# STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

## FORM SC C/OH COVER SHEET PG 1

The SC C/OH Instruction C	Guide explains how to complete	this form.	(Ethics Commission Filers)		2 Total pages file	
	T		00083877		02	-
3 CANDIDATE NAME	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY
IVAIVIE	Mr.	Allen B.			Date Received	
					ELECTRONICA	LLY FILED
	NIOMANAE				02/26/2024	
	NICKNAME	LAST		SUFFIX	02/20/2024	
		West				
					Date Hand-delivered or	Date Postmarked
4 CANDIDATE ADDRESS	ADDRESS / PO BOX; APT	T / SUITE #; C	CITY; STATE;	ZIP CODE		
ADDRESS	1837 Eastern Hills Dr.				Receipt #	Amount
Observation of Astronomy	Garland, TX 75043				Date Processed	
Change of Address	·					
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER NAME	Ms.	Diane L.				
	NICKNAME	LAST			SUFFIX	
		Kelley				
6 CAMPAIGN	STREET ADDRESS (NO PC	BOX PLEASE)	); APT / SUITE	#; CITY;	STATE;	ZIP CODE
TREASURER ADDRESS	6657 Crestway Ct.					
(Residence or Business)	Dallas, TX 75230					
	,					
7 CAMBAICN	ADEA CODE	DUONE	NUMBER		EVTENCION	
7 CAMPAIGN TREASURER	AREA CODE	PHONE	NUMBER		EXTENSION	
PHONE	(214) 682-5558					
8 REPORT TYPE						
	January 15	30th day	y before convention	on / election	Runoff	
		Oth day	hafara aanvantian	, / clastian	☐ Final rapart (At	ttoob CC C/OU ED)
	July 15	$\chi$ 8th day	before convention	i / election	Final report (Al	tach SC C/OH-FR)
A DEDIOD	Manually David M				Marrit	
9 PERIOD COVERED	1	ear	T. 1001	1011		ay Year
	01/26/2024		THROU	IGH	02/24	1/2024
40.0000		,	Ī			
10 CONVENTION / ELECTION DATE	1	ear		OFFICE SOUGHT	STATE CHAIR	?
LLLCTION DATE	03/05/2024		`	5000111	X COUNTY CHA	AIR
12 POLITICAL	Republican			COUNTY (If Applie	cable)	
PARTY				Dallas		
		00	TO DACE 0			
		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.)		<b>14</b> Filer ID 00083877	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)		political expenditures by political committees to sup andidate's knowledge or consent. Candidates are penditures.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ll °	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THATES OF LOANS, OR CONTRIBUTIONS MADE ELI		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$ 56,774.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 44,326.76
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 31,008.55
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS ASTING PERIOD	S OF THE LAST DAY	\$ 0.00
<b>17</b> AFFADAVIT		I swear, or affirm, under penal true and correct and includes under Title 15, Election Code.	all information required t	
		N	1r. Allen B. West	
		Sig	nature of Candidate	
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the _	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	eer administering oath	Printed name of officer administering oath	Title of office	r administering oath

### **SUBTOTALS - SC C/OH**

### FORM SC C/OH **COVER SHEET PG 3**

					3 01 62
		E NAME en B. (Mr.)	19 Filer ID 00083877	(Eth	ics Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	51,874.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	4,900.00	
3.		\$			
4.		SCHEDULE E: LOANS	\$		
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	44,326.76	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$	
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	ETURNED	\$	1,149.70

	FARY POLITICAL CONTRIBUTION	DNS		SCHEDUI	LE A1
The Instru	uction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/22 Rpt: 4/62	
2 FILER NAME West, Allen			3	Filer ID (Ethics Commission 00083877	on Filers)
4 Date 02/09/2024	5 Full name of contributor out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$100.00
	Texarkana, TX 75503				
8 Principal occ Homemake	upation / Job title (See Instructions) r	9 Employer (See Instruction Homemaker	ıs)		
Date 02/15/2024	•			Amount of Contribution (\$)	\$250.00
Dringinal occ	Dallas, TX 75230	Employer (See Instruction			
Retired	upation / Job title (See Instructions)	Retired	15)		
Date 02/14/2024	Full name of contributor out-of-state PAC (ID#:_Archer III, Ira  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Dallas, TX 75206				
Principal occ Retired	upation / Job title (See Instructions)	Employer (See Instruction Retired	ıs)		
Date 01/30/2024				Amount of Contribution (\$)	\$50.00
Principal occ Retired	upation / Job title (See Instructions)	Employer (See Instruction Retired	ns)		
Date				Amount of Contribution (\$)	\$1,000.00
02/19/2024	Contributor address; City; State; Zip Code  Dallas, TX 75230				

	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to compl	lete this form	n.	1	Total pages Schedule A1: Sch: 2/22 Rpt: 5/62	
2	FILER NAME West, Allen E	3. (Mr.)			3	Filer ID (Ethics Commission 00083877	n Filers)
4	Date 01/29/2024	<ul> <li>Full name of contributor  out-of-star  out-of-st</li></ul>	te PAC (ID#:	)	7	Amount of Contribution (\$)	\$500.00
8	Principal occur	Dallas, TX 75205 pation / Job title (See Instructions)	l <sub>o</sub>	Employer (See Instructions	·/		
•	Homemaker	pation / Job title (See Instructions)	9	Homemaker	·)		
	Date 02/12/2024	Brown, Tamara		)		Amount of Contribution (\$)	\$500.00
	Dringing Lagor	Dallas, TX 75218		Franks von (Cookstant)			
	Principal occupation / Job title (See Instructions) Self Employed			Employer (See Instructions Self Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$50.00	
		Denton, TX 76207					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 02/12/2024	Carey, Edwin		)		Amount of Contribution (\$)	\$5.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 02/20/2024	Carey, Edwin		)		Amount of Contribution (\$)	\$5.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
			'				

	MONET	ARY POLITICAL CO	S		SCHEDUI	E A1	
	The Instru	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 3/22 Rpt: 6/62	
2	FILER NAME West, Allen E	3. (Mr.)			3	Filer ID (Ethics Commission 00083877	on Filers)
4	Date 01/30/2024	<ul><li>5 Full name of contributor Carey,, Edwin</li><li>6 Contributor address; City; State;</li></ul>		)	7	Amount of Contribution (\$)	\$2.00
0	Dringing aggr	San Diego, CA 92037	10	Employer (See Instructions			
8	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 01/29/2024	Full name of contributor Carter, Jeffrey  Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,500.00
	Principal occu	Streetman, TX 75859 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Retired			Retired			
	Date 02/01/2024					Amount of Contribution (\$)	\$100.00
		Kerrville, TX 78028					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 02/19/2024	Crain, Lisa				Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 01/31/2024	Full name of contributor  Denton County Conservative  Contributor address; City; State;  Denton, TX 76201				Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
			•				

	MONET	ARY POLITICAL CONTRIBU	ITION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete t	his for	n.	1	Total pages Schedule A1: Sch: 4/22 Rpt: 7/62	
2	FILER NAME West, Allen E	B. (Mr.)			3	Filer ID (Ethics Commission 00083877	on Filers)
4	Date 01/31/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Enid, OK 73703 pation / Job title (See Instructions)	9	Employer (See Instructions	  -  s)		
	Retired			Retired			
	Date 02/06/2024	Full name of contributor out-of-state PAC Erickson, Donald Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75254					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 02/12/2024	Full name of contributor out-of-state PAC Fabiano, Diana Contributor address; City; State; Zip Code	: (ID#:	)		Amount of Contribution (\$)	\$20.00
	Deinsinalassa	Simpsonville, SC 29681		Farada and (Oa a basharations	<u></u>		
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	S)		
	Date 01/30/2024	Full name of contributor out-of-state PAC Fessler, Terri  Contributor address; City; State; Zip Code  Weldon Spring, MO 63304		)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 02/12/2024	Full name of contributor out-of-state PAC Fine, Karen Contributor address; City; State; Zip Code Novi, MI 48377		)		Amount of Contribution (\$)	\$12.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Mother's Car	regiver		Caregiver			

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S		SCHEDUI	E A1
	The Instru	ction Guide explains hov	v to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 5/22 Rpt: 8/62	
2	FILER NAME West, Allen E	B. (Mr.)				3	Filer ID (Ethics Commission 00083877	on Filers)
4	Date 02/01/2024	<ul><li>5 Full name of contributor Forsythe, Holly</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_ tate; Zip Code		)	7	Amount of Contribution (\$)	\$300.00
0	Dringing aggr	Dallas, TX 75230	2)	_	Employer (See Instructions	<u></u>		
8	Retired	pation / Job title (See Instruction	5)	9	Employer (See Instructions Retired	s)		
	Date 02/14/2024	Full name of contributor Free, Alan Contributor address; City; S					Amount of Contribution (\$)	\$100.00
		Dallas, TX 75225-4517						
	Principal occu Consulting	pation / Job title (See Instruction	s)		Employer (See Instructions ARGO-EFESO	s)		
	Date 02/20/2024				Amount of Contribution (\$)	\$50.00		
		Dallas, TX 75238						
	Principal occu Retired	pation / Job title (See Instruction	s)		Employer (See Instructions Retired	s)		
	Date 02/07/2024	Full name of contributor Gibbons, Patrick Contributor address; City; S Richardson, TX 75081			)	•	Amount of Contribution (\$)	\$24.00
	Principal occu	pation / Job title (See Instruction	s)		Employer (See Instructions	5)		
	Date 01/26/2024	Full name of contributor Goldberg, Ken Contributor address; City; S Dallas, TX 75230	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instruction	s)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to co	omplete this form	1.	1	Total pages Schedule A1: Sch: 6/22 Rpt: 9/62	
2	FILER NAME West, Allen I				3	Filer ID (Ethics Commission 00083877	n Filers)
4	Date 02/24/2024		-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$100.00
		Irving, TX 75039					
8	Principal occu PR	ipation / Job title (See Instructions)		Employer (See Instructions Healthcare	i)		
	Date 02/21/2024	Full name of contributor out- Gordon, Ellen Contributor address; City; State; Zip	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Dringing Loon	Dallas, TX 75252		Employer (Cap Instructions			
	Retired	ipation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 02/13/2024	Full name of contributor out- Griffith, Barbara  Contributor address; City; State; Zip	-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		Dallas, TX 75230					
	Principal occu Managemen	upation / Job title (See Instructions)		Employer (See Instructions Key Management Corp	)		
	Date 02/14/2024	Grimes, Carmille		)		Amount of Contribution (\$)	\$100.00
	Principal occu Comm Dev E	Dallas, TX 75214 upation / Job title (See Instructions) Exec Dir		Employer (See Instructions Dallas Morning News	j)		
	Date 02/21/2024	Full name of contributor out- Guerriero, Dawn Contributor address; City; State; Zip	-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
		Dallas, TX 75219			l		

	MONET	ARY POLITICAL (	S		SCHEDUI	E A1		
	The Instru	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 7/22 Rpt: 10/62	
2	FILER NAME West, Allen E	3. (Mr.)				3	Filer ID (Ethics Commission 00083877	on Filers)
4	Date 02/14/2024	<ul><li>5 Full name of contributor</li></ul>	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Dallas, TX 75230 pation / Job title (See Instructions	s)	9	Employer (See Instructions	 s)		
	Retired				Retired			
	Date 02/19/2024	Full name of contributor Harbour, James Contributor address; City; S			)		Amount of Contribution (\$)	\$2,000.00
	Deignaignal	Dallas, TX 75287	. 1		Frankriger (Co.s. In atmosticers	<u></u>		
	Retired	pation / Job title (See Instructions	5)		Employer (See Instructions Retired	5)		
	Date 02/08/2024	Full name of contributor Harless, Mark Contributor address; City; S	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$25.00
		Fort Worth, TX 76148						
	Principal occu Electronic Te	pation / Job title (See Instructions echnician	s) 		Employer (See Instructions Elbit Systems of Americ	•		
	Date 02/07/2024	Full name of contributor Hartley, Michael  Contributor address; City; S  Dallas, TX 75208			)		Amount of Contribution (\$)	\$5,000.00
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions Retired	5)		
	Date 02/05/2024	Full name of contributor Haynes, Teresa Contributor address; City; S Sterling, NE 68443	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions	s)		Employer (See Instructions Retired	s)		

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to comple	ete this for	n.	1	Total pages Schedule A1: Sch: 8/22 Rpt: 11/62	
2	FILER NAME West, Allen E	3. (Mr.)			3	Filer ID (Ethics Commission 00083877	n Filers)
4	Date 02/01/2024	<ul> <li>Full name of contributor</li></ul>	PAC (ID#:	)	7	Amount of Contribution (\$)	\$10.00
_	Delicalizado a com	Crowley, LA 70526	la la	Frankrick (October North Co.			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 02/21/2024	Holland, Max C.	PAC (ID#:			Amount of Contribution (\$)	\$10.00
	Principal occu	Crowley, LA 70527 pation / Job title (See Instructions)		Employer (See Instructions	<u>;)</u>		
	Retired	pation / vob tale (See instructions)		Retired	"		
	Date 02/12/2024	Full name of contributor out-of-state Holt, Paul  Contributor address; City; State; Zip Code	PAC (ID#:		•	Amount of Contribution (\$)	\$35.00
		Lawndale, CA 90260					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 02/14/2024	Hooker, Creighton	PAC (ID#:		•	Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 02/14/2024	Full name of contributor out-of-state Inge, Peyton  Contributor address; City; State; Zip Code  Argyle, TX 76226		)		Amount of Contribution (\$)	\$250.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			•				

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 9/22 Rpt: 12/62	
2	FILER NAME West, Allen E	B. (Mr.)			3	Filer ID (Ethics Commission 00083877	on Filers)
4	Date 02/12/2024	<ul><li>5 Full name of contributor Jennings, Melanie</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: tte; Zip Code	)	7	Amount of Contribution (\$)	\$50.00
_		Dallas, TX 75243	1-				
8	Principal occu CPA	pation / Job title (See Instructions)	9	Employer (See Instructions GL Tax Group	5)		
	Date 01/30/2024	Full name of contributor Jones, Ross Contributor address; City; Sta		)		Amount of Contribution (\$)	\$500.00
	Principal occu	Plano, TX 75093 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	CEO			Lone Star Furnishings			
	Date 02/16/2024	Full name of contributor Judd, Michael Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
		Dallas, TX 75228					
	Principal occu Fraud Invest	pation / Job title (See Instructions) igations		Employer (See Instructions Bank of America	i)		
	Date 02/09/2024	Full name of contributor Kelley, Diane Contributor address; City; Sta Dallas, TX 75230		)		Amount of Contribution (\$)	\$500.00
	Principal occu Vice Preside	pation / Job title (See Instructions) ent		Employer (See Instructions Precision Travel, Inc	)		
	Date 02/16/2024	Full name of contributor Kelly, Elizabeth Contributor address; City; Sta Dallas, TX 75225	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Homemaker	pation / Job title (See Instructions)		Employer (See Instructions Homemaker	<u> </u>		
			,				

	MONET	ARY POLITICAL CONTRIBUT	ION	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 10/22 Rpt: 13/62	
2	FILER NAME West, Allen E	3. (Mr.)			3	Filer ID (Ethics Commission 00083877	n Filers)
4	Date 02/04/2024	<ul> <li>Full name of contributor  out-of-state PAC (IE Kennedy, Jo</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Irving, TX 75063 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
_	Homemaker	,,		Homemaker	,		
	Date 01/30/2024	Full name of contributor out-of-state PAC (IE Kieff, Lorri Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00
	Dringinal accu	Sturgeon Bay, WI 54235 pation / Job title (See Instructions)		Employer (See Instructions	·/-		
	Retired	paudi / Job lille (See Instructions)		Retired	·)		
	Date 02/06/2024	Full name of contributor out-of-state PAC (IE Lee, Amy Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$250.00
		Dallas, TX 75208					
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Baylor Scott & White He	•	h	
	Date 02/13/2024	Full name of contributor out-of-state PAC (IE Lee, Amy  Contributor address; City; State; Zip Code  Dallas, TX 75208		)	•	Amount of Contribution (\$)	\$500.00
	Principal occu Pharmacist	pation / Job title (See Instructions)		Employer (See Instructions Baylor Scott & White He		h	
	Date 02/20/2024	Full name of contributor out-of-state PAC (IE Legend Operating, LLC Contributor address; City; State; Zip Code Dallas, TX 75209				Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL (		SCHEDULE A1				
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 11/22 Rpt: 14/62	
2	FILER NAME West, Allen I	3. (Mr.)				3	Filer ID (Ethics Commission 00083877	n Filers)
4	Date 02/12/2024	<ul><li>5 Full name of contributor</li><li>Little, Steve</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$100.00
		Cedar Hill, TX 75104						
8	Principal occu Retired	pation / Job title (See Instructions	s) <u> </u>	9	Employer (See Instructions Retired	5)		
	Date 02/23/2024	Full name of contributor Littlepage, Pamela Contributor address; City; Si					Amount of Contribution (\$)	\$10.00
	Principal occu	Shady Shores, TX 76208 pation / Job title (See Instructions	9		Employer (See Instructions	;) 		
	Manager	pation 7 oob title (See motiacions	,,		Greco Services	,,		
	Date 02/07/2024	Full name of contributor Lyman, Denise Contributor address; City; Si			)		Amount of Contribution (\$)	\$500.00
		Dallas, TX 75230						
	•	pation / Job title (See Instructions ing Strategist	5)		Employer (See Instructions Paramount Communica		ns	
	Date 02/06/2024	Full name of contributor  Macatee, Kelli  Contributor address; City; Si  Dallas, TX 75244	out-of-state PAC (ID#:	••••	)		Amount of Contribution (\$)	\$100.00
	Principal occu Real Estate	pation / Job title (See Instructions	5)		Employer (See Instructions Compass	5)		
	Date 02/07/2024	Full name of contributor  Macfee, Charlotte  Contributor address; City; Si  Dallas, TX 75244	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions	(3)		Employer (See Instructions Retired	s)		
			1					

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 12/22 Rpt: 15/62	
2	FILER NAME West, Allen E	B. (Mr.)			3	Filer ID (Ethics Commission 00083877	on Filers)
4	Date 02/23/2024	<ul><li>5 Full name of contributor [ Malladi, Preeti</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$350.00
	Dringing! goog	Irving, TX 75039	lo.	Employer (See Instructions	_		
8	Surgeon	pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	·)		
	Date 02/06/2024	Full name of contributor  Mariani, Janet  Contributor address; City; Sta				Amount of Contribution (\$)	\$1,000.00
	Dringing! aggs	Dallas, TX 75219		Employer (See Instructions	_		
	Marketing	pation / Job title (See Instructions)		The Tradition Senior Liv			
	Date 02/06/2024	Full name of contributor  Mastin, Dick  Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$100.00
		Garland, TX 75043					
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 02/23/2024	Full name of contributor  Matwijecky, Cornelius  Contributor address; City; Sta  Dallas, TX 75225-7402		)		Amount of Contribution (\$)	\$250.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 02/13/2024	Full name of contributor  May, Garold  Contributor address; City; Sta  Mesquite, TX 75150	out-of-state PAC (ID#:te; Zip Code	)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			<u>,                                     </u>				

IVIOI	IETARY POLITICAL CONTRIBUTION		SCHEDULE A		
The In	struction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 13/22 Rpt: 16/62	
2 FILER N	IAME Allen B. (Mr.)		3	Filer ID (Ethics Commission 00083877	on Filers)
4 Date 02/14/2	5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
	garland, TX 75044				
8 Principa Engine	l occupation / Job title (See Instructions) er	9 Employer (See Instruction Forum Communications			
Date 02/07/2	· · · · · · · · · · · · · · · · · · ·	)		Amount of Contribution (\$)	\$63.00
	Coppell, TX 75019		Ţ		
	l occupation / Job title (See Instructions) nployed	Employer (See Instruction Self-Employed	is)		
Date 02/20/2				Amount of Contribution (\$)	\$500.00
	Dallas, TX 75230				
Principa Retired	l occupation / Job title (See Instructions)	Employer (See Instruction Retired	is)		
Date 02/14/2				Amount of Contribution (\$)	\$100.00
	l occupation / Job title (See Instructions)  lanager	Employer (See Instruction MS Society	ns)		
Date 02/19/2	Full name of contributor out-of-state PAC (ID#: Nesbit, Stephen  Contributor address; City; State; Zip Code  Dallas, TX 75225			Amount of Contribution (\$)	\$2,500.00
	I occupation / Job title (See Instructions)	Employer (See Instruction	l ns)		

	MONET	ARY POLITICAL C		SCHEDU	.E <b>A1</b>			
	The Instru	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 14/22 Rpt: 17/62	
2	FILER NAME West, Allen I	B. (Mr.)				3	Filer ID (Ethics Commission 00083877	on Filers)
4	Date 02/13/2024	<ul><li>5 Full name of contributor Nolan, Cyrena</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:_ ate; Zip Code		)	7	Amount of Contribution (\$)	\$10,000.00
_		Dallas, TX 75225		_		L		
8	Principal occu Retired	pation / Job title (See Instructions	)	9	Employer (See Instructions Retired	5)		
	Date 02/10/2024	Full name of contributor Nolan, Michael Contributor address; City; St			)		Amount of Contribution (\$)	\$300.00
	Dringing agg	Fort Worth, TX 76107	<u> </u>		Employer (See Instructions	<u></u>		
				Employer (See Instructions Nolan Brothers of Texas		nc.		
	Date 02/05/2024	Full name of contributor out-of-state PAC (ID#:)  O'Grady, Mary Lou  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$300.00		
		Dallas, TX 75225						
	Principal occu Retired	pation / Job title (See Instructions	)		Employer (See Instructions Retired	5)		
	Date 02/16/2024	Full name of contributor O'Grady, Mary Lou Contributor address; City; St Dallas, TX 75225			)		Amount of Contribution (\$)	\$400.00
	Principal occu Retired	pation / Job title (See Instructions	)		Employer (See Instructions Retired	5)		
	Date 01/30/2024	Full name of contributor OGrady, Scott Contributor address; City; St Dallas, TX 75225	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Consultant	pation / Job title (See Instructions	)		Employer (See Instructions Self Employed	s)		

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S		SCHEDUI	E A1
	The Instruc	ction Guide explains hov	to complete this fo	rr	m.	1	Total pages Schedule A1: Sch: 15/22 Rpt: 18/62	
2	FILER NAME West, Allen E	B. (Mr.)				3	Filer ID (Ethics Commission 00083877	on Filers)
4	Date 02/20/2024	<ul><li>5 Full name of contributor Ohayon, CK</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$50.00
_	Dringing! agg.	Dallas, TX 75252		_	Employer (See Instructions	<u></u>		
8	Homemaker	pation / Job title (See Instructions	5)	9	Employer (See Instructions Homemaker	5)		
	Date 02/07/2024	Full name of contributor Ohayon, Kelsye Contributor address; City; S			)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75252						
	Principal occu Homemaker	pation / Job title (See Instructions	S)		Employer (See Instructions Homemaker	5)		
	Date 01/31/2024	Full name of contributor Osborne, Bethell-Anne Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$200.00
		Dallas, TX 75229						
	Principal occu Retired	pation / Job title (See Instructions	(5)		Employer (See Instructions Retired	5)		
	Date 01/30/2024	Full name of contributor Pandolfi, Richard  Contributor address; City; S  Narberth, PA 19072	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$10.00
	Principal occu Contractor	pation / Job title (See Instructions	s)		Employer (See Instructions Self-Employed	5)		
	Date 02/03/2024	Full name of contributor Peck, John Contributor address; City; S Dallas, TX 75225	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$1,200.00
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions Retired	s)		

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 16/22 Rpt: 19/62	
2	FILER NAME West, Allen E	3. (Mr.)			3	Filer ID (Ethics Commission 00083877	n Filers)
4	Date 01/30/2024	Pendegraft, Signa	ut-of-state PAC (ID#: ip Code		7	Amount of Contribution (\$)	\$15.00
_		Sparks, NV 89431					
8	Archivist	pation / Job title (See Instructions)	9	Employer (See Instructions Deeside Trading Llc	)		
	Date 02/13/2024	Petraglia, Bill Contributor address; City; State; Z	ut-of-state PAC (ID#: ip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Saint Johns, FL 32259 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Retired			Retired			
	Date 01/30/2024	Full name of contributor on Pizzurro, Philip  Contributor address; City; State; Z	ut-of-state PAC (ID#: ip Code	)		Amount of Contribution (\$)	\$25.00
		Plano, TX 75093					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 02/06/2024	Full name of contributor of Pratt, David  Contributor address; City; State; Z  Dallas, TX 75225	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Bradley	)		
	Date 02/22/2024	Full name of contributor on Restrepo, John Contributor address; City; State; Z  Dallas, TX 75205	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
			,				

	MONET	ARY POLITICAL CONTRIBUTION	ΝC	IS		SCHEDULI	<b>E A1</b>
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 17/22 Rpt: 20/62	
2	FILER NAME West, Allen E	3. (Mr.)			3	Filer ID (Ethics Commission 00083877	ı Filers)
4	Date 01/30/2024	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$10.00
_	D: : 1	Yukon, OK 73099	1_		<u></u>		
8	RN Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions Mercy Health	5)		
	Date 02/08/2024	Full name of contributor  out-of-state PAC (ID#: Robbins, Edsel  Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$25.00
	Deinsinal	Olympia, WA 98512	1	Frankrija (Cara kashrija tara	_		
	Owner	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed	5)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#: Robertson, Jan Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$50.00
		Coppell, TX 75019					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 02/01/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$50.00
	Principal occu Executive Se	Dallas, TX 75251  pation / Job title (See Instructions) earch		Employer (See Instructions Pearson Partners Intern		onal	
	Date 02/16/2024	Full name of contributor out-of-state PAC (ID#: Romero, Jesse Contributor address; City; State; Zip Code Garland, TX 75044		)		Amount of Contribution (\$)	\$50.00
	Principal occu Accountant	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed	5)		

	MONET	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUI	LE <b>A1</b>
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 18/22 Rpt: 21/62	
2	FILER NAME West, Allen E	3. (Mr.)			3	Filer ID (Ethics Commission 00083877	on Filers)
4	Date 02/06/2024	<ul><li>5 Full name of contributor Ross, William</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: atte; Zip Code		7	Amount of Contribution (\$)	\$750.00
8	Principal occu	Dallas, TX 75205 pation / Job title (See Instructions)	9	Employer (See Instruction:	s)		
	Date 02/20/2024	Full name of contributor Russell, Phillip Contributor address; City; Sta	ate; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 02/07/2024	Full name of contributor Schwengler, Ashley Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu	Arlington, TX 76016 pation / Job title (See Instructions)		Employer (See Instruction:	<u> </u> s)		
	Date 02/13/2024	Full name of contributor Seale III, E Lamar Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 02/17/2024	Full name of contributor Silveira, Allison Contributor address; City; Sta Dallas, TX 75209	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu Builder	pation / Job title (See Instructions)		Employer (See Instruction: Self-Employed	s)		

	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 19/22 Rpt: 22/62	
2	FILER NAME West, Allen I	3. (Mr.)			3	Filer ID (Ethics Commission 00083877	n Filers)
4	Date 02/08/2024	<ul> <li>Full name of contributor  out-of-skoczlas, Ingrid</li> <li>Contributor address; City; State; Zip Co</li> </ul>			7	Amount of Contribution (\$)	\$50.00
		Arlington, TX 76001	ı				
8	Principal occu Hair stylist	pation / Job title (See Instructions)	9	Employer (See Instructions Self-Employed	5)		
	Date 02/13/2024	Full name of contributor out-of- Smay, Keith  Contributor address; City; State; Zip Co		)		Amount of Contribution (\$)	\$100.00
	Dringinal acqu	Dallas, TX 75238 pation / Job title (See Instructions)		Employer (See Instructions	·/ 		
		vement Craftsman		More Than A Carpenter			
	Date 01/31/2024	Full name of contributor out-of- Smith, Luellen  Contributor address; City; State; Zip Co	state PAC (ID#: ode	)		Amount of Contribution (\$)	\$50.00
		Dallas, TX 75205					
	Principal occu Accountant	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 02/19/2024	Sniadecki, Alan	state PAC (ID#:	)		Amount of Contribution (\$)	\$200.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 02/12/2024	Full name of contributor out-of- Sorkness, David  Contributor address; City; State; Zip Co	state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
	·	pation / Job title (See Instructions)		Employer (See Instructions Entertainment Partners	5)		
	recinileal Ac	ocant manager		Encitamment Fatuers			

	MONEI	ARY POLITICAL (	CONTRIBUTIO	N	S		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orn	n.	1	Total pages Schedule A1: Sch: 20/22 Rpt: 23/62	
2	FILER NAME West, Allen E	B. (Mr.)				3	Filer ID (Ethics Commission 00083877	n Filers)
4	Date 01/30/2024	<ul><li>5 Full name of contributor Starnes, Scott</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu Sales	Frisco, TX 75034 pation / Job title (See Instructions	s)	9	Employer (See Instructions Milano Hat Company	j ;)		
	Date 02/07/2024	Full name of contributor Stone, Anne Contributor address; City; Si	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$63.00
	Principal occu Homemaker	Dallas, TX 75229 pation / Job title (See Instructions	)		Employer (See Instructions Homemaker	<u> </u> 5)		
	Date 02/14/2024	Full name of contributor Stone, Anne Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$100.00
		Dallas, TX 75229						
	Principal occu Homemaker	pation / Job title (See Instructions	;) 		Employer (See Instructions Homemaker	5)		
	Date 02/23/2024	Full name of contributor Stowe, Cindy Contributor address; City; Si Dallas, TX 75230	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$500.00
	Principal occu Writer	pation / Job title (See Instructions	5)		Employer (See Instructions Self-Employed	<u>(</u>		
	Date 02/06/2024	Full name of contributor Strausman, Evelyn Contributor address; City; Si Carrollton, TX 75006	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$500.00
	Principal occu Retired	pation / Job title (See Instructions	s)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CO	S 	SCHEDULE A1			
	The Instru	ction Guide explains how to	o complete this forn	n.	1	Total pages Schedule A1: Sch: 21/22 Rpt: 24/62	
2	FILER NAME West, Allen I	3. (Mr.)			3	Filer ID (Ethics Commission 00083877	on Filers)
4	Date 02/14/2024	<ul><li>5 Full name of contributor Strausman, Evelyn</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#:e; Zip Code	)	7	Amount of Contribution (\$)	\$500.00
		Carrollton, TX 75006	1-				
8	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 01/30/2024	Full name of contributor  Sullivan, Mari  Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Dallas, TX 75230 pation / Job title (See Instructions)	1	Employer (See Instructions			
	Retired	pation / 300 title (See manuctions)		Retired	,		
	Date 02/08/2024	Full name of contributor  Sullivan, Mari  Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$2,300.00
		Dallas, TX 75230					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 02/21/2024	Full name of contributor Villere, Christine Contributor address; City; State Santa Fe, TX 77510	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$35.00
	Principal occu Business Ov	pation / Job title (See Instructions) ner		Employer (See Instructions Self-Employed	)		
	Date 01/30/2024	Full name of contributor Wakefield, Jeri Contributor address; City; State Dallas, TX 75243	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
			1				

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instru	ction Guide explains how to complete thi	is foi	rm.	1	Total pages Schedule A1: Sch: 22/22 Rpt: 25/62		
2	FILER NAME West, Allen				3	Filer ID (Ethics Commission 00083877	on Filers)	
4				7	Amount of Contribution (\$)	\$25.00		
8		Fremont, CA 94555 upation / Job title (See Instructions)	9	Employer (See Instructions	     s)			
	Retired  Date Full name of contributor out-of-state PAC (ID#:)  01/30/2024 Woodhouse, Marilyn  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00			
	Principal occu Retired	Houston, TX 77079  upation / Job title (See Instructions)		Employer (See Instructions Retired	<u>l</u> s)			
	Date Full name of contributor out-of-state PAC (ID#:)  01/30/2024 Zvara, Julie  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$5,000.00		
		Dallas, TX 75209  upation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)			
	Area Manag			RT Portable X-Ray				

### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 26/62 2 FILER NAME 3 Filer ID (Ethics Commission Filers) West, Allen B. (Mr.) 00083877 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 02/06/2024 Feferman, Josh \$4,900.00 Billboard Sign 7 Contributor address; City; State; Zip Code Dallas, TX 75024 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) **Business Owner** 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)

#### SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/35 Rpt: 27/62	West, Allen B. (Mr.) 00083877
4	Date	5 Payee name
	01/26/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.30	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online Donation Processing Fee
		Shine Bondaon Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	01/26/2024	Anedot
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	1340 Poydras Street, Suite 1770
	φ2.00	1340 Foyuras Street, Suite 1770
L		New Orleans, LA 70112
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online Donation Processing Fee
		Shine Bondaon Freezasing Fee
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	01/30/2024	Anedot
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.30	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Online Donation Processing Fee
		Offine Bondaott 1 100035ing 1 00
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/35 Rpt: 28/62	West, Allen B. (Mr.) 00083877
4	Date	5 Payee name
	01/30/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.30	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Online Donation Processing Fee
		Chime Bondaion 1 rocessing rec
Ļ	Complete ONLY if direct	Condidate/Office helder name Office accepts
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/30/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.70	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Online Donation Processing Fee
	0 1: 0.11.7.7.1	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/30/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.30	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Online Donation Processing Fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	capenditule to belieff C/Of	

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

Candidate/Officeholder/Political Committee Credit Card Payment	Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.		• • •	ove)
1 Total pages Schedule F1: 2 FILER NA	AME		3 Filer ID (Ethics Commissi	ion Filers)
Sch: 3/35 Rpt: 29/62 West, Al	len B. (Mr.)		00083877	
4 Date 5 Payee na	ıme			
01/30/2024 Anedot				
6 Amount (\$) 7 Payee ad	dress; City; State	Zip Code		
\$2.30 1340 Po	ydras Street, Suite 1770			
	eans, LA 70112	į		
	(See Categories listed at the top of this sch			
EXPENDITURE Fees			ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense	
		, <u>–</u>	onation Processing Fee	
			Ğ	
Complete ONLY if direct Candidate/ expenditure to benefit C/OH	Officeholder name	Office sought	Office held	
Date Payee na	me			
01/30/2024 Anedot				
Amount (\$) Payee ad	ldress; City; State	Zip Code		
'	ydras Street, Suite 1770			
Ψ20.00   10.10	yaras saissa, saits 1110			
New Orl	eans, LA 70112			
PURPOSE (a) Category	(See Categories listed at the top of this sch	edule) (b) Description	1	
OF Fees		· · ·	ravel outside of Texas. Complete Schedule T.	
		<u>-</u>	Austin, TX, officeholder living expense  Onation Processing Fee	
		Online Bo	mater rocessing ree	
Complete ONLY if direct Candidate/ expenditure to benefit C/OH	Officeholder name	Dffice sought	Office held	
Date Payee na	me.			
01/30/2024 Anedot				
Amount (\$) Payee ad	ldress; City; State	Zip Code		
'''	ydras Street, Suite 1770	p		
ψ4.55   1540 F 6	yaras on cet, cane 1770			
New Orl	eans, LA 70112			
PURPOSE (a) Category OF	(See Categories listed at the top of this sch	*		
EXPENDITURE Fees			ravel outside of Texas. Complete Schedule T.	
			Austin, TX, officeholder living expense	
		Online De	maion i rocessing i ee	
Complete ONLY if direct Candidate/	Officeholder name	Office sought	Office held	
expenditure to benefit C/OH	Cincendide Hame	Jinee Jought	Onice Held	

#### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			ages/Contract Labor OTHER (enter a category not listed above)	
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)	_
	Sch: 4/35 Rpt: 30/62	West, Allen B. (Mr.)		00083877	
4	Date	Payee name		•	_
	01/30/2024	Anedot			
6	Amount (\$)	Payee address; City; State;	Zip Code	de	_
	\$4.30	1340 Poydras Street, Suite 1770			
		•			
		New Orleans, LA 70112			
8	PURPOSE	A) Category (See Categories listed at the top of this sched	<sub>lule)</sub> (I	(b) Description	
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.	
	-			Check if Austin, TX, officeholder living expense Online Donation Processing Fee	
				Offiline Doriation Processing Fee	
Ļ	Computate ONLL V if diseast	Condidate/Officeholder name		Office held	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Off	fice sough	ght Office held	
					_
	Date	Payee name			
	01/30/2024	Anedot			
	Amount (\$)	Payee address; City; State;	Zip Code	de	
	\$0.70	1340 Poydras Street, Suite 1770			
		New Orleans, LA 70112			
	PURPOSE OF	A) Category (See Categories listed at the top of this sched	<sub>lule)</sub> (I	(b) Description	
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
				Online Donation Processing Fee	
				Commo Donadon i roccesing i ce	
	Complete ONLY if direct	Candidate/Officeholder name Off	fice sough	ght Office held	_
	expenditure to benefit C/OI				
	Date	Payee name			
	01/30/2024	Anedot			
	Amount (\$)	Payee address; City; State;	Zip Code	de	
	\$0.90	1340 Poydras Street, Suite 1770			
		New Orleans, LA 70112			
	PURPOSE OF	a) Category (See Categories listed at the top of this sched	lule) (I	(b) Description	
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
				Online Donation Processing Fee	
				Stand Donaton Froodshing Fee	
	Complete ONLY if direct	Candidate/Officeholder name Off	fice sough	ght Office held	_
	expenditure to benefit C/OI	Zizizizio, Cinedine de la constante de la cons	Jougi	5do 1101d	
-					_

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/35 Rpt: 31/62	West, Allen B. (Mr.)	00083877
4	Date	5 Payee name	
	01/30/2024	Anedot	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1.30	1340 Poydras Street, Suite 1770	
		New Orleans, LA 70112	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EVENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Online Donation Processing Fee
_			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	'		
	Date	Payee name	
	01/30/2024	Anedot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.38	1340 Poydras Street, Suite 1770	
l		New Orleans, LA 70112	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
l			Check if Austin, TX, officeholder living expense Online Donation Processing Fee
l			Chimio Donaton i rocccomg i co
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	01/30/2024	Anedot	
-	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.30	1340 Poydras Street, Suite 1770	
	¥2.55		
		New Orleans, LA 70112	
_	PURPOSE		Providetion
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	F665	Check if Austin, TX, officeholder living expense
			Online Donation Processing Fee
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiulture to benefit C/OI	1	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-		Wages/0	Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed abo	ove)
1	Total pages Schedule F1:		· .			~	Filer ID	(Ethics Commissi	on Filers)
	Sch: 6/35 Rpt: 32/62	West, Allen B. (Mr.)					00083877	(Ethics Commissi	on r licis)
4	Date	Payee name			•				
	01/30/2024	Anedot							
6	Amount (\$)	Payee address; City;	State; Zip C	ode					
	\$8.30	1340 Poydras Street, S	Suite 1770						
		•							
		New Orleans, LA 7011	2						
8	PURPOSE	a) Category (See Categories list	ted at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees		[				plete Schedule T.	
				!	Check if Austin, T				
				'		011	1 Toccssing	1 00	
9	Complete ONLY if direct	Candidate/Officeholder nar	me Office so	ught			Office he	old.	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeriolder flat	ile Office So	ugni			Office fit	eiu	
_	D :								
	Date	Payee name							
	01/30/2024	Anedot							
	Amount (\$)	Payee address; City;	State; Zip C	ode					
	\$2.30	1340 Poydras Street, S	Suite 1770						
		New Orleans, LA 7011	2						
	PURPOSE	a) Category (See Categories list	ted at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees		[	_			plete Schedule T.	
					Check if Austin, 1				
				'	Online Donatio	UH	Processing	ree	
	Complete ONL V if direct	Candidata/Officabalder per	no Office co	uabt			Office by	ald.	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder nar	ne Office so	ugni			Office he	eiu	
_	D :								
	Date	Payee name							
	01/31/2024	Anedot							
	Amount (\$)	Payee address; City;	State; Zip C	ode					
	\$2.30	1340 Poydras Street, S	Suite 1770						
		New Orleans, LA 7011	2						
	PURPOSE	a) Category (See Categories list	ted at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees		[				plete Schedule T.	
					Check if Austin, 7				
				'	Online Donatio	UH	i iuuessiily	1 55	
_	Complete ONLY if direct	Candidate/Officeholder nar	ne Office so	laht			Office he	əld	
	expenditure to benefit C/OI	Candidate/Officeriolael Hai	Onice 30	agrit			Office He		

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
<u> </u>	T	· · · · · · · · · · · · · · · · · · ·	
1	1 0		ers)
	Sch: 7/35 Rpt: 33/62	West, Allen B. (Mr.) 00083877	
4	Date	5 Payee name	
L	01/31/2024	Anedot	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1.30	1340 Poydras Street, Suite 1770	
		New Orleans, LA 70112	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Online Donation Processing Fee	
L			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	п 	
	Date	Payee name	
L	01/31/2024	Anedot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$8.30	1340 Poydras Street, Suite 1770	
		New Orleans, LA 70112	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Online Donation Processing Fee	
		Offiline Donation Processing Fee	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
H	Date	Payee name	
	02/01/2024	Anedot	
_			
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.30	1340 Poydras Street, Suite 1770	
		New Orleans, LA 70112	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Online Donation Processing Fee	
		Offiline Dollation Processing Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/35 Rpt: 34/62	West, Allen B. (Mr.) 00083877
4	Date	5 Payee name
	02/01/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.30	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Online Donation Processing Fee
		Offinite Boriation (1700cssing 1 cc
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٠	expenditure to benefit C/O	
	Date	Payee name
	02/01/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.30	1340 Poydras Street, Suite 1770
	Ψ4.00	1040 F Oyurus Street, Suite 1770
		New Orleans, LA 70112
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Online Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/01/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.70	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Online Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/35 Rpt: 35/62	West, Allen B. (Mr.) 00083877
4	Date	5 Payee name
	02/03/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$48.30	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online Donation Processing Fee
		Offiline Donation Frocessing Fee
9	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
l۶	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	02/04/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.30	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online Donation Processing Fee
		Stilling Bottation 1 Toolsoning 1 co
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
⊨	Data	
	Date	Payee name
	02/05/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.30	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Online Donation Processing Fee
L		
1	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	portantare to borront 0/01	

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 10/35 Rpt: 36/62	West, Allen B. (Mr.)	00083877
4	Date	5 Payee name	•
l	02/05/2024	Anedot	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$12.30	1340 Poydras Street, Suite 1770	
l			
l		New Orleans, LA 70112	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	) Description
l	OF	Fees	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		Check if Austin, TX, officeholder living expense
l			Online Donation Processing Fee
Ļ			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
┕	<u>'</u>		
l	Date	Payee name	
L	02/06/2024	Anedot	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$40.30	1340 Poydras Street, Suite 1770	
l			
l		New Orleans, LA 70112	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	Description Description
l	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l			Online Donation Processing Fee
			Chinio 2 chalon 1 isossonig 1 cc
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
l	02/06/2024	Anedot	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
l	\$4.30	1340 Poydras Street, Suite 1770	
		•	
l		New Orleans, LA 70112	
⊢	PURPOSE		) Description
l	OF	(a) Category (See Categories listed at the top of this schedule)  Fees	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	1 000	Check if Austin, TX, officeholder living expense
			Online Donation Processing Fee
L			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experience to beliefit 6/01	•	

### SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to c	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 11/35 Rpt: 37/62	West, Allen B. (Mr.)		00083877
4	Date	5 Payee name		•
	02/06/2024	Anedot		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$10.30	1340 Poydras Street, Suite 1770		
		New Orleans, LA 70112		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Fees	` ´	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Online Donation Processing Fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held
	experientare to benefit Groi	'		
	Date	Payee name		
	02/06/2024	Anedot		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$4.30	1340 Poydras Street, Suite 1770		
		New Orleans, LA 70112		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	ZA ZADITORZ			Check if Austin, TX, officeholder living expense
				Online Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI		ugnt	Office field
	<b>D</b> :	_		
	Date	Payee name		
	02/06/2024	Anedot		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$40.30	1340 Poydras Street, Suite 1770		
		New Orleans, LA 70112		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	-			Check if Austin, TX, officeholder living expense Online Donation Processing Fee
				Online Donation Frocessing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	Complete ONLY if direct expenditure to benefit C/OI		ugiil	Office field

### SCHEDULE F1

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

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

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

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

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/35 Rpt: 39/62	West, Allen B. (Mr.) 00083877
4	Date	5 Payee name
	02/07/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.30	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online Donation Processing Fee
		Offiline Doriation 1 rocessing rec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨		
	Date	Payee name
L	02/07/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.82	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online Donation Processing Fee
		Offiline Donation Processing Fee
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨		
	Date	Payee name
	02/07/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.82	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Online Donation Processing Fee
_	Complete ONLY if direct	Condidate/Officeholder name Office cought
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>		
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### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/35 Rpt: 40/62	West, Allen B. (Mr.) 00083877
4	Date	5 Payee name
	02/07/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.30	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online Donation Processing Fee
		Offiline Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨		
	Date	Payee name
L	02/07/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.26	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online Donation Processing Fee
		Offiline Donation Processing Fee
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨		
	Date	Payee name
	02/07/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.30	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Online Donation Processing Fee
$ldsymbol{ld}}}}}}$	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	portantare to borront 0/01	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Contributions/ Officials India Committee
Graduates/Officials India Committee

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/35 Rpt: 41/62	West, Allen B. (Mr.) 00083877
4	Date	5 Payee name
	02/08/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.30	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online Donation Processing Fee
		Offiline Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨		
	Date	Payee name
L	02/08/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.30	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online Donation Processing Fee
		Offiline Donation Processing Fee
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨		
	Date	Payee name
	02/08/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.30	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Online Donation Processing Fee
$ldsymbol{ld}}}}}}$	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	portantare to borront 0/01	

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/35 Rpt: 42/62	West, Allen B. (Mr.) 00083877
4	Date	5 Payee name
	02/08/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.30	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online Donation Processing Fee
		Offiline Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨		
	Date	Payee name
L	02/09/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.30	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online Donation Processing Fee
		Offiline Donation Processing Fee
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨		
	Date	Payee name
	02/10/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.30	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Online Donation Processing Fee
$ldsymbol{ld}}}}}}$	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	Englished to bollone O/OI	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/35 Rpt: 43/62	West, Allen B. (Mr.) 00083877
4	Date	5 Payee name
	02/12/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.30	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/12/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.10	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Online Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Dayso name
	02/12/2024	Payee name  Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.50	1340 Poydras Street, Suite 1770
	Ψ0.30	1540 F Oyurds Street, Suite 1770
		New Orleans, LA 70112
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Online Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/35 Rpt: 44/62	West, Allen B. (Mr.) 00083877
4	Date	5 Payee name
	02/12/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.78	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online Donation Processing Fee
		Stilling Bolidator Frocessing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Davida marra
		Payee name
L	02/12/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.30	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Online Donation Processing Fee
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
L		
	Date	Payee name
	02/12/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.70	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	ZA ZIIDII GIAZ	Check if Austin, TX, officeholder living expense
		Online Donation Processing Fee
$\vdash$	Complete ONLY if allowed	Condidate/Officeholder name Office assists
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
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### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 19/35 Rpt: 45/62	West, Allen B. (Mr.)	00083877
4	Date	5 Payee name	-
	02/12/2024	Anedot	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1.30	1340 Poydras Street, Suite 1770	
		New Orleans, LA 70112	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Online Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	Complete ONLY if direct expenditure to benefit C/OI		Office field
_			
	Date	Payee name	
	02/12/2024	Anedot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.30	1340 Poydras Street, Suite 1770	
		New Orleans, LA 70112	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Online Donation Processing Fee
			, and the second
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	02/12/2024	Anedot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4.30	1340 Poydras Street, Suite 1770	
		New Orleans, LA 70112	
	PURPOSE		Description
	OF	Fees	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Online Donation Processing Fee
L	Computer CATTACK	Condidate/Officehelds	Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
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### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	plete this	s form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
l	Sch: 20/35 Rpt: 46/62	West, Allen B. (Mr.)		(	00083877	
4	Date	5 Payee name		I		
l	02/12/2024	Anedot				
6	Amount (\$)	7 Payee address; City; State; Zip Code	e			
	\$2.30	1340 Poydras Street, Suite 1770				
l						
l		New Orleans, LA 70112				
8	PURPOSE		b) Desc	rintion		
	OF	Fees		theck if travel outside	e of Texas. Com	plete Schedule T.
l	EXPENDITURE		_	check if Austin, TX, o		
l			Onli	ne Donation I	Processing	Fee
L						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht		Office he	eld
L	experientare to benefit Grot	'				
l	Date	Payee name				
l	02/13/2024	Anedot				
Г	Amount (\$)	Payee address; City; State; Zip Code	е			
l	\$400.30	1340 Poydras Street, Suite 1770				
l						
l		New Orleans, LA 70112				
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Desc	cription		
l	OF EXPENDITURE	Fees		heck if travel outside		
l	LXI LINDITORE			theck if Austin, TX, o		
l			Onlii	ne Donation I	Processing	ree
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	ald.
l	expenditure to benefit C/OI	•	IIL		Office fie	eiu
⊨	<u> </u>	_				
l	Date	Payee name				
L	02/13/2024	Anedot				
l	Amount (\$)	Payee address; City; State; Zip Code	е			
l	\$2.30	1340 Poydras Street, Suite 1770				
l		New Orleans, LA 70112				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Desc			
l	OF EXPENDITURE	Fees		theck if travel outside		
l				theck if Austin, TX, one Donation I		
			Offill	Donadon i	. 100033111g	. 50
H	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht		Office he	hld
	expenditure to benefit C/OI		· · •		2.1100 110	<del></del>
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### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/35 Rpt: 47/62	West, Allen B. (Mr.) 00083877
4	Date	5 Payee name
	02/13/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.30	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online Donation Processing Fee
		Offilite Doriation (1700ccssing fee
Ļ	Computate ONLY if diseast	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/13/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.30	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Online Donation Processing Fee
		Offinite Bolitation 1 Toocssing 1 cc
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/13/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.30	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Online Donation Processing Fee
	Operation ONE VIII II	Open Highest Office health and a second to the second to t
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		

### SCHEDULE F1

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

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comp	plete this f	form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
l	Sch: 22/35 Rpt: 48/62	West, Allen B. (Mr.)			00083877	
4	Date	5 Payee name		<b>I</b>		
l	02/13/2024	Anedot				
6	Amount (\$)	7 Payee address; City; State; Zip Code	e			
	\$4.30	1340 Poydras Street, Suite 1770				
l						
l		New Orleans, LA 70112				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	) Descrip	ntion		
l	OF	Fees			le of Texas. Com	plete Schedule T.
l	EXPENDITURE				officeholder living	
l			Online	e Donation	Processing	Fee
Ļ						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt		Office he	eld
┕	'					
l	Date	Payee name				
L	02/14/2024	Anedot				
l	Amount (\$)	Payee address; City; State; Zip Code	е			
l	\$4.30	1340 Poydras Street, Suite 1770				
l						
l		New Orleans, LA 70112				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Descrip	ption		
l	OF EXPENDITURE	Fees			de of Texas. Com officeholder living	plete Schedule T.
l					Processing	
l						
┝	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt		Office he	eld
l	expenditure to benefit C/OI					
F	Date	Payee name				
l	02/14/2024	Anedot				
⊢	Amount (\$)	Payee address; City; State; Zip Code				
l	\$4.30	1340 Poydras Street, Suite 1770				
		, ,				
l		New Orleans, LA 70112				
⊢	PURPOSE		) Descrip	ntion		
l	OF	(a) Category (See Categories listed at the top of this schedule)  Fees			le of Texas. Com	plete Schedule T.
l	EXPENDITURE	1 000			officeholder living	
l			Online	e Donation	Processing	Fee
L						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt		Office he	eld
	experience to beliefit 6/01	•				

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Travel in District
Travel Out of D
COntract Labor
OTHER (enter)

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 23/35 Rpt: 49/62	West, Allen B. (Mr.)		00083877
4	Date	5 Payee name		•
	02/14/2024	Anedot		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$2.30	1340 Poydras Street, Suite 1770		
		New Orleans, LA 70112		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Online Donation Processing Fee
_				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
	Date	Payee name		
	02/14/2024	Anedot		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$4.30	1340 Poydras Street, Suite 1770		
		New Orleans, LA 70112		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Online Donation Processing Fee
				Online Donation Flocessing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI		JIIL	Office field
	Data			
	Date	Payee name		
	02/15/2024	Anedot		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$10.30	1340 Poydras Street, Suite 1770		
		New Orleans, LA 70112		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Online Donation Processing Fee
				Change Donation 1 100033ing 1 00
_	Complete ONLY if direct	Candidate/Officeholder name Office soug	tht	Office held
	expenditure to benefit C/OI		JIIL	Office Held
H				
l				

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/35 Rpt: 50/62	West, Allen B. (Mr.) 00083877
4	Date	5 Payee name
	02/16/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.30	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online Donation Processing Fee
		Online Bondaon 1 100cooning 1 cc
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/16/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.30	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/16/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.10	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online Donation Processing Fee
		Offilitie Doffation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
l		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/35 Rpt: 51/62	West, Allen B. (Mr.) 00083877
4	Date	5 Payee name
	02/16/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$2.30	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online Donation Processing Fee
		Chillie Bollation (100033) ing 100
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	Dayso nama
	02/17/2024	Payee name  Anedot
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.30	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Online Donation Processing Fee
┡	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
⊨	5.	
	Date	Payee name
	02/19/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.30	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Online Donation Processing Fee
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
L		

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this	orm.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
	Sch: 26/35 Rpt: 52/62	West, Allen B. (Mr.)	00083877	
4	Date	5 Payee name	·	
	02/19/2024	Anedot		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$40.30	1340 Poydras Street, Suite 1770		
		New Orleans, LA 70112		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ption	
	OF EXPENDITURE	Fees	ck if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE		ck if Austin, TX, officeholder living expense	
		Online	e Donation Processing Fee	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
9	Complete ONLY if direct expenditure to benefit C/OI		Office field	
L	<u> </u>			
	Date	Payee name		
	02/19/2024	Anedot		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$100.30	1340 Poydras Street, Suite 1770		
		New Orleans, LA 70112		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descri		
	EXPENDITURE	1 003	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense	
		,	e Donation Processing Fee	
			Ç	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OI	1		
	Date	Payee name		
	02/20/2024	Anedot		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$0.50	1340 Poydras Street, Suite 1770		
		New Orleans, LA 70112		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ption	
	OF		ck if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	·	ck if Austin, TX, officeholder living expense	
		Online	e Donation Processing Fee	
L	Complete CNUV'S	Condidate (Office holder 1999)	Office health	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held	

### SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 27/35 Rpt: 53/62	West, Allen B. (Mr.)		00083877
4	Date	5 Payee name		-
	02/20/2024	Anedot		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$20.30	1340 Poydras Street, Suite 1770		
		New Orleans, LA 70112		
8	PURPOSE		(h)	Description
٦	OF	(a) Category (See Categories listed at the top of this schedule)  Fees	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 000		Check if Austin, TX, officeholder living expense
				Online Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	02/20/2024	Anedot		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$2.30	1340 Poydras Street, Suite 1770		
		New Orleans, LA 70112		
	PURPOSE	(6) 0	(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees	(2)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 663		Check if Austin, TX, officeholder living expense
				Online Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	02/20/2024	Anedot		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$2.30	1340 Poydras Street, Suite 1770		
		New Orleans, LA 70112		
	PURPOSE	(2) 6	(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees	(2)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 000		Check if Austin, TX, officeholder living expense
				Online Donation Processing Fee
L				
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/O	1		

### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 28/35 Rpt: 54/62	West, Allen B. (Mr.) 00083877
4	Date	5 Payee name
	02/21/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.70	1340 Poydras Street, Suite 1770
		No. 2 Leave 14 70442
L		New Orleans, LA 70112
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  FROS  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Online Donation Processing Fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/21/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.70	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online Donation Processing Fee
		Simila Bandalari 1 100000 mg 1 00
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/21/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.30	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online Donation Processing Fee
		Chinic Bondaon Floodsonig Foo
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	plet	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 29/35 Rpt: 55/62	West, Allen B. (Mr.)		00083877
4	Date	5 Payee name		
	02/21/2024	Anedot		
6	Amount (\$)	7 Payee address; City; State; Zip Code	Э	
	\$4.30	1340 Poydras Street, Suite 1770		
		New Orleans, LA 70112		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	o)	Description
	OF	Fees	[	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Ī	Check if Austin, TX, officeholder living expense
			(	Online Donation Processing Fee
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt	Office held
	experientare to benefit Grot	'		
	Date	Payee name		
	02/22/2024	Anedot		
	Amount (\$)	Payee address; City; State; Zip Code	Э	
	\$2.30	1340 Poydras Street, Suite 1770		
		New Orleans, LA 70112		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	o)	Description
	OF EXPENDITURE	Fees	[	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		[	Check if Austin, TX, officeholder living expense
			(	Online Donation Processing Fee
	Operation ONLY & Street	Out lide to 10 ff and add an arms		Office heald
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	π	Office held
	Date	Payee name		
	02/23/2024	Anedot		
	Amount (\$)	Payee address; City; State; Zip Code	Э	
	\$14.30	1340 Poydras Street, Suite 1770		
		New Orleans, LA 70112		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	o) I	Description
	OF EXPENDITURE	Fees	[	Check if travel outside of Texas. Complete Schedule T.
			L	Check if Austin, TX, officeholder living expense Online Donation Processing Fee
			,	Online Donation Flocessing Fee
	Complete ONL V if direct	Candidate/Officeholder name Office sough	nt.	Office held
	Complete ONLY if direct expenditure to benefit C/OI	•	11	Office field

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/35 Rpt: 56/62	West, Allen B. (Mr.) 00083877
4	Date	5 Payee name
	02/23/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.30	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online Donation Processing Fee
		Chime Bonduon Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	02/23/2024	Anedot
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$0.70	1340 Poydras Street, Suite 1770
	Φ0.70	1340 Foyuras Street, Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online Donation Processing Fee
		Chime Bonduon Processing Fee
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	02/23/2024	Anedot
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.30	1340 Poydras Street, Suite 1770
		New Orleans, LA 70112
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online Donation Processing Fee
		Offiline Donation Frocessing Fee
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		

### SCHEDULE F1

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

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

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

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

	orean oura'r dymen	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 31/35 Rpt: 57/62	West, Allen B. (Mr.)		00083877
4	Date	5 Payee name		
	02/24/2024	Anedot		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
l	\$4.30	1340 Poydras Street, Suite 1770		
l				
		New Orleans, LA 70112		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l				Online Donation Processing Fee
l				Ç
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
l	expenditure to benefit C/O	1		
F	Date	Payee name		
l	02/21/2024	Bonfire Data, LLC		
Г	Amount (\$)	Payee address; City; State; Zip Co	de	
l	\$359.56	1001 Congress Ave, Ste 100		
l				
l		Austin, TX 78701		
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
l				Check if Austin, TX, officeholder living expense  Voter Outreach Data Messaging
				votor Guirodon Butta moosaging
┢	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
l	expenditure to benefit C/O	1		
F	Date	Payee name		
l	02/12/2024	CFO Shield, LLC dba Red Elephant Reports		
Г	Amount (\$)	Payee address; City; State; Zip Co	de	
l	\$2,314.47	PO Box 953		
l				
l		Colleyville, TX 76034		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.
l				Check if Austin, TX, officeholder living expense  Campaign Bookkeeping Services & Support
				Campaign Dookkeeping Services & Support
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O		-	

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 32/35 Rpt: 58/62	West, Allen B. (Mr.) 00083877
4	Date	5 Payee name
	02/12/2024	One Book at a Time Publishing, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$479.01	4680 Belt Line Rd
		Addison, TX 75001
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Large Push Cards
		Large Fusir Caras
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/15/2024	One Book at a Time Publishing, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	4680 Belt Line Rd
		Addison, TX 75001
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Push Cards
		T dan Calda
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/14/2024	Paper Source
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.42	6025 Royal Lane, Suite 128
	**	
		Dallas, TX 75230
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Campaign Envelopes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 33/35 Rpt: 59/62	West, Allen B. (Mr.)		00083877
4	Date	5 Payee name		<u>'</u>
l	02/06/2024	Primary Media Outdoor Advertising		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
l	\$4,900.00	One Billboard Center, 2511 Boll Street		
l				
l		Dallas, TX 75204		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
l				Check if Austin, TX, officeholder living expense Outdoor Advertising Billboards
l				Outdoor Advertising biliboards
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
ľ	expenditure to benefit C/O		giit	Office field
⊨	Date	Payee name		
l	02/01/2024	Project Broadcast, LLC		
┝	Amount (\$)	Payee address; City; State; Zip Co	da	
l	\$1,100.00	300 La vida Ct.	uc	
l	Ψ1,100.00	ooo La vida oi.		
		Irving, TX 75062		
L	PURPOSE	-	(h)	Providetion
l	OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(D)	Description  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
l				Campaign Text Messaging Service
L				
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soul	ght	Office held
┕				
l	Date	Payee name		
L	02/12/2024	Stroughter, Marie		
l	Amount (\$)	Payee address; City; State; Zip Co	de	
l	\$808.00	6501 Cool Creek Drive		
l				
		Killeen, TX 76549-6088		
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l				Social Media Services
Г	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O	1		
<u> </u>				

### SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 34/35 Rpt: 60/62	West, Allen B. (Mr.) 00083877
4	Date	5 Payee name
	02/21/2024	Truist Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.00	214 N Tryon Street
		Charlotte, NC 28202
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Bank Service Fee
		Dalik Service Fee
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L	experialitate to benefit of of	<u>'</u>
	Date	Payee name
	02/01/2024	USPS
H	Amount (\$)	Payee address; City; State; Zip Code
	\$54.40	5959 Royal Lane
	, ,	
		Dallas, TX 75230
L	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Stamps
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	02/14/2024	USPS
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$68.00	5959 Royal Lane
		Flower Mound, TX 75230
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
I		Stamps
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Ol	

### SCHEDULE F1

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

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

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

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

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 62/62 2 FILER NAME Filer ID (Ethics Commission Filers) West, Allen B. (Mr.) 00083877 8 Amount (\$) Date 5 Name of person from whom amount is received 01/26/2024 \$25.00 Bradley, Marsha 6 Address of person from whom amount is received; City; State; Zip Code Lubbock, TX 79413 Purpose for which amount is received X Check if political contribution returned to filer Donation Returned by Bank Amount (\$) Date Name of person from whom amount is received 01/26/2024 Texas Neuropsychology Group \$1,124.70 Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75219 Purpose for which amount is received X Check if political contribution returned to filer Refund of Donation