

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH
COVER SHEET PG 1

The SC C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00083877	2 Total pages filed: 62		
3 CANDIDATE NAME	MS / MRS / MR Mr.	FIRST Allen B.	MI	OFFICE USE ONLY	
	NICKNAME	LAST West	SUFFIX		
4 CANDIDATE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1837 Eastern Hills Dr. Garland, TX 75043			Date Received ELECTRONICALLY FILED 02/26/2024	
				Date Hand-delivered or Date Postmarked	
				Receipt # Amount	
				Date Processed	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Diane L.	MI		
	NICKNAME	LAST Kelley	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6657 Crestway Ct. Dallas, TX 75230				
7 CAMPAIGN TREASURER PHONE	AREA CODE (214)	PHONE NUMBER 682-5558	EXTENSION		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before convention / election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before convention / election <input type="checkbox"/> Final report (Attach SC C/OH-FR)				
9 PERIOD COVERED	Month Day Year 01/26/2024		THROUGH	Month Day Year 02/24/2024	
10 CONVENTION / ELECTION DATE	Month Day Year 03/05/2024	11 OFFICE SOUGHT	<input type="checkbox"/> STATE CHAIR <input checked="" type="checkbox"/> COUNTY CHAIR		
12 POLITICAL PARTY	Republican COUNTY (If Applicable) Dallas				

GO TO PAGE 2

**STATE / COUNTY CHAIR
CAMPAIGN FINANCE REPORT:
SUPPORT & TOTALS**

**FORM SC C/OH
COVER SHEET PG 2**

2 of 62

13 CANDIDATE NAME West, Allen B. (Mr.)	14 Filer ID (Ethics Commission Filers) 00083877
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political expenditures by political committees to support the candidate. <i>These expenditures may have been made without the candidate's knowledge or consent.</i> Candidates are required to report this information only if they receive notice of such expenditures.																											
<table style="width:100%"> <tr> <td style="width:20%">COMMITTEE TYPE</td> <td colspan="2">COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td colspan="2" rowspan="2"></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> </tr> <tr> <td colspan="3">COMMITTEE ADDRESS</td> </tr> <tr> <td colspan="3"></td> </tr> <tr> <td colspan="3">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td colspan="3"></td> </tr> <tr> <td colspan="3">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> <tr> <td colspan="3"></td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME		<input type="checkbox"/> GENERAL			<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS						COMMITTEE CAMPAIGN TREASURER NAME						COMMITTEE CAMPAIGN TREASURER ADDRESS								
	COMMITTEE TYPE	COMMITTEE NAME																										
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COMMITTEE ADDRESS																												
COMMITTEE CAMPAIGN TREASURER NAME																												
COMMITTEE CAMPAIGN TREASURER ADDRESS																												

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	56,774.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	44,326.76
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	31,008.55
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFADAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Allen B. West
Signature of Candidate

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - SC C/OH

18 CANDIDATE NAME West, Allen B. (Mr.)		19 Filer ID 00083877	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	51,874.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	4,900.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	44,326.76
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	1,149.70

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/22 Rpt: 4/62
2 FILER NAME West, Allen B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083877
4 Date 02/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alston, Dorothy <hr/> 6 Contributor address; City; State; Zip Code Texarkana, TX 75503	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions) Homemaker
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, David <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Archer III, Ira <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aronow, Richard <hr/> Contributor address; City; State; Zip Code White Plains, NY 10605	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brody, Marillyn <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/22 Rpt: 5/62
2 FILER NAME West, Allen B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083877
4 Date 01/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Sherry <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75205	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions) Homemaker
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Tamara <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self Employed
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carcano, Tobie <hr/> Contributor address; City; State; Zip Code Denton, TX 76207	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carey, Edwin <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carey, Edwin <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/22 Rpt: 6/62
2 FILER NAME West, Allen B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083877
4 Date 01/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carey,, Edwin <hr/> 6 Contributor address; City; State; Zip Code San Diego, CA 92037	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 01/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Jeffrey <hr/> Contributor address; City; State; Zip Code Streetman, TX 75859	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cota, Phillip <hr/> Contributor address; City; State; Zip Code Kerrville, TX 78028	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crain, Lisa <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denton County Conservative Coalition <hr/> Contributor address; City; State; Zip Code Denton, TX 76201	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/22 Rpt: 7/62
2 FILER NAME West, Allen B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083877
4 Date 01/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eck, Terry <hr/> 6 Contributor address; City; State; Zip Code Enid, OK 73703	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erickson, Donald <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fabiano, Diana <hr/> Contributor address; City; State; Zip Code Simpsonville, SC 29681	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fessler, Terri <hr/> Contributor address; City; State; Zip Code Weldon Spring, MO 63304	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fine, Karen <hr/> Contributor address; City; State; Zip Code Novi, MI 48377	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Mother's Caregiver		Employer (See Instructions) Caregiver

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/22 Rpt: 8/62
2 FILER NAME West, Allen B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083877
4 Date 02/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forsythe, Holly <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75230	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 02/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Free, Alan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225-4517	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Consulting		Employer (See Instructions) ARGO-EFESO
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Kristen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75238	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbons, Patrick <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Ken <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/22 Rpt: 9/62
2 FILER NAME West, Allen B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083877
4 Date 02/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Deborah <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75039	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) PR		9 Employer (See Instructions) Healthcare
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Ellen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75252	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Barbara <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Management		Employer (See Instructions) Key Management Corp
Date 02/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grimes, Carmille <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Comm Dev Exec Dir		Employer (See Instructions) Dallas Morning News
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerriero, Dawn <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/22 Rpt: 10/62
2 FILER NAME West, Allen B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083877
4 Date 02/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hale, Pat <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75230	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 02/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harbour, James <hr/> Contributor address; City; State; Zip Code Dallas, TX 75287	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harless, Mark <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76148	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Electronic Technician		Employer (See Instructions) Elbit Systems of America
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartley, Michael <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes, Teresa <hr/> Contributor address; City; State; Zip Code Sterling, NE 68443	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/22 Rpt: 11/62
2 FILER NAME West, Allen B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083877
4 Date 02/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Max	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Crowley, LA 70526	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Max C.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Crowley, LA 70527	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holt, Paul	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code Lawndale, CA 90260	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hooker, Creighton	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Bonita Springs, FL 34135-8100	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inge, Peyton	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Argyle, TX 76226	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/22 Rpt: 12/62
2 FILER NAME West, Allen B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083877
4 Date 02/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennings, Melanie <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75243	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) CPA		9 Employer (See Instructions) GL Tax Group
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Ross <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Lone Star Furnishings
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judd, Michael <hr/> Contributor address; City; State; Zip Code Dallas, TX 75228	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Fraud Investigations		Employer (See Instructions) Bank of America
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Diane <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Precision Travel, Inc
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Elizabeth <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/22 Rpt: 13/62
2 FILER NAME West, Allen B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083877
4 Date 02/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Jo <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75063	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions) Homemaker
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kieff, Lorri <hr/> Contributor address; City; State; Zip Code Sturgeon Bay, WI 54235	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Amy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Baylor Scott & White Health
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Amy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Baylor Scott & White Health
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Legend Operating, LLC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/22 Rpt: 14/62
2 FILER NAME West, Allen B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083877
4 Date 02/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Little, Steve <hr/> 6 Contributor address; City; State; Zip Code Cedar Hill, TX 75104	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Littlepage, Pamela <hr/> Contributor address; City; State; Zip Code Shady Shores, TX 76208	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Greco Services
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyman, Denise <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Multi Marketing Strategist		Employer (See Instructions) Paramount Communications
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Macatee, Kelli <hr/> Contributor address; City; State; Zip Code Dallas, TX 75244	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Compass
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Macfee, Charlotte <hr/> Contributor address; City; State; Zip Code Dallas, TX 75244	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/22 Rpt: 15/62
2 FILER NAME West, Allen B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083877
4 Date 02/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malladi, Preeti <hr/> 6 Contributor address; City; State; Zip Code Irving, TX 75039	7 Amount of Contribution (\$) \$350.00
8 Principal occupation / Job title (See Instructions) Surgeon		9 Employer (See Instructions) Self Employed
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mariani, Janet <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) The Tradition Senior Living
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mastin, Dick <hr/> Contributor address; City; State; Zip Code Garland, TX 75043	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matwijecy, Cornelius <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225-7402	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Garold <hr/> Contributor address; City; State; Zip Code Mesquite, TX 75150	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/22 Rpt: 16/62
2 FILER NAME West, Allen B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083877
4 Date 02/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcconnell, William	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code garland, TX 75044		
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Forum Communications
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medaric, Ferdana	Amount of Contribution (\$) \$63.00
Contributor address; City; State; Zip Code Coppell, TX 75019		
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions) Self-Employed
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mello, Nancy	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Dallas, TX 75230		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Jeta	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Dallas, TX 75218		
Principal occupation / Job title (See Instructions) Case Manager		Employer (See Instructions) MS Society
Date 02/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nesbit, Stephen	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code Dallas, TX 75225		
Principal occupation / Job title (See Instructions) M&A		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/22 Rpt: 17/62
2 FILER NAME West, Allen B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083877
4 Date 02/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nolan, Cyrena <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75225	7 Amount of Contribution (\$) \$10,000.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 02/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nolan, Michael <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Construction Development		Employer (See Instructions) Nolan Brothers of Texas, Inc.
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Grady, Mary Lou <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Grady, Mary Lou <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OGrady, Scott <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/22 Rpt: 18/62
2 FILER NAME West, Allen B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083877
4 Date 02/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ohayon, CK <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75252	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions) Homemaker
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ohayon, Kelsye <hr/> Contributor address; City; State; Zip Code Dallas, TX 75252	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osborne, Bethell-Anne <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pandolfi, Richard <hr/> Contributor address; City; State; Zip Code Narberth, PA 19072	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions) Self-Employed
Date 02/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peck, John <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/22 Rpt: 19/62
2 FILER NAME West, Allen B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083877
4 Date 01/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pendegraft, Signa <hr/> 6 Contributor address; City; State; Zip Code Sparks, NV 89431	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Archivist		9 Employer (See Instructions) Deeside Trading Llc
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petraglia, Bill <hr/> Contributor address; City; State; Zip Code Saint Johns, FL 32259	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pizzurro, Philip <hr/> Contributor address; City; State; Zip Code Plano, TX 75093	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pratt, David <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Bradley
Date 02/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Restrepo, John <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/22 Rpt: 20/62
2 FILER NAME West, Allen B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083877
4 Date 01/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Janet <hr/> 6 Contributor address; City; State; Zip Code Yukon, OK 73099	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) RN		9 Employer (See Instructions) Mercy Health
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robbins, Edsel <hr/> Contributor address; City; State; Zip Code Olympia, WA 98512	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Self-Employed
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Jan <hr/> Contributor address; City; State; Zip Code Coppell, TX 75019	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robson, Scott <hr/> Contributor address; City; State; Zip Code Dallas, TX 75251	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Executive Search		Employer (See Instructions) Pearson Partners International
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romero, Jesse <hr/> Contributor address; City; State; Zip Code Garland, TX 75044	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/22 Rpt: 21/62
2 FILER NAME West, Allen B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083877
4 Date 02/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, William	7 Amount of Contribution (\$) \$750.00
6 Contributor address; City; State; Zip Code Dallas, TX 75205		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 02/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Phillip	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Farmers Branch, TX 75234		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwengler, Ashley	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Arlington, TX 76016		
Principal occupation / Job title (See Instructions) Payroll		Employer (See Instructions) Payroll
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seale III, E Lamar	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Dallas, TX 75225		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silveira, Allison	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Dallas, TX 75209		
Principal occupation / Job title (See Instructions) Builder		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/22 Rpt: 22/62
2 FILER NAME West, Allen B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083877
4 Date 02/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skoczlas, Ingrid <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76001	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Hair stylist		9 Employer (See Instructions) Self-Employed
Date 02/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smay, Keith <hr/> Contributor address; City; State; Zip Code Dallas, TX 75238	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Home improvement Craftsman		Employer (See Instructions) More Than A Carpenter
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Luellen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Self Employed
Date 02/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sniadecki, Alan <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75007	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorkness, David <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Technical Account Manager		Employer (See Instructions) Entertainment Partners

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/22 Rpt: 23/62
2 FILER NAME West, Allen B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083877
4 Date 01/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starnes, Scott <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75034	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Milano Hat Company
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Anne <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$63.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker
Date 02/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Anne <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stowe, Cindy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self-Employed
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strausman, Evelyn <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75006	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/22 Rpt: 24/62
2 FILER NAME West, Allen B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083877
4 Date 02/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strausman, Evelyn <hr/> 6 Contributor address; City; State; Zip Code Carrollton, TX 75006	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Mari <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Mari <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$2,300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villere, Christine <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77510	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self-Employed
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wakefield, Jeri <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/22 Rpt: 25/62
2 FILER NAME West, Allen B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083877
4 Date 01/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westfall, Jim <hr/> 6 Contributor address; City; State; Zip Code Fremont, CA 94555	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodhouse, Marilyn <hr/> Contributor address; City; State; Zip Code Houston, TX 77079	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zvara, Julie <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Area Manager		Employer (See Instructions) RT Portable X-Ray

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 26/62	
2 FILER NAME West, Allen B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083877	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/06/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feferman, Josh <hr style="border-top: 1px dotted black;"/> 7 Contributor address; City; State; Zip Code Dallas, TX 75024	8 Amount of contribution (\$) \$4,900.00	9 In-kind contribution description Billboard Sign <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Business Owner		11 Employer (FOR NON-JUDICIAL) (See instructions) Primary Media Outdoor Advertising	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/35 Rpt: 27/62	2 FILER NAME West, Allen B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083877
4 Date 01/26/2024	5 Payee name Anedot	
6 Amount (\$) \$40.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/26/2024	Payee name Anedot	
Amount (\$) \$2.00	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2024	Payee name Anedot	
Amount (\$) \$200.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/35 Rpt: 28/62	2 FILER NAME West, Allen B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083877
4 Date 01/30/2024	5 Payee name Anedot	
6 Amount (\$) \$40.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2024	Payee name Anedot	
Amount (\$) \$0.70	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2024	Payee name Anedot	
Amount (\$) \$1.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/35 Rpt: 29/62	2 FILER NAME West, Allen B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083877
4 Date 01/30/2024	5 Payee name Anedot	
6 Amount (\$) \$2.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2024	Payee name Anedot	
Amount (\$) \$20.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2024	Payee name Anedot	
Amount (\$) \$4.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/35 Rpt: 30/62	2 FILER NAME West, Allen B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083877
4 Date 01/30/2024	5 Payee name Anedot	
6 Amount (\$) \$4.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2024	Payee name Anedot	
Amount (\$) \$0.70	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2024	Payee name Anedot	
Amount (\$) \$0.90	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/35 Rpt: 31/62	2 FILER NAME West, Allen B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083877
4 Date 01/30/2024	5 Payee name Anedot	
6 Amount (\$) \$1.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2024	Payee name Anedot	
Amount (\$) \$0.38	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2024	Payee name Anedot	
Amount (\$) \$1.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/35 Rpt: 32/62	2 FILER NAME West, Allen B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083877
4 Date 01/30/2024	5 Payee name Anedot	
6 Amount (\$) \$8.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2024	Payee name Anedot	
Amount (\$) \$2.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/31/2024	Payee name Anedot	
Amount (\$) \$2.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/35 Rpt: 33/62	2 FILER NAME West, Allen B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083877
4 Date 01/31/2024	5 Payee name Anedot	
6 Amount (\$) \$1.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/31/2024	Payee name Anedot	
Amount (\$) \$8.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/01/2024	Payee name Anedot	
Amount (\$) \$12.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/35 Rpt: 34/62	2 FILER NAME West, Allen B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083877
4 Date 02/01/2024	5 Payee name Anedot	
6 Amount (\$) \$2.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/01/2024	Payee name Anedot	
Amount (\$) \$4.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/01/2024	Payee name Anedot	
Amount (\$) \$0.70	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/35 Rpt: 35/62	2 FILER NAME West, Allen B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083877
4 Date 02/03/2024	5 Payee name Anedot	
6 Amount (\$) \$48.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/04/2024	Payee name Anedot	
Amount (\$) \$4.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/05/2024	Payee name Anedot	
Amount (\$) \$1.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/35 Rpt: 36/62	2 FILER NAME West, Allen B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083877
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4 Date 02/05/2024	5 Payee name Anedot
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6 Amount (\$) \$12.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/06/2024	Payee name Anedot
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Amount (\$) \$40.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/06/2024	Payee name Anedot
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Amount (\$) \$4.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/35 Rpt: 37/62	2 FILER NAME West, Allen B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083877
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4 Date 02/06/2024	5 Payee name Anedot
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6 Amount (\$) \$10.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/06/2024	Payee name Anedot
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Amount (\$) \$4.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/06/2024	Payee name Anedot
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Amount (\$) \$40.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/35 Rpt: 38/62	2 FILER NAME West, Allen B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083877
4 Date 02/06/2024	5 Payee name Anedot	
6 Amount (\$) \$30.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/06/2024	Payee name Anedot	
Amount (\$) \$4.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/07/2024	Payee name Anedot	
Amount (\$) \$1.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/35 Rpt: 39/62	2 FILER NAME West, Allen B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083877
4 Date 02/07/2024	5 Payee name Anedot	
6 Amount (\$) \$2.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/07/2024	Payee name Anedot	
Amount (\$) \$2.82	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/07/2024	Payee name Anedot	
Amount (\$) \$2.82	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/35 Rpt: 40/62	2 FILER NAME West, Allen B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083877
4 Date 02/07/2024	5 Payee name Anedot	
6 Amount (\$) \$4.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/07/2024	Payee name Anedot	
Amount (\$) \$1.26	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/07/2024	Payee name Anedot	
Amount (\$) \$20.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/35 Rpt: 41/62	2 FILER NAME West, Allen B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083877
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4 Date 02/08/2024	5 Payee name Anedot
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6 Amount (\$) \$2.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/08/2024	Payee name Anedot
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Amount (\$) \$1.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/08/2024	Payee name Anedot
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Amount (\$) \$1.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/35 Rpt: 42/62	2 FILER NAME West, Allen B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083877
4 Date 02/08/2024	5 Payee name Anedot	
6 Amount (\$) \$2.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/09/2024	Payee name Anedot	
Amount (\$) \$4.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/10/2024	Payee name Anedot	
Amount (\$) \$12.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/35 Rpt: 43/62	2 FILER NAME West, Allen B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083877
4 Date 02/12/2024	5 Payee name Anedot	
6 Amount (\$) \$20.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/12/2024	Payee name Anedot	
Amount (\$) \$1.10	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/12/2024	Payee name Anedot	
Amount (\$) \$0.50	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/35 Rpt: 44/62	2 FILER NAME West, Allen B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083877
4 Date 02/12/2024	5 Payee name Anedot	
6 Amount (\$) \$0.78	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/12/2024	Payee name Anedot	
Amount (\$) \$2.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/12/2024	Payee name Anedot	
Amount (\$) \$1.70	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/35 Rpt: 45/62	2 FILER NAME West, Allen B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083877
4 Date 02/12/2024	5 Payee name Anedot	
6 Amount (\$) \$1.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/12/2024	Payee name Anedot	
Amount (\$) \$20.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/12/2024	Payee name Anedot	
Amount (\$) \$4.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/35 Rpt: 46/62	2 FILER NAME West, Allen B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083877
4 Date 02/12/2024	5 Payee name Anedot	
6 Amount (\$) \$2.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/13/2024	Payee name Anedot	
Amount (\$) \$400.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/13/2024	Payee name Anedot	
Amount (\$) \$2.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/35 Rpt: 47/62	2 FILER NAME West, Allen B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083877
4 Date 02/13/2024	5 Payee name Anedot	
6 Amount (\$) \$4.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/13/2024	Payee name Anedot	
Amount (\$) \$2.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/13/2024	Payee name Anedot	
Amount (\$) \$40.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/35 Rpt: 48/62	2 FILER NAME West, Allen B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083877
4 Date 02/13/2024	5 Payee name Anedot	
6 Amount (\$) \$4.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/14/2024	Payee name Anedot	
Amount (\$) \$4.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/14/2024	Payee name Anedot	
Amount (\$) \$4.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/35 Rpt: 49/62	2 FILER NAME West, Allen B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083877
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4 Date 02/14/2024	5 Payee name Anedot
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6 Amount (\$) \$2.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/14/2024	Payee name Anedot
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Amount (\$) \$4.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/15/2024	Payee name Anedot
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Amount (\$) \$10.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/35 Rpt: 50/62	2 FILER NAME West, Allen B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083877
4 Date 02/16/2024	5 Payee name Anedot	
6 Amount (\$) \$40.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/16/2024	Payee name Anedot	
Amount (\$) \$16.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/16/2024	Payee name Anedot	
Amount (\$) \$1.10	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/35 Rpt: 51/62	2 FILER NAME West, Allen B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083877
4 Date 02/16/2024	5 Payee name Anedot	
6 Amount (\$) \$2.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/17/2024	Payee name Anedot	
Amount (\$) \$4.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/19/2024	Payee name Anedot	
Amount (\$) \$40.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 26/35 Rpt: 52/62	2 FILER NAME West, Allen B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083877
4 Date 02/19/2024	5 Payee name Anedot	
6 Amount (\$) \$40.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/19/2024	Payee name Anedot	
Amount (\$) \$100.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/20/2024	Payee name Anedot	
Amount (\$) \$0.50	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 27/35 Rpt: 53/62	2 FILER NAME West, Allen B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083877
4 Date 02/20/2024	5 Payee name Anedot	
6 Amount (\$) \$20.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/20/2024	Payee name Anedot	
Amount (\$) \$2.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/20/2024	Payee name Anedot	
Amount (\$) \$2.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 28/35 Rpt: 54/62	2 FILER NAME West, Allen B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083877
4 Date 02/21/2024	5 Payee name Anedot	
6 Amount (\$) \$1.70	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/21/2024	Payee name Anedot	
Amount (\$) \$0.70	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/21/2024	Payee name Anedot	
Amount (\$) \$4.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 29/35 Rpt: 55/62	2 FILER NAME West, Allen B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083877
4 Date 02/21/2024	5 Payee name Anedot	
6 Amount (\$) \$4.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/22/2024	Payee name Anedot	
Amount (\$) \$2.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/23/2024	Payee name Anedot	
Amount (\$) \$14.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 30/35 Rpt: 56/62	2 FILER NAME West, Allen B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083877
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4 Date 02/23/2024	5 Payee name Anedot
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6 Amount (\$) \$10.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/23/2024	Payee name Anedot
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Amount (\$) \$0.70	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/23/2024	Payee name Anedot
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Amount (\$) \$20.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 31/35 Rpt: 57/62	2 FILER NAME West, Allen B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083877
4 Date 02/24/2024	5 Payee name Anedot	
6 Amount (\$) \$4.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/21/2024	Payee name Bonfire Data, LLC	
Amount (\$) \$359.56	Payee address; City; State; Zip Code 1001 Congress Ave, Ste 100 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter Outreach Data Messaging
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/12/2024	Payee name CFO Shield, LLC dba Red Elephant Reports	
Amount (\$) \$2,314.47	Payee address; City; State; Zip Code PO Box 953 Colleyville, TX 76034	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Bookkeeping Services & Support
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 32/35 Rpt: 58/62	2 FILER NAME West, Allen B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083877
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4 Date 02/12/2024	5 Payee name One Book at a Time Publishing, LLC
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6 Amount (\$) \$479.01	7 Payee address; City; State; Zip Code 4680 Belt Line Rd Addison, TX 75001
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Large Push Cards
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/15/2024	Payee name One Book at a Time Publishing, LLC
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Amount (\$) \$300.00	Payee address; City; State; Zip Code 4680 Belt Line Rd Addison, TX 75001
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push Cards
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/14/2024	Payee name Paper Source
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Amount (\$) \$51.42	Payee address; City; State; Zip Code 6025 Royal Lane, Suite 128 Dallas, TX 75230
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Envelopes
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 33/35 Rpt: 59/62	2 FILER NAME West, Allen B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083877
4 Date 02/06/2024	5 Payee name Primary Media Outdoor Advertising	
6 Amount (\$) \$4,900.00	7 Payee address; City; State; Zip Code One Billboard Center, 2511 Boll Street Dallas, TX 75204	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Outdoor Advertising Billboards
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/01/2024	Payee name Project Broadcast, LLC	
Amount (\$) \$1,100.00	Payee address; City; State; Zip Code 300 La vida Ct. Irving, TX 75062	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Text Messaging Service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/12/2024	Payee name Stroughter, Marie	
Amount (\$) \$808.00	Payee address; City; State; Zip Code 6501 Cool Creek Drive Killeen, TX 76549-6088	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 34/35 Rpt: 60/62	2 FILER NAME West, Allen B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083877
4 Date 02/21/2024	5 Payee name Truist Bank	
6 Amount (\$) \$15.00	7 Payee address; City; State; Zip Code 214 N Tryon Street Charlotte, NC 28202	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Service Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/01/2024	Payee name USPS	
Amount (\$) \$54.40	Payee address; City; State; Zip Code 5959 Royal Lane Dallas, TX 75230	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stamps
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/14/2024	Payee name USPS	
Amount (\$) \$68.00	Payee address; City; State; Zip Code 5959 Royal Lane Flower Mound, TX 75230	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stamps
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 35/35 Rpt: 61/62	2 FILER NAME West, Allen B. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083877
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4 Date 02/01/2024	5 Payee name Viscusi, Alexander
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6 Amount (\$) \$2,029.69	7 Payee address; City; State; Zip Code 1112 Lopo Rd. Flower Mound, TX 75028
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 4x4 and 18x24 Signs
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/12/2024	Payee name Viscusi, Alexander
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Amount (\$) \$844.35	Payee address; City; State; Zip Code 1112 Lopo Rd. Flower Mound, TX 75028
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 4x4 Signs
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/15/2024	Payee name Visible Dialogue
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Amount (\$) \$29,512.90	Payee address; City; State; Zip Code 5435 North Garland Avenue, Ste 140-334 Garland, TX 75040
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postcard Mailer
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 62/62
2 FILER NAME West, Allen B. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083877
4 Date 01/26/2024	5 Name of person from whom amount is received Bradley, Marsha	8 Amount (\$) \$25.00
	6 Address of person from whom amount is received; City; State; Zip Code Lubbock, TX 79413	
	7 Purpose for which amount is received Donation Returned by Bank <input checked="" type="checkbox"/> Check if political contribution returned to filer	
Date 01/26/2024	Name of person from whom amount is received Texas Neuropsychology Group	Amount (\$) \$1,124.70
	Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75219	
	Purpose for which amount is received Refund of Donation <input checked="" type="checkbox"/> Check if political contribution returned to filer	