CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

L							
1	,	ics Commission Filers)	2 Total pages filed:			OFFICE U	SE ONLY
	00085398		40			Date Received	
3	CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	ELECTRONICA	LLY FILED
	NAME	Mr.	Chase E.			07/15/2024	
		NICKNAME	LAST		SUFFIX		
			West			Date Hand-delivered or	Date Postmarked
4	ORIGINAL REPORT TYPE	January 15	Runoff	Other (sp	ecify)		<u>.</u>
		X July 15	Exceeded modifie			Receipt #	Amount
		30th day before election	15th day after can appointment (offic			Date Processed	
		8th day before election	Final Report (Atta	ch C/OH-FR)		Date i locessed	
5	ORIGINAL PERIOD COVERED	Month Day Yea 01/01/2024	r THROUGH	Month Day 06/30/2024	Year	Date Imaged	
6	EXPLANATION OF (<u>.</u>	
	I haven't turned in thi period into this filing	s report yet, so I'm unsure o	of how there are error	s. All I've done is copy fi	rom my log boo	k to put the informa	tion for th reporting
7	AFFIDAVIT			vear, or affirm, under pe l correct.	nalty of perjury	, that this corrected	report is true
			Ch	eck the box next to any	and all applicat	ole statements:	
			X	Semiannual reports was made in good fai misrepresent the info	th and without	an intent to mislead	
			X	Other reports: I sureport not later than that the report as orig swear, or affirm, that filed was made in good	he 14th busines inally filed is in any error or om	ss day after the date accurate or incompl	e I learned ete. I
					Mr. Chase E.	. West	
			_	Signatur	e of Candidate	or Officeholder	
	AFFIX NOTARY ST	AMP / SEAL ABOVE					
	Sworn to and subso	ribed before me, by the sai	d		, this th	ne	day
						-	
	of, 20, to certify which, witness my hand and seal of office.						
	Signature of offic	er administering oath	Printed name of o	officer administering oatl	n T	Title of officer admin	istering oath
		Nee	ded To Report A	The Campaign Fi And Explain Corre		ort Form	V/4 4 0 1070 1
⊢0	ms provided by Tex	kas Ethics Commission	www.eth	ics.state.tx.us			V4.1.0.d378aba0

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Ir	nstruction (Guide explains how to	o complete this	form.	Filer ID (Ethics Comm 00085398		2 Total page	es filed: 40
3 CANDID	ATE /	MS / MRS / MR	FIRST			MI		E USE ONLY
OFFICE	HOLDER	Mr.	Chase	εE.				
NAME			0.1.0.0				Date Received	
							ELECTRON	NICALLY FILED
		NICKNAME	LAST			SUFFIX	07/15/2024	
			West					
						710 0005	Data Lland delive	red or Date Postmarked
4 CANDID		ADDRESS / PO BOX		#; CITY	,	ZIP CODE	Date Hand-delive	red of Date Postmarked
MAILING		1506 GRAND JUN	CTION DR				Receipt #	Amount
ADDRES	SS						Receipt #	Anount
Change	e of Address	Katy, TX 77450					Date Processed	
							Dale Flocesseu	
							Date Imaged	
							Date mageu	
5 CAMPAI	GN	MS / MRS / MR	FIRST			MI		
TREASU				F		IVII		
NAME		Mr.	Chase	E.				
		NICKNAME	LAST			SUFFIX		
			West					
6 CAMPAI	GN	STREET ADDRESS	(NO PO BOX PL	EASE);	AP	T / SUITE #; CITY		STATE; ZIP CODE
TREASU		1506 GRAND JUN	CTION DR					
ADDRES	5							
(Residence	or Business)	Koby TX 77450						
		Katy, TX 77450						
7 CAMPAI	GN	AREA CODE	PHONE NUM	BFR FX	TENSION			
TREASU		(201) 905-0860						
PHONE		(201) 303-0000						
8 REPORT	-							
TYPE		January 15	30th	day before e	lection	Runoff	15th day afte	er campaign treasurer
				uu, selele e		L		(officeholder only)
		X July 15	8th d	ay before ele	ection	Exceeded modified	Final Report	(Attach C/OH-FR)
						reporting limit		
9 PERIOD		Month Day	Year			Month Day	Year	
COVERE	Ð	01/01/2024		THE	ROUGH	06/30/202	24	
10 ELECTIC	DN	ELECTION D	DATE			ELECTION TYPE		
		Month Day	Year	Prir	nary	Runoff	Other	
		11/05/2024			1			
				X Gei	neral	Special		
11 OFFICE		OFFICE HELD (if any				12 OFFICE SOUGH		
		None District HD13	32 Harris			State Represen	tative District I	HD132
		Į						
					PAGE 2			
Forms provi	ms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.d378aba0							

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

West, Chase E. (Mr.)

13 C / OH NAME

Forms

FORM C/OH **COVER SHEET PG 2** 3 of 40

(Ethics Commission Filers)

14 Filer ID

		00085398	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures made by political co These expenditures may have been made without the candidate's or officed d officeholders are required to report this information only if they receive not	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
		COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, ES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 47,430.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITIC	CAL EXPENDITURES	\$ 6,818.02
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE ERIOD	\$ 40,286.98
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOP	PAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY RTING PERIOD	\$ 0.00
17 AFFIDAVIT	-		
		I swear, or affirm, under penalty of perjury, that the according true and correct and includes all information required to under Title 15, Election Code.	
		Mr. Chase E. West	
		Signature of Candidate or Officehold	ler
AFFIX NO	TARY STAMP / SEAL AB	OVE	
Sworn to and subs	cribed before me, by the s	aid, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.	
Signature of offi	cer administering	Printed name of officer administering Title of officer	administering oath
Forms provided by Te	exas Ethics Commission	n www.ethics.state.tx.us V	ersion V4.1.0.d378aba

SUBTOTALS - C/OH	FORM C/OH OVER SHEET PG 3 4 of 40	
18 FILER NAME West, Chase E. (Mr.)	19 Filer ID 00085398	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 47,105.00
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 325.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	6	\$ 6,818.02
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 1/5 Rpt: 5/40	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	West, Chase	∋ E. (Mr.)			00085398	ŕ
4	Date	5 Full name of contributor Out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	05/24/2024	Ann, West (Mrs.)				\$5,000.00
		6 Contributor address; City; State; Zip Code		1		
		Sugarland, TX 77498				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Retired		N/A			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/14/2024	Arnoult, Tim (Mr.)				\$100.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77019				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Unknown		Unknown			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/28/2024	Baggett, Larry (Mr.)				\$20.00
		Contributor address; City; State; Zip Code		1		
	- · · ·	Hockley, TX 77447		Ĺ		
	•	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Manager		Solidwood Forest	-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/28/2024	Baggett, Larry (Mr.)				\$20.00
		Contributor address; City; State; Zip Code				
		Hockley, TX 77447				
<u> </u>	Dringing occu	ipation / Job title (See Instructions)	Employer (See Instruction)	<u> </u>		
	Manager	pation / Job line (See instructions)	Employer (See Instructions Solidwood Forest	5)		
╘				-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	÷20.00
	03/17/2024	Baggett, Larry (Mr.)				\$20.00
		Contributor address; City; State; Zip Code				
		Hockley, TX 77447				
┝	Drincinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Manager		Solidwood Forest	5)		
\vdash	Manager					

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/5 Rpt: 6/40	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
	West, Chase	∋ E. (Mr.)			00085398	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	03/17/2024	Baggett, Larry (Mr.)				\$20.00
	I	6 Contributor address; City; State; Zip Code		ł		
		Hockley, TX 77447				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Manager		Solidwood Forest			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/17/2024	Baggett, Larry (Mr.)				\$20.00
	I	Contributor address; City; State; Zip Code		1		
		Hockley, TX 77447				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Manager		Solidwood Forest			
╞	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	05/17/2024	Baggett, Larry (Mr.)				\$20.00
	I	Contributor address; City; State; Zip Code		ł		
		Hockley, TX 77447				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Manager		Solidwood Forest			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	06/21/2024	Baggett, Larry (Mr.)				\$20.00
	1	Contributor address; City; State; Zip Code		1		
		Hockley, TX 77447				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Manager		Solidwood Forest			
	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	02/08/2024	Bell, Raymond (Mr.)				\$25.00
		Contributor address; City; State; Zip Code		1		
		Crosby, TX 77532				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Unknown		Unknown			

SCHEDULE	A1
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The Instru	ction Guide explains how to complete this f	orm.		Fotal pages Schedule A1: Sch: 3/5 Rpt: 7/40	
2 FILER NAME				Filer ID (Ethics Commission	n Filers)
West, Chase				00085398	-
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 A	Amount of Contribution (\$)	
01/02/2024	Benefield, Trent (Mr.)				\$100.00
	6 Contributor address; City; State; Zip Code		·		
	Katy, TX 77493				
	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Unknown		Unknown			
Date	Full name of contributor out-of-state PAC (ID#:)	A	Amount of Contribution (\$)	
04/25/2024	Chatman, Kashari (Ms.)				\$25.00
	Contributor address; City; State; Zip Code		1		
	Katy, TX 77450	1			
	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Unknown		Unknown			
Date	—)	A	Amount of Contribution (\$)	
01/26/2024	Jamail, Sohaib (Mr.)				\$100.00
	Contributor address; City; State; Zip Code]		
	Dichmond TV 77407				
Dringingloggy	Richmond, TX 77407	Employer (Cas Instructions			
Sales Mana	upation / Job title (See Instructions)	Employer (See Instructions AT&T	5)		
	-		<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	¢100.00
01/26/2024	Jamail, Sohaib (Mr.)				\$100.00
	Contributor address; City; State; Zip Code				
	Richmond, TX 77407				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
Sales Mana		AT&T	<i>c,</i>		
Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
06/30/2024	Mitchell, David (Mr.)	/	 '		\$150.00
00/00/202 .	Contributor address; City; State; Zip Code				Ψ100.00
	Communication address, City, State, Zip Code				
	Katy, TX 77450				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Unknown		Unknown			

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 4/5 Rpt: 8/40		
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	West, Chase	e E. (Mr.)			00085398	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	04/29/2024	Nkongue, Pierre (The Honorable))	ľ	(1)	\$50.00
		Katy, TX 77449				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> ։)		
ľ	Prince of Ca		Houston Africans United			
⊨						
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	* 400.00
	06/24/2024	Overton, David (Mr.)				\$100.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78723	i			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Unknown		Unknown			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/02/2024	Radzucewycz, Nicholas (Mr.)				\$100.00
		Contributor address; City; State; Zip Code		1		
		Katy, TX 77493				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Mechanical I	Engineer	Freelance			
F	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/25/2024	Ramirez, Destany (Ms.)				\$15.00
		Contributor address; City; State; Zip Code				
		Contributor address, City, State, Zip Code				
		Katy, TX 77450				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ;)		
	Hairstylist		Self	,		
⊨			\	<u> </u>	Amount of Contribution (\$)	
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	¢100.00
	04/25/2024					\$100.00
		Contributor address; City; State; Zip Code				
		Koty TX 774E0				
⊢	<u> </u>	Katy, TX 77450		Ĺ		
I		pation / Job title (See Instructions)	Employer (See Instructions	5)		
L	Unknown		Unknown			

SCHEDULE A1

	The Instru	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 5/5 Rpt: 9/40		
2	FILER NAME		3 F	Filer ID (Ethics Commissi	on Filers)	
[West, Chase	e E. (Mr.)		1	00085398	0.1.1.1010)
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 4	Amount of Contribution (\$)	
	03/22/2024	West, Chase (Mr.)				\$10,000.00
		6 Contributor address; City; State; Zip Code				
		Katy, TX 77450				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Music Produ		Audio Realm Studios LL			
╞	Data	Full name of contributor out-of-state PAC (ID#:		mount of Contribution (f)		
	Date)	^	Amount of Contribution (\$)	¢10.000.00
	02/14/2024					\$10,000.00
		Contributor address; City; State; Zip Code				
		Katy, TX 77449	i			
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		N'/A			
	Date	Full name of contributor out-of-state PAC (ID#:)	A	Amount of Contribution (\$)	
	01/02/2024	West, Sue (Ms.)				\$6,000.00
		Contributor address; City; State; Zip Code				
		KATY, TX 77449				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Attorney		The West Law Office PL	LLC		
	Date	Full name of contributor out-of-state PAC (ID#:	<u>ا</u>		Amount of Contribution (\$)	
	03/13/2024	West, Sue (Ms.))	'		\$10,000.00
	00/10/2024					Φ10,000.00
		Contributor address; City; State; Zip Code				
		KATY, TX 77449				
\vdash	Dringing ogg	pation / Job title (See Instructions)	Employer (See Instructions			
			The West Law Office PL			
	Attorney					
	Date	Full name of contributor out-of-state PAC (ID#:)	A	Amount of Contribution (\$)	
	06/16/2024	West, Sue (Ms.)				\$5,000.00
		Contributor address; City; State; Zip Code		"		
		KATY, TX 77449				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Attorney		The West Law Office PL	LLC		
⊢			l			
I						

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

	The Instruction	on Guide explains how to complete this fo	1 Total pages Schedule A2: Sch: 1/1 Rpt: 10/40			
2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	West, Chase E.	. (Mr.)			00085398	
4	TOTAL OF UN	NITEMIZED IN-KIND POLITICAL CONTRIB	\$			
5	01/07/2024	Full name of contributor)	8	Amount of 9 In-kind contribution contribution (\$) description \$325.00 Gift Cards	
		Cypress, TX 77433			Check if travel outside of Texas. Complete Schedule T.	
10	Principal occupati	tion / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JU	IDICIAL) (See instructions)	
12	Contributor's princ	cipal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See instructions)			
14	Contributor's emp	ployer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's	spouse (if any) (FOR JUDICIAL)	
16	If contributor is a d	child, law firm of parent(s) (if any) (FOR JUDICIAL)				

			EXP	ENDITURE CATE	GORIES FO	R BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment			Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense y - Gift/Awards/Memorials Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)			
	Sch: 1/30 Rpt: 11/40		West, Chase E. (Mr.) 00085398										
4	Date	5	Payee name										
	01/05/2024		ActBlue Technical Services										
6	Amount (\$)	7	Payee address;	City; Si	tate; Zip Co	de							
	\$30.00		366 Summer Stree	et									
		Somerville, MA 02144-3132											
8	PURPOSE	(a)	Category (See Catego	ries listed at the top of thi	s schedule)	(b) Desci	ription						
	OF EXPENDITURE		Solicitation/Fundra							plete Schedule T.			
									officeholder living				
						Harri	is County	/ 16	ejano Demo	crats Dues			
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held							łd						
	Date		Payee name										
	01/05/2024		ActBlue Technical Services										
Amount (\$) Payee address; City; State; Zip Code													
	\$5.00		366 Summer Stree		· ·								
	\$0100												
			Somerville, MA 02	144-3132									
	PURPOSE OF	(a)	Category (See Catego		s schedule)	(b) Desci	•						
	EXPENDITURE		Contributions/Don		•				le of Texas. Com				
									Check if Austin, TX, officeholder living expense Extra Donation to HCTD				
							a Donatio	лт u					
	Complete ONLY if direct		andidate/Officeholde	r name	Office sou	aht			Office he	ald.			
	expenditure to benefit C/Oł												
	Date		Pavee name										
	01/19/2024		Payee name ActBlue Technical Services										
					tate; Zip Co	do							
	Amount (\$)		-		iale; Zip CC	de							
	\$7.90		366 Summer Stree	et									
			Somerville, MA 02	144-3132									
	PURPOSE	(a)	Category (See Catego	ries listed at the top of thi	s schedule)	(b) Desc	ription						
	OF EXPENDITURE		Solicitation/Fundra		,		•	outsic	le of Texas. Com	plete Schedule T.			
	EXPENDITORE							, тх,	officeholder living	expense			
						ActB	lue Fee						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholde	r name	Office sou	ight			Office he	eld			

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)							
	Sch: 2/30 Rpt: 12/40	West, Chase E. (Mr.) 00085398								
4	4 Date 5 Payee name 01/14/2024 ActBlue Technical Services									
6 Amount (\$) 7 Payee address; City; State; Zip Code \$3.95 366 Summer Street Somerville, MA 02144-3132										
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ActBlue Fee 								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							
	Date	Payee name								
	01/28/2024	ActBlue Technical Services								
Amount (\$)Payee address;City;State;Zip Code\$8.69366 Summer Street										
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held								
	Date	Payee name								
	02/11/2024	ActBlue Technical Services								
	Amount (\$) \$0.99	Payee address; City; State; Zip Code 366 Summer Street								
		Somerville, MA 02144-3132								
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense ICS							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held							

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 3/30 Rpt: 13/40	00085398							
4	Date 02/28/2024	Payee name ActBlue Technical Services							
6 Amount (\$) 7 Payee address; City; State; Zip Code \$0.79 366 Summer Street Somerville, MA 02144-3132									
8	PURPOSE OF EXPENDITURE	 a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Fees 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	03/17/2024	ActBlue Technical Services							
Amount (\$) Payee address; City; State; Zip Code \$0.79 366 Summer Street Somerville, MA 02144-3132									
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense ICS						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/21/2024	ActBlue Technical Services							
	Amount (\$) \$0.79	Payee address; City; State; Zip Code 366 Summer Street							
		Somerville, MA 02144-3132							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense EES						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)					
1	Sch: 4/30 Rpt: 14/40	West, Chase E. (Mr.)	00085398					
4	Date 04/28/2024	5 Payee name ActBlue Technical Services						
6 Amount (\$) 7 Payee address; City; State; Zip Code \$6.50 366 Summer Street Somerville, MA 02144-3132								
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Fees 						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/05/2024	ActBlue Technical Services						
	Amount (\$) Payee address; City; State; Zip Code \$1.98 366 Summer Street							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense EES					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/19/2024	ActBlue Technical Services						
	Amount (\$) \$0.79	Payee address; City; State; Zip Code 366 Summer Street						
		Somerville, MA 02144-3132						
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Fundraising Fees								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

		EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 5/30 Rpt: 15/40	West, Chase E. (Mr.) 00085398							
4	Date 06/23/2024								
6 Amount (\$) 7 Payee address; City; State; Zip Code \$0.79 366 Summer Street Somerville, MA 02144-3132									
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Fees 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/04/2024	Aericasa, LLC.							
	Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 406 Arlington st Houston, TX 77007							
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Payment to Aericasa 							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date 05/21/2024	Payee name AirBNB							
	Amount (\$) \$266.80	Payee address; City; State; Zip Code 888 Brannan Street							
		San Francisco, CA 94103							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense c Convention						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transportation I Food/Beverage Expense Polling Expense Travel in Distric y - Gift/Awards/Memorials Expense Printing Expense Travel Out of Distric									
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)	
	Sch: 6/30 Rpt: 16/40		West, Chase E. (Mr.) 00085398								
4	Date	5	Payee name	;							
	04/22/2024		Allied Shirt	S							
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de				
	\$265.18		11525 Stor	nehollow Dr							
			#100								
			Austin, TX	75758							
8	PURPOSE						(b) Decerintian				
°	OF				ted at the top of this sch	nedule)	(b) Description	outs	ide of Texas. Com	nlete Schedule T	
	EXPENDITURE		Advertising	Expense					, officeholder living		
							Campaign M	erc	handise		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office sought Office held							eld	
	Date		Payee name	;							
	06/10/2024		Budget Rent a Car								
Amount (\$) Payee address; City; State; Zip Code											
	\$586.47		300 Ctr Po								
	+000111										
			Virginia Be	ach, VA 234	162						
	PURPOSE OF	(a)			ted at the top of this sch	'	(b) Description				
	EXPENDITURE	Transportation Equipment And Related							ide of Texas. Com , officeholder living		
		Expense				Car Rental fo					
							ourrientarie				
	Complete ONLY if direct		Candidate/Of	ficeholder nar	ne (Office soug	tht		Office he	bld	
	expenditure to benefit C/OF						<u>, , , , , , , , , , , , , , , , , , , </u>		0		
-	Date		Payee name								
	01/05/2024		Campaign								
					Ctata	. 7:0 00					
	Amount (\$)		Payee address; City; State; Zip Code								
	\$49.00		P.O. Box 1	19							
			Still River,	MA 01467							
	PURPOSE	(a)			ted at the top of this sch	nedule)	(b) Description				
	OF EXPENDITURE		Solicitation	/Fundraisino	g Expense				ide of Texas. Com		
	-								, officeholder living	j expense	
							Website and	110	isung		
	Operation Operation	L		8 I I - I		245-			o//	- 1-1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Of	ficeholder nar	ne C	Office sou	ght		Office he	eld	
	,										

			EXPENDITURE C	ATEGOR	RIES FOR	BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment							Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 7/30 Rpt: 17/40		West, Chase E. (Mr.) 00085398								
4	Date	5	5 Payee name								
	01/04/2024		Cane Island Lions Club								
6	Amount (\$)	7	Payee address; City;	State;	Zip Coo	le					
	\$114.95		Post Office Box 1113								
			Katy, TX 77494								
8	PURPOSE		Category (See Categories listed at the top			(b) Description					
-	OF		Contributions/Donations Made		edule)		outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Candidate/Officeholder/Politica		ittee			, officeholder living expense			
						Donation to k	Katy	y Serving Lions Club			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	С	Office soug	ht		Office held			
	Date		Payee name								
	01/25/2024		Canva								
	Amount (\$)		Payee address; City;	State;	Zip Coo	le					
	\$12.95		75 E Santa Clara St.								
			San Jose, CA 95113								
PURPOSE OF EXPENDITURE							side of Texas. Complete Schedule T. K, officeholder living expense VARE				
	Complete ONLY if direct		andidate/Officeholder name	C	Office soug	ht		Office held			
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	02/25/2024	Canva									
	Amount (\$)	\vdash	Payee address; City;	State [.]	Zin Cor	le					
	\$12.95		Payee address; City; State; Zip Code 75 E Santa Clara St.								
	,										
			San Jose, CA 95113								
	PURPOSE OF		Category (See Categories listed at the top	o of this sche	edule)	(b) Description	oute	ide of Texas. Complete Schedule T.			
	EXPENDITURE		Advertising Expense					, officeholder living expense			
						Marketing Sc					
						-					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office soug	ht		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Ittee Legal Services The Instruction Guid	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	ILER NAME			3 Filer ID (Ethics Commission Filers)			
	Sch: 8/30 Rpt: 18/40	West, Chase E. (Mr.) 00085398						
4	Date 03/25/2024	Payee name Canva						
6	Amount (\$)	ayee address; City;	State; Zip Co	le				
	\$12.95	5 E Santa Clara St. San Jose, CA 95113						
•	DUDDOCE							
8	PURPOSE OF EXPENDITURE	Advertising Expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ht	Office held			
	Date	ayee name						
	04/25/2024	Canva						
	Amount (\$)	ayee address; City;	State; Zip Co	le				
	\$12.95	5 E Santa Clara St. San Jose, CA 95113						
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the down of the dow	top of this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense ftware			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ht	Office held			
	Date	ayee name						
	03/19/2024	Creative Solutionss						
	Amount (\$) \$186.38	ayee address; City; 55 SW Marine Dr	State; Zip Co	le				
		ancouver British Columbia \	/5X0H3 Canada					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the Consulting Expense	top of this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense ign			
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ht	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Fees Office Overhead/Rental Expense Ti Food/Beverage Expense Polling Expense Ti By - Gift/Awards/Memorials Expense Ti				Travel in District Travel Out of Dis	quipment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 9/30 Rpt: 19/40		West, Chase E. (Mr.) 00085398								
4	Date 03/20/2024		5 Payee name Creative Solutionss								
6	Amount (\$) \$212.99	 7 Payee address; City; State; Zip Code 455 SW Marine Dr Vancouver British Columbia V5X0H3 Canada 									
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website Design									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	eholder name	C	Office sou	ght			Office he	eld
	Date		Payee name								
	03/22/2024		Creative Solu	itionss							
	Amount (\$) \$106.50										
	PURPOSE OF EXPENDITURE	(a)	Vancouver B Category _{(See} Consulting E	Categories listed at					, TX,	de of Texas. Com officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Office	eholder name	C	Office sou	ght			Office he	eld
	Date		Payee name								
	03/26/2024		Creative Solu	itionss							
	Amount (\$) \$106.50		Payee address 455 SW Mari		State;	; Zip Co	de				
			Vancouver B	ritish Columbi	ia V5X0H3 C	Canada					
	PURPOSE OF EXPENDITURE		Category _{(See} Consulting E		the top of this sch	edule)			, TX,	de of Texas. Com officeholder living	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Office	holder name	C	Dffice sou	ght			Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 10/30 Rpt: 20/40	West, Chase E. (Mr.)	00085398				
4	Date	Payee name					
	03/27/2024	Creative Solutionss					
6	Amount (\$)	Payee address; City; State; Zip Code					
	\$532.50	455 SW Marine Street					
		Vancouver British Columbia V5X0H3 Canada					
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE		outside of Texas. Complete Schedule T.				
	-	Check if Austin, Website Desi	TX, officeholder living expense				
			g.,				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/Or						
	Date	Payee name					
	02/27/2024	Democracy Engine					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$29.70	2125 14th Street Northwest					
		Washington, DC 20009					
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Contributions/Donations Made By	outside of Texas. Complete Schedule T.				
			TX, officeholder living expense				
		Donation					
		Candidate/Officeholder name Office sought	Office held				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Onice held				
	Date	Payee name					
	02/17/2024	Facebook					
	Amount (\$) \$16.23	Payee address; City; State; Zip Code 1 Hacker Way					
	\$10.25	I Hacker way					
		Menlo Park, CA 94025					
-	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF		outside of Texas. Complete Schedule T.				
	EXPENDITURE		TX, officeholder living expense				
		Social Ads					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
1	Sch: 11/30 Rpt: 21/40	West, Chase E. (Mr.)	00085398					
4	Date 03/05/2024	5 Payee name Facebook						
6	Amount (\$) \$16.23	nt (\$) 7 Payee address; City; State; Zip Code						
8	PURPOSE OF EXPENDITURE	Advertising Expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	03/18/2024	Facebook						
	Amount (\$) \$16.23	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Advertising Expense Check if travel of	utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	04/18/2024	Facebook						
	Amount (\$) \$16.23	Payee address; City; State; Zip Code 1 Hacker Way						
		Menlo Park, CA 94025						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 12/30 Rpt: 22/40	West, Chase E. (Mr.)	00085398					
4	Date 04/19/2024	5 Payee name Facebook						
6	Amount (\$) \$16.23	(\$) 7 Payee address; City; State; Zip Code						
8	PURPOSE OF EXPENDITURE	Advertising Expanse						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/12/2024	Facebook						
	Amount (\$) \$16.23	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/12/2024	Facebook						
	Amount (\$) \$16.23	Payee address; City; State; Zip Code 1 Hacker Way						
		Menlo Park, CA 94025						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)					
1	Sch: 13/30 Rpt: 23/40	West, Chase E. (Mr.) 00085398						
4	Date 06/03/2024	5 Payee name Facebook						
6	Amount (\$) \$10.00	\$10.00 7 Payee address; City; State; Zip Code \$10.00 1 Hacker Way Menlo Park, CA 94025 Menlo Park, CA 94025						
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Social Ad 						
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
06/05/2024 Facebook								
	Amount (\$) \$16.23	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	06/12/2024	Facebook						
	Amount (\$) \$16.23	Payee address; City; State; Zip Code 1 Hacker Way						
		Menlo Park, CA 94025						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense By - Gift/Awards/Memorials Expense						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 14/30 Rpt: 24/40		West, Chase E. (Mr.) 00085398								
4	Date	5	Payee name								
	01/23/2024		GoDaddy.com								
6	Amount (\$)	7	Payee address;	City;	State;	; Zip Co	de				
	\$19.16		14455 N Hayd	en Rd							
			Scottsdale, AZ	85260							
8	PURPOSE OF		Category (See C			edule)	(b)	Description			
	EXPENDITURE		Solicitation/Fu	ndraising Expe	ense					de of Texas. Com officeholder living	
								Domain	, 17,	uncentituer invirig	expense
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeh	older name	C	Dffice sou	ght			Office he	eld
	Date		Payee name								
	04/19/2024		GoDaddy.com								
	Amount (\$)		Payee address;	City;	State;	; Zip Co	de				
	\$21.90		14455 N Hayd	en Rd							
			Scottsdale, AZ	85260							
	PURPOSE OF EXPENDITURE		Category _{(See C} Solicitation/Fu			edule)			, TX,	de of Texas. Com officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeh	older name	C	Dffice sou	ght			Office he	eld
	Date		Payee name								
	04/20/2024		GoDaddy.com								
	Amount (\$)		Payee address;	City;	State:	; Zip Co	de				
	\$37.30		14455 N Hayd		Olalo,	, <u>Lip</u> 00.	ao				
			-								
			Scottsdale, AZ	85260							
	PURPOSE OF		Category (See C			edule)	(b)	Description	outoi	de of Texas. Com	nlata Sabadula T
	EXPENDITURE		Solicitation/Fu	ndraising Expo	ense				, TX,	officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeh	older name	C	Dffice sou	ght			Office he	eld
	·										

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 15/30 Rpt: 25/40	West, Chase E. (Mr.) 00085398						
4	Date 01/05/2024	5 Payee name Google						
6	Amount (\$) \$16.23	7 Payee address; City; State; Zip Code 23 1600 Ampitheatre Pkwy Mountain View, CA 94043						
8	PURPOSE OF EXPENDITURE	(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. Check if Austin, TX, officeholder living expense Emails						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/12/2024	Google						
	Amount (\$) \$16.23	Payee address; City; State; Zip Code 1600 Ampitheatre Pkwy Mountain View, CA 94043						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	04/19/2024	Google						
	Amount (\$) \$83.34	Payee address; City; State; Zip Code 1600 Ampitheatre Pkwy						
		Mountain View, CA 94043						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense JSINESS Card					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense committee Legal Services 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)				
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 16/30 Rpt: 26/40	West, Chase E. (Mr.)	00085398				
4	Date 04/20/2024	Payee name Google					
6	Amount (\$)	Payee address; City; State; Zip Code					
	\$46.05	1600 Ampitheatre Pkwy Mountain View, CA 94043					
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	05/20/2024	Google					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$46.05	1600 Ampitheatre Pkwy Mountain View, CA 94043					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	06/01/2024	Google					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$46.05	1600 Ampitheatre Pkwy					
		Mountain View, CA 94043					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			Fees Office Overhead/Rental Expense Trans Food/Beverage Expense Polling Expense Trave y - Gift/Awards/Memorials Expense Printing Expense Trave				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 17/30 Rpt: 27/40		West, Chase E. (Mr.)					00085398		
4	Date	5	Payee name							
	01/24/2024		Katy Area Democrats							
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	ode					
	\$20.00		22402 Piper Terrace Ln							
			·							
			Katy, TX 77450							
8	PURPOSE		Category (See Categories listed at the top of this so	abadula)	(b)	Description				
-	OF		Solicitation/Fundraising Expense	(nequie)	()	-	outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE					Check if Austin	, TX,	officeholder living expense		
						Club Dues				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ıght			Office held		
	Date		Payee name							
01/03/2024			Lone Star Left Newsletter							
Amount (\$) Payee address; City; State; Zip Code										
	\$55.00		PO Box 181256							
			Arlington, TX 76096							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this so	chedule)	(b)	Description	outoi	de of Texas. Complete Schedule T.		
	EXPENDITURE		Office Overhead/Rental Expense					officeholder living expense		
						Newsletter Si		÷ ,		
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ight			Office held		
	expenditure to benefit C/OI	H								
	Date		Payee name							
	01/27/2024		Mailchimp							
	Amount (\$)		Payee address; City; State	e; Zip Co	ode					
	\$21.32		675 Ponce De Leon Avenue							
			Ste 500							
			Atlanta, GA 30308							
	PURPOSE				(b)	Description				
	OF	(4)	Category (See Categories listed at the top of this so Solicitation/Fundraising Expense	chedule)	(5)		outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE		Solicitation/Fundraising Expense					officeholder living expense		
						Email Blasts				
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ıght			Office held		
	expenditure to benefit C/OI	1								

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense y - Gift/Awards/Memorials Expense Printing Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 18/30 Rpt: 28/40		West, Chase E. (Mr.)					00085398	
4	Date	5	Payee name						
	02/26/2024		Mailchimp						
6	Amount (\$)	7	Payee address; City; St	ate; Zip Co	ode				
	\$21.32		675 Ponce De Leon Avenue						
			Ste 500						
	Atlanta, GA 30308								
8	PURPOSE	(a)			(h)	Description			
Ŭ	OF	(")	Category (See Categories listed at the top of this Solicitation/Fundraising Expense	s schedule)	(,		outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE					Check if Austin	, TX,	officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office held	
	Date		Payee name						
	03/26/2024		Mailchimp						
	Amount (\$)		Payee address; City; St	ate; Zip Co	ode				
	\$21.32		675 Ponce De Leon Avenue						
Ste 500									
			Atlanta, GA 30308						
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description			
	OF EXPENDITURE		Solicitation/Fundraising Expense	,			outsi	de of Texas. Complete Schedule T.	
	LAFENDITORE						, TX,	officeholder living expense	
						Email Blasts			
					Ļ				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ught			Office held	
		_							
	Date		Payee name						
	05/25/2024		Mailchimp						
	Amount (\$)			ate; Zip Co	ode				
	\$21.32		675 Ponce De Leon Avenue						
			Ste 500						
			Atlanta, GA 30308						
	PURPOSE	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description			
	OF EXPENDITURE		Solicitation/Fundraising Expense					de of Texas. Complete Schedule T.	
						Email Blasts	, IX,	officeholder living expense	
					1				
	Complete ONLY if direct	Ļ	andidate/Officeholder name	Office sou	I			Office held	
	expenditure to benefit C/OI				ayın				

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	ILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 19/30 Rpt: 29/40		West, Chase E. (Mr	.)				00085398	``````````````````````````````````````
4	Date 01/02/2024		Payee name PayPal, Inc.						
6	Amount (\$) \$179.40		Payee address; C 2211 N 1st St San Jose, CA 9513		Zip Cod	9			
8	PURPOSE OF EXPENDITURE		Category (See Categorie Fees	s listed at the top of this sche	edule) (I, TX,	de of Texas. Com officeholder living	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder	name C	Office soug	nt		Office he	ld
	Date	I	Payee name						
	01/02/2024		PayPal, Inc.						
	Amount (\$) \$8.69		2211 N 1st St		Zip Cod	2			
	PURPOSE OF EXPENDITURE	(a) (San Jose, CA 9513 Category _{(See Categorie} Fees	L s listed at the top of this sche	edule) (ı, TX,	de of Texas. Com officeholder living ansfer	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder	name C	Office soug	nt		Office he	ld
	Date		Payee name						
	05/11/2024		Popl						
	Amount (\$) \$19.95		Payee address; C PO Box 25667	ity; State;	Zip Cod	9			
			₋os Angeles, CA 90	025	i				
	PURPOSE OF EXPENDITURE		Category (See Categorie Advertising Expense		edule) (ı, TX,	de of Texas. Comp officeholder living Card Subsc	expense
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder	name C	Office soug	nt		Office he	ld

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Tatal was a Oak adula E1.	
1	Total pages Schedule F1:	
	Sch: 20/30 Rpt: 30/40	West, Chase E. (Mr.) 00085398
4	Date	5 Payee name
	01/06/2024	QR.IO Generator
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.00	2035 Sunset Lk Rd
		Ste. B2
		Newark, DE 19702
8	PURPOSE	
Ů	OF	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		QR Codes
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/21/2024	QR.IO Generator
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	2035 Sunset Lk Rd
		Ste. B2
		Newark, DE 19702
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Solicitation/Eundraising Expanse
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.
		QR Codes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oł	5
	Date	Payee name
	03/02/2024	QR.IO Generator
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	2035 Sunset Lk Rd
		Ste. B2
		Newark, DE 19702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Solicitation/Fundraising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		QR Code Generator
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 21/30 Rpt: 31/40	West, Chase E. (Mr.) 00085398
	3cii. 21/30 Kpt. 31/40	
4	Date	5 Payee name
	03/24/2024	QR.IO Generator
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.00	2035 Sunset Lk Rd
		Ste. B2
		Newark, DE 19702
8	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
		QR Code Generator
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/21/2024	QR.IO Generator
	Amount (\$)	Payee address; City; State; Zip Code
	. ,	
	\$35.00	2035 Sunset Lk Rd
		Ste. B2
		Newark, DE 19702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Solicitation/Fundraising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		QR Code Generator
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Oł	4
	Date	Daveo namo
	Date 05/12/2024	Payee name
	05/12/2024	QR.IO Generator
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	2035 Sunset Lk Rd
		Ste. B2
		Newark, DE 19702
	DUDDOCC	
	PURPOSE OF	 (a) Category (See Categories listed at the top of this schedule) (b) Description (c) Description (c) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		QR Code Generator
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
		·

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
-	Sch: 22/30 Rpt: 32/40	West, Chase E. (Mr.) 00085398							
Δ	Date	5 Payee name							
-	05/25/2024	QR.IO Generator							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
Ŭ	\$35.00	2035 Sunset Lk Rd							
	ψ55.00								
		Ste. B2							
		Newark, DE 19702							
8	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							
		QR Code Generator							
_									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	06/03/2024	QR.IO Generator							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$35.00	2035 Sunset Lk Rd							
		Ste. B2							
		Newark, DE 19702							
	PURPOSE								
	OF	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. 							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		QR Code Generator							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	1							
	Date	Payee name							
	01/04/2024	Romeros Las Brazas							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$36.86	15703 Longenbaugh							
	φ50.00	19709 Longenbaugh							
		Houston, TX 77095							
	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 Cy-Fair Dems Meeting							
		Cy-rail Dents Miceling							
L		Candidata/Officeholder.name							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held							

			EXPENDITURE CATEGO	RIES FOR	R BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							Transportation Equipm Travel in District Travel Out of District			
1	Total pages Schedule F1:	2	FILER NAME			:	B Filer ID (Eth	nics Commission Filers)		
	Sch: 23/30 Rpt: 33/40						00085398			
4	Date	5	Payee name							
	01/04/2024	2024 Romeros Las Brazas								
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	de					
	\$23.07		15703 Longenbaugh							
			Houston, TX 77095							
8	PURPOSE	(a)			(b) Deseriation					
0	OF	(a)	Category (See Categories listed at the top of this so Food/Beverage Expense	chedule)	(b) Description		Itside of Texas. Complete S	Schedule T.		
	EXPENDITURE		roou/beverage Expense				TX, officeholder living exper			
					Cy-Fair D	Dems	Meeting			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held			
	Date		Payee name							
	04/14/2024		Security Metrics							
	Amount (\$)		Payee address; City; State	e; Zip Co	de					
	\$85.00		1275 W 1600 N							
			Orem, UT 84057							
	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	(b) Description	n				
	OF EXPENDITURE		Consulting Expense				Itside of Texas. Complete S			
							FX, officeholder living exper	nse		
					vvevsile P	Auuit				
	Complete ONIL V if direct		Condidate (Office helder name	Office cou	abt		Office hold			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	gni		Office held			
		_								
	Date		Payee name							
	01/09/2024		Shipley Donuts							
	Amount (\$)		Payee address; City; State	e; Zip Co	de					
	\$33.53		1135 S Mason Rd.							
			Katy, TX 77450							
	PURPOSE	(a)	Category (See Categories listed at the top of this so	chedule)	(b) Description	n				
		Ĺ	Gift/Awards/Memorials Expense	···· ·)			itside of Texas. Complete S	Schedule T.		
	EXPENDITURE						TX, officeholder living exper			
					Bought de	onuts	for Constables Of	ffice		
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ght		Office held			
	expenditure to benefit C/OI	-								

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transportation Food/Beverage Expense Polling Expense Travel in Distr By - Gift/Awards/Memorials Expense Printing Expense Travel Out of					Transportation E Travel in District Travel Out of Dis			
1	Total pages Schedule F1:	2 FILE	R NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 24/30 Rpt: 34/40		t, Chase E. (Mr.)					00085398	· · · ·	
	-									
4	Date	· ·	e name							
	04/22/2024	TSP	irts Etc.							
6	Amount (\$)	7 Paye	e address; City;	State;	Zip Coo	e				
	\$140.00	811	S Mason Rd							
		Ste	160							
			, TX 77450							
		Γαιγ	, 17 77450							
8	PURPOSE OF		gory (See Categories listed at the	top of this sche	edule)	b) Description				
	EXPENDITURE	Advo	ertising Expense					ide of Texas. Com	•	
							1, I X	, officeholder living	j expense	
						T Shirts				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late/Officeholder name	0)ffice soug	ht		Office he	eld	
	Date	Paye	e name							
	05/24/2024	T Sł	irts Etc.							
	Amount (\$)	Pave	e address; City;	State:	Zip Coc	e				
	\$32,48		S Mason Rd	oluic,	210 000	C				
		-								
		Ste	L60							
		Katy	, TX 77450							
	PURPOSE	(a) Cate	GORY (See Categories listed at the	top of this sche	edule)	b) Description				
	OF		ertising Expense		,		outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE		5 1			Check if Austin	ı, TX	, officeholder living	j expense	
						Shirts				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late/Officeholder name	0	Office soug	ht		Office he	eld	
	Date	Pave	e name							
	01/05/2024		Cheesecake Factory							
			-	<u> </u>						
	Amount (\$)	-	e address; City;	State;	Zip Coc	e				
	\$78.43	1653	85 SW Frwy							
		Sug	arland, TX 77479							
	PURPOSE	(a) Cate	gory (See Categories listed at the			b) Description				
	OF		J/Beverage Expense	top of this sche	eaule)		outs	ide of Texas. Com	plete Schedule T.	
	EXPENDITURE		I/Deverage Expense					, officeholder living		
						Lunch meetir	ng ۱	with Koretta		
							2			
-	Complete ONLY if direct	Candi	late/Officeholder name		Office soug	ht		Office he	ald	
	expenditure to benefit C/Oł			0	mee soug			Unice he	JIU	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)						
	Sch: 25/30 Rpt: 35/40	West, Chase E. (Mr.)	00085398						
4	Date 02/18/2024	5 Payee name Twitter							
6	Amount (\$) \$11.91	7 Payee address; City; State; Zip Code .91 1355 Market St. Ste. 900 San Francisco , CA 94103							
8	PURPOSE OF EXPENDITURE	Solicitation/Eundraising Expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	03/19/2024	Twitter							
	Amount (\$) \$11.91	Payee address; City; State; Zip Code 1355 Market St. Ste. 900 San Francisco , CA 94103							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	04/19/2024	Twitter							
	Amount (\$) \$11.91	Payee address; City; State; Zip Code 1355 Market St. Ste. 900 San Francisco , CA 94103							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							I/Rental Expense e 'Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID (Ethics Commission Filers)	
	Sch: 26/30 Rpt: 36/40		West, Chase E. (Mr.)						00085398	
4	Date	5	Payee name							
	05/17/2024		Twitter							
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$11.91		1355 Market St.							
			Ste. 900							
			San Francisco , CA 94103							
8	PURPOSE	(a)	Category (See Categories listed at the to	op of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Advertising Expense						ide of Texas. Complete Schedule T.	
							Blue Check	, IX,	, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	0	Office soug	ght			Office held	
	Date		Payee name							
	06/17/2024		Twitter							
Amount (\$) Payee address; City; State; Zip Code										
\$11.91 1355 Market St.										
	Ste. 900									
	San Francisco , CA 94103									
	PURPOSE	(a)	Category (See Categories listed at the to	op of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Advertising Expense				ide of Texas. Complete Schedule T.			
Blue Check						, officenolder living expense				
							Dide Offeen			
	Complete ONLY if direct	(Candidate/Officeholder name	C	Office sou	ht			Office held	
	expenditure to benefit C/OI	Н			· · ·	•				
_	Date	Γ	Payee name							
	01/08/2024		UZ Marketing							
	Amount (\$)	-	Payee address; City;	State;	Zip Co	de				
	\$101.69		5900 Bingle							
			Houston, TX 77092							
	PURPOSE	(a)	Category (See Categories listed at the to	op of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Advertising Expense						ide of Texas. Complete Schedule T. , officeholder living expense	
							Push Cards	, 17,		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	0	Office soug	ght			Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment							Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 27/30 Rpt: 37/40		West, Chase E. (Mr.)						· · ·	
4	Date 01/22/2024		5 Payee name UZ Marketing							
6	Amount (\$) \$153.70		7 Payee address; City; State; Zip Code 5900 Bingle Houston, TX 77092							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Buttons								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	e C	Office soug	ht		Office he	ld	
	Date		Payee name							
	01/30/2024		UZ Marketing							
	Amount (\$) \$33.34		Payee address; City; 5900 Bingle Houston, TX 77092	State;	Zip Coc	e				
	PURPOSE OF EXPENDITURE		Category (See Categories lister Advertising Expense	d at the top of this scho	edule)		n, TX,	de of Texas. Comp officeholder living for upcomin	expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	e C	Office soug	ht		Office he	ld	
	Date		Payee name							
	02/02/2024		UZ Marketing							
	Amount (\$) \$52.12		Payee address; City; 5900 Bingle	State;	Zip Coc	e				
			Houston, TX 77092		i					
	PURPOSE OF EXPENDITURE		Category (See Categories lister Advertising Expense	d at the top of this sch	edule)		ı, TX,	de of Texas. Comp officeholder living		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	e C	Office soug	ht		Office he	ld	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 28/30 Rpt: 38/40	West, Chase E. (Mr.) 00085398							
4	Date	5 Payee name							
	03/26/2024	UZ Marketing							
6	Amount (\$) \$52.80	 Payee address; City; State; Zip Code 5900 Bingle Houston, TX 77092 							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Shirts							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	03/29/2024	UZ Marketing							
	Amount (\$) Payee address; City; State; Zip Code \$23.21 5900 Bingle								
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense rdS						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/21/2024	UZ Marketing							
	Amount (\$) \$95.51	Payee address; City; State; Zip Code 5900 Bingle 5900 Bingle 5900 Bingle 5900 Bingle 5900 Bingle							
		Houston, TX 77092							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense						
ļ	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment			Fees Office O Food/Beverage Expense Polling B By - Gift/Awards/Memorials Expense Printing			pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2				• • • • • •	3	Filer ID (Ethics Commission Filers)		
-	Sch: 29/30 Rpt: 39/40		West, Chase E. (Mr.)	00085398						
4	Date 01/02/2024		Payee name Zoom.US							
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$17.05									
			Ste. 600							
			San Jose, CA 95113							
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Software 								
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	ıht		Office held		
	Date		Payee name							
	02/24/2024		Zoom.US							
	Amount (\$)		Payee address; City;	State:	Zip Co	le				
	\$17.05		55 Almaden Blvd		•					
	\$11100		Ste. 600							
			San Jose, CA 95113							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Office Overhead/Rental Expe		edule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense re		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	Jht		Office held		
	Date		Payee name							
	03/02/2024		Zoom.US							
-	Amount (\$)		Payee address; City;	State:	Zip Co	le				
	\$17.05		55 Almaden Blvd	Ciuic,		~~				
	φ17.05									
Ste. 600										
	San Jose, CA 95113									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the Advertising Expense	top of this sche	edule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense / Are		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Dffice sou	ıht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:				3 Filer ID (Ethics Commission Filers)				
T	Sch: 30/30 Rpt: 40/40	Vest, Chase E. (Mr.)	00085398						
4	Date 04/24/2024	5 Payee name Zoom.US							
6	Amount (\$) \$17.05	7 Payee address; City; State; Zip Code 05 55 Almaden Blvd Ste. 600 San Jose, CA 95113							
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Meeting Software									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ght	Office held				
	Date	ayee name							
	05/17/2024	Zoom.US							
	Amount (\$) Payee address; City; State; Zip Code \$17.05 55 Almaden Blvd Ste. 600 San Jose, CA 95113								
PURPOSE OF EXPENDITURE		ategory _{(See Categories listed at th} Office Overhead/Rental Exp			outside of Texas. Complete Schedule T. , TX, officeholder living expense WARE				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ght	Office held				
	Date	ayee name							
	06/02/2024	coom.US							
	Amount (\$) \$17.05	ayee address; City; 5 Almaden Blvd ste. 600 san Jose, CA 95113	State; Zip Co	de					
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at th Office Overhead/Rental Exp			outside of Texas. Complete Schedule T. , TX, officeholder living expense WARE				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sou	ght	Office held				