	Office field			
-	Data						
	Date	Payee name					
	01/15/2024	Anedot					
	Amount (\$)	Payee address; City; State; Zip Co	de				
	\$2.30	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			
				Online Donation Frocessing Fee			
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	abt	Office held			
	expenditure to benefit C/OH						
_							
l							

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 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 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 7/18 Rpt: 20/32	West, Allen B. (Mr.)			00083877	
4	Date	5 Payee name		·		
	01/16/2024	Anedot				
6	Amount (\$)	7 Payee address; City; State; Zip Code	e			
	\$0.70	1340 Poydras Street, Suite 1770				
		New Orleans, LA 70112				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Descr	ription		
	OF	Fees		eck if travel outsid	le of Texas. Com	plete Schedule T.
	EXPENDITURE			neck if Austin, TX, o		
			Onlin	ne Donation	Processing	Fee
_						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht		Office he	eld
┕	'					
	Date	Payee name				
	01/16/2024	Anedot				
	Amount (\$)	Payee address; City; State; Zip Code	е			
	\$1.30	1340 Poydras Street, Suite 1770				
l						
l		New Orleans, LA 70112				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Descr	ription		
l	OF EXPENDITURE	Fees		neck if travel outsid neck if Austin, TX, o		
l				ne Donation		
l						
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	eld
	expenditure to benefit C/OI					
F	Date	Payee name				
	01/16/2024	Anedot				
⊢	Amount (\$)	Payee address; City; State; Zip Code	<u> </u>			
	\$4.30	1340 Poydras Street, Suite 1770				
		,				
l		New Orleans, LA 70112				
	PURPOSE		b) Descr	rintion		
	OF	(a) Category (See Categories listed at the top of this schedule) Fees		neck if travel outsid	le of Texas. Com	plete Schedule T.
	EXPENDITURE	1 000		neck if Austin, TX, o		
l			Onlin	ne Donation	Processing	Fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht		Office he	eld
	oxponditure to sonoit O/O/1					

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

	Candidate/Officeholder/Politica Credit Card Payment	l 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: 8/18 Rpt: 21/32	West, Allen B. (Mr.) 00083877				
4	Date	5 Payee name				
	01/16/2024	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				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	01/16/2024	Anedot				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1.30	1340 Poydras Street, Suite 1770				
		New Orleans, LA 70112				
	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				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	01/16/2024	Anedot				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$2.30	1340 Poydras Street, Suite 1770				
	Ψ2.00	1040 F Oyurus Ottoot, Guite 1770				
		New Orleans, LA 70112				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
l	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Online Donation Processing Fee				
		Offilite Doriation Frocessing Fee				
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
\vdash						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 9/18 Rpt: 22/32	West, Allen B. (Mr.) 00083877				
4	Date	5 Payee name				
	01/16/2024	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/OI					
⊨						
	Date	Payee name				
	01/16/2024	Anedot				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$20.30	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/OI					
⊨						
	Date	Payee name				
	01/17/2024	Anedot				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1.10	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				
I		Online Donation Processing Fee				
L	0 1. 0					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
L						
L						

SCHEDULE F1

Advertising Expense Event
Accounting/Banking Fees
Consulting Expense Food/
Contributions/ Donations Made By - Gift/A

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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:	
	Sch: 10/18 Rpt: 23/32	West, Allen B. (Mr.) 00083877
4	Date	5 Payee name
	01/17/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.30	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.
	LAFENDITORE	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
	01/17/2024	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 Online Donation Processing Fee
		Chime Bonduon Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	Date	Payee name
	01/19/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.30	1340 Poydras Street, Suite 1770
		No. 2 June 14 70442
		New Orleans, LA 70112
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Chapter if travel surface of Taxon Complete Categories
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. 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	

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

eimbursement Solicitation/Fundraising Expense
ntal 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 FILER NAME		3 Filer ID (Ethics Commission Filers)		
l	Sch: 11/18 Rpt: 24/32	West, Allen B. (Mr.)		00083877		
4	Date	5 Payee name		'		
l	01/19/2024	Anedot				
6	Amount (\$)	7 Payee address; City; State; Zip C	ode			
	\$10.30	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 travel outside of Texas. Complete Schedule T.		
l	EXPENDITURE			Check if Austin, TX, officeholder living expense		
l				Online Donation Processing Fee		
L			Ļ			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught	Office held		
┕						
l	Date	Payee name				
L	01/19/2024	Anedot				
l	Amount (\$)	Payee address; City; State; Zip C	ode			
l	\$20.30	1340 Poydras Street, Suite 1770				
l						
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				Commission of the control of the con		
⊢	Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> ught	Office held		
l	expenditure to benefit C/O		Ü			
H	Date	Payee name				
l	01/19/2024	Anedot				
┝	Amount (\$)	Payee address; City; State; Zip C	ode			
l	\$40.30	1340 Poydras Street, Suite 1770	0.00			
l	, , , , ,					
l		New Orleans, LA 70112				
⊢	PURPOSE		(h)	Description		
l	OF	(a) Category (See Categories listed at the top of this schedule) Fees	(5)	Description Check if travel outside of Texas. Complete Schedule T.		
l	EXPENDITURE	1 003		Check if Austin, TX, officeholder living expense		
l				Online Donation Processing Fee		
L						
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held		
	expenditure to benefit C/OH					

SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/18 Rpt: 25/32	West, Allen B. (Mr.) 00083877
4	Date	5 Payee name
	01/20/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.30	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
		Chillie Donation Frocessing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨		
	Date	Payee name
	01/20/2024	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
		Online Donation Processing Fee
┡	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
L		
	Date	Payee name
	01/21/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.30	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.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Online Donation Processing Fee
<u> </u>	Commission ONU V. M. alling .	Condidate Office halder years
1	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
L		

SCHEDULE F1

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:	
	Sch: 13/18 Rpt: 26/32	West, Allen B. (Mr.) 00083877
4	Date	5 Payee name
	01/21/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.70	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.
	LAFENDITORE	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
	01/23/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.30	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.
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		Online Donation Processing Fee
	Opening the ONLY if allowed	Out tile to 10 ff as hald a grant of the same to 10 ff as hald
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	· 	
	Date	Payee name
	01/25/2024	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Online Donation Processing Fee
	Complete ONLY if divert	Candidate/Officeholder name Office county Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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 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 co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 14/18 Rpt: 27/32	West, Allen B. (Mr.)		00083877
4	Date	5 Payee name		
l	01/11/2024	Campaign Verify		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
l	\$95.00	1215 31st Street NW		
l				
l		Washington, DC 20007		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
l				Check if Austin, TX, officeholder living expense Campaign Identity Verification
l				campaign identity verification
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht	Office held
ľ	expenditure to benefit C/OI		agi it	Office field
⊨	Date	Payee name		
l	01/12/2024	Flodesk.com		
┝	Amount (\$)	Payee address; City; State; Zip Co	ahe	
l	\$41.14	2093 Philadelphia Pike #3380	Jue	
l	Ψ41.14	2030 i illiadelpilla i like #3300		
l		Claymonth DE 10702		
L	5,155,055	Claymonth, DE 19703	La x	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(D)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
l				E-mail Marketing Tool
Г	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held
L	expenditure to benefit C/OI	1		
	Date	Payee name		
	01/05/2024	One Book at a Time, LLC		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
l	\$750.00	4680 Belt Line Rd		
l				
l		Addison, TX 75001		
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T.
l				Check if Austin, TX, officeholder living expense Printed Campaign Materials
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ıaht	Office held
	expenditure to benefit C/OI		J	
\vdash				

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Git/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

	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: 15/18 Rpt: 28/32	West, Allen B. (Mr.) 00083877
4	Date	5 Payee name
	01/09/2024	One Book at a Time, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	4680 Belt Line Rd
		Addison, TX 75001
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Printed Campaign Materials
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name
L	01/16/2024	Paper Source
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.30	4525 Cole Avenue, #170
		Dallas, TX 75205
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Stationary for Campaign
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	01/02/2024	Project Broadcast, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$550.00	300 La Vida Ct.
		Irving, TX 75062
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Text Messaging Service
1		I EAL MESSAYING SELVICE
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica 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: 16/18 Rpt: 29/32	West, Allen B. (Mr.) 00083877
4	Date	5 Payee name
	01/12/2024	Rogers, Brett
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	4514 Edinburgh Drive
		Tyler, TX 75703
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense
		Check if Austin, TX, officeholder living expense Strategy Consulting on Target Voter Database
		Strategy Consulting on Parget Voter Database
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/OI	
	Date	Payee name
	01/12/2024	Tractor Supply
	Amount (\$)	Payee address; City; State; Zip Code
	\$440.79	2201 FM 407
		Bartonville, TX 76226
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Sign Installation Materials
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	┧
	Date	Payee name
	01/09/2024	UPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$56.70	11700 Preston Rd, Stuie 660
		Dallas, TX 75230
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Stamps for Thank You Notes
		Stamps for Thank Tou Notes
	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
Contributions/ Donations Made By Candidate/Officeholder/Political C

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

	Candidate/Officeholder/Politica Credit Card Payment		OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethic	cs Commission Filers)			
	Sch: 17/18 Rpt: 30/32	West, Allen B. (Mr.) 00083877				
4	Date	5 Payee name				
	01/22/2024	USPS				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$39.60	2300 Olympia Drive				
		Flower Mound, TX 75028				
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 So				
		Postage for Mailers				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	experialitare to benefit 6/61					
	Date	Payee name				
	01/08/2024	Viscusi, Alexander				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$4,330.00	16735 La Cantera Parkway #14204				
		San Antonio, TX 78256				
	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 So				
		Signs				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	H				
	Date	Payee name				
	01/08/2024	Viscusi, Alexander				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$285.15	16735 La Cantera Parkway #14204				
		San Antonio, TX 78256				
	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 So				
		Check if Austin, TX, officeholder living expens Weatherproof Stickers	ડ િ			
		Trouble proof Guerra				
	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/Politica Credit Card Payment	/ - al Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:					- 1	Filer ID	(Ethics Commission Filers)
	Sch: 18/18 Rpt: 31/32	West, Alle	en B. (Mr.)				00083877	
4	Date	5 Payee nam						
	01/19/2024	Viscusi, A	lexander					
6	Amount (\$)	7 Payee addr		State; Zip Cod	е			
	\$2,570.94	16735 La	Cantera Parkway #142	04				
		San Antor	nio, TX 78256					
8	PURPOSE	(a) Category	(See Categories listed at the top of	this schedule) (b) Description			
	OF EXPENDITURE	Advertisin	g Expense				le of Texas. Com officeholder living	plete Schedule T.
					4x4 Sign	SUII, IA, (onicendider living	expense
					- 3			
9	Complete ONLY if direct expenditure to benefit C/Oh		fficeholder name	Office soug	ht		Office he	eld

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. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 32/32 West, Allen B. (Mr.) 00083877 Date Payee name 01/09/2024 CFO Shield, LLC dba Red Elephant Reports 6 Amount (\$) Payee address; City; State; Zip Code PO Box 953 \$1,064.49 Reimbursement from political contributions intended Х Colleyville, TX 76034 **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 Accounting/Banking **EXPENDITURE** Campaign Bookkeeping Services & Support Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH