CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commi 00085398		2 Total pages	s filed: 30
3 CANDIDATE /	MS / MRS / MR	FIRST	•	MI	OFFICI	E USE ONLY
OFFICEHOLDER	Mr.	Chase E.				
NAME					Date Received	
						ICALLY FILED
	NICKNAME	LAST		SUFFIX	10/07/2024	
		West				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CI	TY;	ZIP CODE	Date Hand-delivere	ed or Date Postmarked
OFFICEHOLDER	1506 Grand Junction Dr					
MAILING ADDRESS					Receipt #	Amount
Change of Address	Katy, TX 77450					
	Kaly, 1X 11450				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Mr.	Chase E.				
NAME		Chuse E.				
	NICKNAME	LAST		SUFFIX		
		West				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY;	5	STATE; ZIP CODE
ADDRESS	1506 Grand Junction Dr					
(Residence or Business)						
	Katy, TX 77450					
7 CAMPAIGN	AREA CODE PHON	IE NUMBER	EXTENSION			
TREASURER			EXTENSION			
PHONE	(281) 905-0860					
8 REPORT						
TYPE	January 15	30th day befor	e election	Runoff	1 15th day after	campaign treasurer
					appointment (officeholder only)
	July 15	8th day before	election	Exceeded modified	Final Report (Attach C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2024	T	HROUGH	09/26/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		Primary	Runoff	Other	
	11/05/2024		General	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	None District HD132 Harri	s		State Representa		32
		-				-
		GO .	TO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.e	thics.state.tx.u	S	Ve	ersion V4.1.0.48da51f7

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 30

13 C / OH NAME	West, Chase E. (Mr.)		14 Filer ID (00085398	(Ethics Commission Filer			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditure These expenditures may have been made without the d officeholders are required to report this information	ne candidate's or office	eholder's knowledge or			
Additional Pages							
	Blue Horizon Texas PAC						
		COMMITTEE ADDRESS					
	SPECIFIC SPECIFIC	PO Box 780162					
		San Antonio, TX 78278					
		COMMITTEE CAMPAIGN TREASURER NAME					
		Barnett, Claire					
		COMMITTEE CAMPAIGN TREASURER ADDRESS	S				
		PO Box 780162					
		San Antonio, TX 78278					
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 2,363.			
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.			
	4. TOTAL POLITIC		\$ 19,656.				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	ST DAY OF THE	\$ 22,994.			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS C TING PERIOD	OF THE LAST DAY	\$ 0.			
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.					
		Mr. G	Chase E. West				
		Signature of C	Candidate or Officehol	der			
AFFIX NO	TARY STAMP / SEAL AB	DVE					
Sworn to and subs	cribed before me, by the s	aid	, this the	day			
		ertify which, witness my hand and seal of office.					
Signature of offic	cer administering	Printed name of officer administering	Title of office	r administering oath			
<u> </u>	5	č		C C			
Forms provided by Te	xas Ethics Commissior	www.ethics.state.tx.us		Version V4.1.0.48da5			

SUBTOTALS - C/OH	FORM C/OH OVER SHEET PG 3 3 of 30			
18 FILER NAME West, Chase E. (Mr.)	19 Filer ID 00085398	(Ethics Commission Filers)		
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT		
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,263.97		
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 100.00		
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4. SCHEDULE E: LOANS		\$		
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 19,656.03		
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$		
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$			
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$			
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$		
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$		
		•		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 1/5 Rpt: 4/30
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
West, Chase	∋ E. (Mr.)		00085398
4 Date 09/19/2024	 5 Full name of contributor out-of-state PAC (ID#: Al-Nashaar, Roseanna (Ms.) 6 Contributor address; City; State; Zip Code 	7 Amount of Contribution (\$) \$20.24	
	Katy, TX 77494		
8 Principal occu Unknown	ipation / Job title (See Instructions)	9 Employer (See Instructions) Unknown)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/17/2024	Baggett, Larry (Mr.)		\$20.00
	Contributor address; City; State; Zip Code Hockley, TX 77447		
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions))
Manager	•	Solidwood Forest	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/17/2024	Baggett, Larry (Mr.)	\$20.00	
	Contributor address; City; State; Zip Code Hockley, TX 77447		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))
Manager		Solidwood Forest	/
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/17/2024	Baggett, Larry (Mr.)		\$20.00
	Contributor address; City; State; Zip Code Hockley, TX 77447		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))
Manager		Solidwood Forest	,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/02/2024	Beebe, JT (Mr.) Contributor address; City; State; Zip Code		\$5.00
	Houstin, TX 77036		-
		Employer (See Instructions))
IT Profession	naal	Unknown	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/5 Rpt: 5/30 2 FILER NAME Filer ID (Ethics Commission Filers) 3 West, Chase E. (Mr.) 00085398 4 Date **5** Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 09/09/2024 Cy Fair Area Democratic Club \$200.00 6 Contributor address; City; State; Zip Code Houston, TX 77077 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/17/2024 \$100.00 Freeman, Barbara Contributor address; City; State; Zip Code Katy, TX 77493 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired None Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 09/25/2024 Hailey, Laraina (Mrs.) \$100.00 Contributor address; City; State; Zip Code Katy, TX 77450 Principal occupation / Job title (See Instructions) Employer (See Instructions) Unknown Unknown Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 09/20/2024 \$3.25 Hammack, Barbara (Ms.) Contributor address; City; State; Zip Code Las Vegas, TX 89128 Principal occupation / Job title (See Instructions) Employer (See Instructions) unknown Unknown Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 08/31/2024 \$5.00 Harison, Demarie (Ms.) Contributor address; City; State; Zip Code DeRidder, LA 70634 Principal occupation / Job title (See Instructions) Employer (See Instructions) Unknown Unknown

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE	A1
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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/30
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
West, Chase E. (Mr.)	00085398
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/02/2024 JT, Beebe (Mr.)	\$5.00
6 Contributor address; City; State; Zip Code	
Houston, TX 77036	
8Principal occupation / Job title (See Instructions)9Employer (See Instructions))
IT Unknown	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/03/2024 Klise, Sonja (Ms.)	\$25.00
Contributor address; City; State; Zip Code	
Fullshear, TX 77441	
Principal occupation / Job title (See Instructions) Employer (See Instructions))
Unknown Unknown	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/31/2024 Lozado, Augustine (Mr.)	\$20.24
Contributor address; City; State; Zip Code	
Cypress, TX 77433	
Principal occupation / Job title (See Instructions) Employer (See Instructions))
Unknown	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/30/2024 Matt, Edgar (Mr.)	\$100.00
Contributor address; City; State; Zip Code	
Outpress TV 77400	
Cypress, TX 77433	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Unknown Unknown)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/20/2024 Mirza, Samina (Ms.)	\$100.00
Contributor address; City; State; Zip Code	
Katy, TX 77450	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Unknown Unknown)
	,
OIKIOWI	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE	A1
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The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/30
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
West, Chase E. (Mr.)	00085398
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/26/2024 Overton, David (Mr.)	\$250.00
6 Contributor address; City; State; Zip Code	
Austin, TX 78723	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 4 In the same 9 Employer (See Instructions))
Unknown	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/11/2024 Ross, Gerry (Mr.)	\$500.00
Contributor address; City; State; Zip Code	
Katy, TX 77450	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	<u> </u>
Retired N/A)
Date Full name of contributor out-of-state PAC (ID#:) 09/11/2024 Ross, Gerry (Mr.)	Amount of Contribution (\$) \$500.00
	φ500.00
Contributor address; City; State; Zip Code	
Katy, TX 77450	
Principal occupation / Job title (See Instructions) Employer (See Instructions))
Retired N/A	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/31/2024 Sandlin, Ryan (Mr.)	\$20.24
Contributor address; City; State; Zip Code	
Cypress, TX 77433	L
Principal occupation / Job title (See Instructions) Employer (See Instructions) Unkown)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/23/2024 Saraf, Karen (Ms.)	\$100.00
Contributor address; City; State; Zip Code	
Katy, TX 77450	
	\ \
Principal occupation / Job title (See Instructions) Employer (See Instructions) Unknown)
Principal occupation / Job title (See Instructions) Employer (See Instructions))

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/30
2 FILER NAME West, Chase E. (Mr.)	3 Filer ID (Ethics Commission Filers) 00085398
09/19/2024 Walker, Tami 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$)\$100.00
Katy, TX 77450 8 Principal occupation / Job title (See Instructions) Lawyer 9 Employer (See Instructions) Axiom	
Date Full name of contributor out-of-state PAC (ID#:) 09/21/2024 Wheeler, Carol (Ms.) Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$50.00
Katy, TX 77450 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) None	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

	The Instruction Guide explains how to complete this form.				1 Total pages Schedule A2: Sch: 1/1 Rpt: 9/30		
2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	West, Chas	e E. (Mr.)			00085398		
⁴ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$					
5	6 Full name of contributor out-of-state PAC (ID#:)				Amount of 9 In-kind contribution		
09/03/2024 Blue Horizon Texas PAC					contribution (\$) description \$100.00 Calls, Endorsement,		
	7 Contributor address; City; State; Zip Code			Strategy Session, Social I Media, Email Prootion			
		San Antonio, TX 78278		I I Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON	-JU	IDICIAL) (See instructions)			
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title	(FC	OR JUDICIAL) (See instructions)			
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributo	or's	spouse (if any) (FOR JUDICIAL)			
16	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	-				

			EXPENDITURE CA	TEGORIES	FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Expense Travel in District Made By - Gift/Awards/Memorials Expense Printing Expense Travel Out of District			Transportation Equipment & Related Expense Travel in District			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 1/21 Rpt: 10/30		West, Chase E. (Mr.)					00085398
4	Date	5	Payee name					
	09/25/2024		AJ Kelly Productions					
6	Amount (\$)	7	Payee address; City;	State; Zi	p Cod	e		
	\$5,500.00		5003 Royal Cypress					
			Katy, TX 77449					
8	PURPOSE	(a)	-			b) Description		
ľ	OF	(",	Category (See Categories listed at the top of Advertising Expense	of this schedule) `		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE					Check if Austir	ı, TX,	, officeholder living expense
						Retainer		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office	e soug	ht		Office held
	Date		Payee name					
	08/31/2024		Ace Hardware					
	Amount (\$)		Payee address; City;	State; Zi	p Cod	e		
	\$8.65		1720 SMason Rd					
			Katy, TX 77450					
	PURPOSE	(a)	Category (See Categories listed at the top of	of this schedule		b) Description		
	OF EXPENDITURE		Advertising Expense		, 		outsi	ide of Texas. Complete Schedule T.
	EXPENDITORE							, officeholder living expense
						Zipties and w	/asł	hers for sign placement.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office	e soug	ht		Office held
		_						
	Date		Payee name					
	07/21/2024		ActBlue Technical Services					
	Amount (\$)		Payee address; City;	State; Zij	p Cod	e		
	\$0.79		366 Summer Street					
			Somerville, MA 02144-3132					
	PURPOSE	(a)	Category (See Categories listed at the top of	of this schedule) (b) Description		
	OF EXPENDITURE		Fees					ide of Texas. Complete Schedule T.
							η, TX,	, officeholder living expense
						Processing		
		L	Sendidate (Office held	04		h.t.		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office	e soug	nı		Office held

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense By - Gift/Awards/Memorials Expense					Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2 FILER	NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 2/21 Rpt: 11/30		Chase E. (Mr.)					00085398		
4	Date 07/28/2024	Payee ActBlu	name Ie Technical Services							
6	Amount (\$) \$9.68	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132								
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description 										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	te/Officeholder name	C	Office soug	ht		Office he	eld	
	Date	Payee	name							
	08/04/2024	ActBlu	e Technical Services							
	Amount (\$) \$0.99	366 S	address; City; ummer Street	State;	Zip Coo	le				
	PURPOSE OF EXPENDITURE						side of Texas. Complete Schedule T. X, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held DH						eld		
	Date	Payee	name							
	08/18/2024	ActBlu	e Technical Services							
	Amount (\$) \$0.79		address; City; ummer Street	State;	Zip Coo	le				
		Some	rville, MA 02144-3132							
	PURPOSE OF EXPENDITURE	a) Catego Fees	ory (See Categories listed at the	top of this sche	edule)			ide of Texas. Com , officeholder living		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	te/Officeholder name	C	Office soug	ht		Office he	eld	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhe Food/Beverage Expense Polling Expen Gift/Awards/Memorials Expense Printing Exper	nse Travel Out of District es/Contract Labor OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	ILER NAME	3 Filer ID (Ethics Commission Filers)							
	Sch: 3/21 Rpt: 12/30	West, Chase E. (Mr.) 00085398								
4	Date 09/01/2024	5 Payee name ActBlue Technical Services								
6	Amount (\$)	Payee address; City; State; Zip Code								
	\$5.75	 7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132 								
8	PURPOSE	Cotogon ()	Description							
U	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Image: Check if taxel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sough	Construction Office held							
	Date	Payee name								
	09/08/2024	ActBlue Technical Services								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$0.20	G66 Summer Street Gomerville, MA 02144-3132								
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description (b) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sough	t Office held							
	Date	Payee name								
	09/18/2024	ActBlue Technical Services								
	Amount (\$) \$19.75	Payee address; City; State; Zip Code 366 Summer Street								
		Somerville, MA 02144-3132								
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b Fees	 Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Processing 							
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office sough	t Office held							

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transportation Equipment & Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District							ISE	
1	Total pages Schedule F1:	FILER	NAME				3	Filer ID (Ethics Commission F	-ilers)	
	Sch: 4/21 Rpt: 13/30									
4	Date 09/22/2024	Payee name ActBlue Technical Services								
6	Amount (\$) \$11.60	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132								
8	PURPOSE OF EXPENDITURE	OF Check if travel outside of Texas. Complete Schedule T.								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	te/Officeholder name	Of	ffice soug	ht		Office held		
	Date	Payee	name							
	07/26/2024	Amaz	on.com							
	Amount (\$) \$5.99	-	address; City; Box 81226	State;	Zip Cod	e				
			e, TX 98108-1226							
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Suction Cups for Banners						, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	te/Officeholder name	Of	ffice soug	ht		Office held		
	Date	Payee	name							
	08/06/2024		on.com							
	Amount (\$) \$30.28		address; City; 30x 81226	State;	Zip Cod	e				
		Seattle	e, TX 98108-1226							
	PURPOSE OF EXPENDITURE		DTY (See Categories listed at the tising Expense	top of this sched	dule) (ı, TX,	ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	te/Officeholder name	Of	ffice soug	ht		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 5/21 Rpt: 14/30	West, Chase E. (Mr.)	00085398						
	Date 08/08/2024	Payee name Amazon.com							
6	Amount (\$) \$20.56	Payee address; City; State; Zip Code P.O. Box 81226 Seattle, TX 98108-1226							
8	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Calendar								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	08/08/2024	Amazon.com							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$53.99	P.O. Box 81226 Seattle, TX 98108-1226							
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedul Check if Austin, TX, officeholder living expense Vertical Banner Stands 							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	08/28/2024	Amazon.com							
<u> </u>	Amount (\$) \$34.99	Payee address;City;State;Zip CodeP.O. Box 81226							
		Seattle, TX 98108-1226							
	PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 6/21 Rpt: 15/30		West, Chase E. (Mr.) 00085398								
4	Date	5	Payee name								
	08/30/2024		Amazon.com								
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de					
	\$9.72		P.O. Box 81226								
			Seattle, TX 98108-1226								
8	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Advertising Expense		,		Check if travel	outsi	de of Texas. Com	plete Schedule T.	
								, TX,	officeholder living	expense	
							Zipties				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght			Office he	eld	
	Date		Payee name								
	08/30/2024		Amazon.com								
	Amount (\$)		Payee address; City;	State:	Zip Co	de					
	\$43.29		P.O. Box 81226								
	+ 10120										
			Seattle, TX 98108-1226								
	PURPOSE OF	(a)	Category (See Categories listed at the	top of this sch	edule)	(b)	Description				
	EXPENDITURE		Event Expense						de of Texas. Com officeholder living		
							Megaphone	, 17,	unicendider living	expense	
							megaphone				
	Complete ONLY if direct		Candidate/Officeholder name			abt			Office he	bld	
	expenditure to benefit C/Oł								fiu		
	Date										
	09/15/2024		Payee name Amazon.com								
				<u> </u>		<u> </u>					
	Amount (\$)		Payee address; City;	State;	; Zip Co	de					
	\$3.24		P.O. Box 81226								
			Seattle, TX 98108-1226								
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Event Expense						de of Texas. Com		
	LAFENDITORE							, TX,	officeholder living	expense	
							Toothpicks				
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	-									

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment			Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T By - Gift/Awards/Memorials Expense T				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)	
	Sch: 7/21 Rpt: 16/30		West, Chase E. (Mr.) 00085398								
4	Date	5	Payee name								
	09/16/2024		Amazon.com								
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de					
	\$11.88		P.O. Box 81226								
			Seattle, TX 98108-1226								
8	PURPOSE	(a)	Category (See Categories listed at th	e top of this sch	edule)	(b) D	Description				
			Event Expense		,	E	Check if travel c	outsio	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		-					ΤX,	officeholder living	j expense	
						S	Stickers				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	C	Office sou	ght			Office he	eld	
	Date		Payee name								
	09/18/2024		Amazon.com								
	Amount (\$)		Payee address; City;	State	Zip Co	le					
	\$10.55		P.O. Box 81226	Olule,	, zip 00						
	\$10.55		P.O. DUX 01220								
			Seattle, WA 98108-1226								
	PURPOSE OF	(a)	Category (See Categories listed at th	e top of this sch	edule)	(b) □	Description				
	EXPENDITURE		Event Expense			Ļ				plete Schedule T.	
						L	lot Dog Tray		officeholder living	j expense	
						Г	iot Doy Hay	5			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						eld			
-	Date										
	09/18/2024		Payee name								
			Amazon.com								
	Amount (\$)		Payee address; City;	State;	; Zip Co	de					
	\$38.96		P.O. Box 81226								
			Seattle, WA 98108-1226								
	PURPOSE	(a)	Category (See Categories listed at th	e top of this sch	edule)	(b) D	Description				
	OF EXPENDITURE		Event Expense			E	Check if travel of	outsio	de of Texas. Com	plete Schedule T.	
	EXPENDITORE					E		ΤX,	officeholder living	j expense	
						F	Red Carpet				
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	H									
-											

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens nmittee Legal Services	Fees Office Overhead/Rental Expen Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 8/21 Rpt: 17/30		West, Chase E. (Mr.)					00085398		
4	Date	5	Payee name							
	09/26/2024		Amazon.com							
6	Amount (\$)	7	Payee address; City;	State; Z	ip Cod	e				
	\$29.91		P.O. Box 81226		•					
			Seattle, WA 98108-1226							
8	PURPOSE	(a)			. (b) Description				
Ŭ	OF	(4)	Category (See Categories listed at the top of Polling Expense	of this schedule	e)		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITURE					Check if Austir	n, TX,	, officeholder living expense		
						Address Lab	els			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Offic	ce soug	nt		Office held		
	Date		Payee name							
08/05/2024 Canva										
	Amount (\$)		Payee address; City;	State; Z	ip Cod	е				
	\$15.00 75 E Santa Clara St.									
			0							
			San Jose, CA 95113							
	PURPOSE OF	(a)	Category (See Categories listed at the top of	of this schedule	e) (b) Description	outoi	ide of Texas. Complete Schedule T.		
	EXPENDITURE		Advertising Expense					, officeholder living expense		
						Marketing Su				
						_				
	Complete ONLY if direct	(Candidate/Officeholder name	Offic	ce soug	nt		Office held		
	expenditure to benefit C/OF	H								
	Date		Payee name							
	08/06/2024		Canva							
	Amount (\$)		Payee address; City;	State; Z	ip Cod	е				
	\$220.00		75 E Santa Clara St.							
			San Jose, CA 95113							
	PURPOSE OF	(a)	Category (See Categories listed at the top of	of this schedule	e) (b) Description				
	EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T. , officeholder living expense		
						Push Cards	I, IA,	, uncenduer hving expense		
-	Complete ONLY if direct	<u>ر</u>	Candidate/Officeholder name	Offic	ce soug	nt		Office held		
	expenditure to benefit C/OF			Onic						
-										

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

		EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 9/21 Rpt: 18/30	West, Chase E. (Mr.)	00085398					
4	Date 09/03/2024	Payee name Canva						
6	Amount (\$)	Payee address; City; State; Zip Code						
	\$15.00	75 E Santa Clara St. San Jose, CA 95113						
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	09/13/2024	Canva						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$900.00	75 E Santa Clara St. San Jose, CA 95113						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	09/18/2024	Dollar Zone						
	Amount (\$) \$21.54	Payee address;City;State; Zip Code629 S Mason Rd						
	Katy, TX 77450							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

			EXPENDITURE CATEGO	RIES FOF	R BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment			Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T Gift/Awards/Memorials Expense Printing Expense T				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 10/21 Rpt: 19/30		West, Chase E. (Mr.)				00085398		
4	Date	5	Payee name						
	09/13/2024		Dot Coffee Shop						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$25.78		7006 Gulf Freeway						
			Houston, TX 77087						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Food/Beverage Expense	,		outsi	ide of Texas. Complete Schedule T.		
	EXPENDITORE						, officeholder living expense		
					Meeting with	AT	CPE		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held		
	Date		Payee name						
	08/27/2024		Google						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$5.40		1600 Ampitheatre Pkwy	•					
	401.10								
			Mountain View, CA 94043						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description				
	EXPENDITURE		Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
					Google Servi				
					Google Servi	UCS	5		
					a la t				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	gnt		Office held		
		-							
	Date		Payee name						
	08/20/2024		Google						
	Amount (\$)		Payee address; City; State;	Zip Co	ode				
	\$5.00		1600 Ampitheatre Pkwy						
			Mountain View, CA 94043						
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Office Overhead/Rental Expense				ide of Texas. Complete Schedule T.		
							, officeholder living expense		
					Google Emai	I			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held		
		'							

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 11/21 Rpt: 20/30	West, Chase E. (Mr.)	00085398					
4	Date	5 Payee name						
	08/20/2024	Google						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$11.91	1600 Ampitheatre Pkwy						
		Mountain View, CA 94043						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	utside of Towar, Complete Schodule T					
	EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
		Google Ads						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	09/19/2024	Google						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$16.23	1600 Ampitheatre Pkwy						
		Mountain View, CA 94043						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
		Google Works						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	08/27/2024	Google						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$5.40	1600 Ampitheatre Pkwy						
		Mountain View, CA 94043						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
		Google Email						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held					

		EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 12/21 Rpt: 21/30	West, Chase E. (Mr.)	00085398					
4	Date	Payee name						
	08/20/2024							
6	Amount (\$)	Payee address; City; State; Zip Code						
	\$5.40	1600 Ampitheatre Pkwy						
		Mountain View, CA 94043						
8	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description	utside of Texas. Complete Schedule T.					
	EXPENDITURE		TX, officeholder living expense					
		Google Email						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	09/19/2024	Google						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$16.23	1600 Ampitheatre Pkwy						
		Mountain View, CA 94043						
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
		Facebook Blue						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	08/03/2024	Google						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$5.40	1600 Ampitheatre Pkwy						
		Mountain View, CA 94043						
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
		Google Email	rx, oncentrate hving expense					
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI	- -						

		EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME 3	Filer ID (Ethics Commission Filers)				
	Sch: 13/21 Rpt: 22/30	West, Chase E. (Mr.)	00085398				
4	Date	Payee name					
	07/27/2024	Google					
6	Amount (\$)	Payee address; City; State; Zip Code					
	\$5.40	1600 Ampitheatre Pkwy					
		Mountain View, CA 94043					
8	PURPOSE OF	(b) Description	tride of Tourse Operation Coloradula T				
	EXPENDITURE		itside of Texas. Complete Schedule T. "X, officeholder living expense				
		Google Email	· ,				
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	07/20/2024	Google					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$5.40	1600 Ampitheatre Pkwy					
		Mountain View, CA 94043					
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description	tside of Texas. Complete Schedule T.				
	EXPENDITURE		TX, officeholder living expense				
		Google Email					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	09/11/2024	Google					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$16.20	1600 Ampitheatre Pkwy					
	¢10.20						
		Mountain View, CA 94043					
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description	toide of Toylog, Complete School-16 T				
	EXPENDITURE		rtside of Texas. Complete Schedule T. "X, officeholder living expense				
		Facebook Blue					
			-				
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OF	Calificato, Cinocholdor Harro Cinoc Sought					

		EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 14/21 Rpt: 23/30	West, Chase E. (Mr.)	00085398					
4	Date 07/12/2024	24 5 Payee name Google						
6	Amount (\$)	Payee address; City; State; Zip Code						
	\$16.20	1600 Ampitheatre Pkwy Mountain View, CA 94043						
_	DUDDOCE							
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense k					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	08/05/2024	Google						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$16.23	1600 Ampitheatre Pkwy Mountain View, CA 94043						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	08/06/2024	Google						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$46.05	1600 Ampitheatre Pkwy						
		Mountain View, CA 94043						
	PURPOSE OF EXPENDITURE	OF Official Control of						
<u> </u>	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held					

		EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 15/21 Rpt: 24/30	West, Chase E. (Mr.)	00085398						
4	Date 09/03/2024	5 Payee name Google							
6 Amount (\$) 7 Payee address; City; State; Zip Code \$46.05 1600 Ampitheatre Pkwy Mountain View, CA 94043									
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Image: Check if Austin, TX, officeholder living expense Image: Check if Austin, TX, officeholder living expense									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	07/18/2024	Katy PRIDE							
Amount (\$) Payee address; City; State; Zip Code \$150.00 22101 Morton Ranch Rd Katy, TX 77449									
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Event Expense Check if travel out	utside of Texas. Complete Schedule T. TX, officeholder living expense ht						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	09/17/2024	Kroger							
Amount (\$) Payee address; City; State; Zip Code \$83.69 1550 Bay Hill Blvd.									
		Katy, TX 77494							
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for event								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

			EXPENDITURE CA	ATEGORIE	ES FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen mittee Legal Services The Instruction Guide e	C F ISE F S	Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 16/21 Rpt: 25/30		West, Chase E. (Mr.)					00085398
4	Date 09/18/2024	5	Payee name Kroger					
6	Amount (\$) \$62.38	7 Payee address; City; State; Zip Code \$62.38 1550 Bay Hill Blvd. Katy, TX 77494						
8	8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Image: Check if Check if Check if Check if Check if Check if Austin, TX, officeholder living expense Image: Check if Austin, TX, officeholder living expense						, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Off	ice soug	ht		Office held
	Date		Payee name					
	09/06/2024		NBD Graphics					
Amount (\$) Payee address; City; State; Zip Code \$93.10 917 S Mason Rd								
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description 					ide of Texas. Complete Schedule T. , officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Off	ice soug	ht		Office held
	Date		Payee name					
	08/25/2024		PayPal, Inc.					
	Amount (\$) \$79.99		Payee address; City; 2211 N 1st St	State;	Zip Coc	e		
			San Jose, CA 95131					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Advertising Expense	of this schedu	ule)		ı, ТХ,	ide of Texas. Complete Schedule T. , officeholder living expense NS
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Off	ice soug	ht		Office held

			EXPENDITURE C	ATEGORIE	S FOR	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Transportation Equipment & R Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel Out of District						
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 17/21 Rpt: 26/30		West, Chase E. (Mr.)					00085398
4	Date 08/22/2024		Payee name Plum Coffee Shop					
6	Amount (\$) \$8.02							
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Food/Beverage Expense	of this schedule	le) (n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense I rent
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Offic	ce soug	nt		Office held
	Date		Payee name					
	09/05/2024		Popl					
Amount (\$)Payee address;City;State;Zip Code\$14.99PO Box 25667								
	PURPOSE OF EXPENDITURE	(a)	Los Angeles, CA 90025 Category (See Categories listed at the top Advertising Expense	of this schedule	le) (n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense s Card
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Offic	ce soug	nt		Office held
	Date		Payee name					
	09/05/2024		Popl					
	Amount (\$) \$14.99		Payee address; City; PO Box 25667	State; Z	Zip Cod	e		
			Los Angeles, CA 90025		i			
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top Advertising Expense	of this schedule	le) (n, TX,	ide of Texas. Complete Schedule T. , officeholder living expense S Cards
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Offic	ce soug	nt		Office held

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polling Expense Travel in District By - Gift/Awards/Memorials Expense Printing Expense Travel out of District	pment & Related Expense						
1	Total pages Schedule F1:	.: 2 FILER NAME 3 Filer ID (1	Ethics Commission Filers)						
-	Sch: 18/21 Rpt: 27/30		,						
4	Date	5 Payee name							
	07/13/2024	QR.IO Generator							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$35.00	2035 Sunset Lk Rd							
		Ste. B2							
		Newark, DE 19702							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Advertising Expense							
		Check if Austin, TX, officeholder living ex	pense						
		QR Codes							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held OH							
	Date	Payee name							
	07/03/2024	QR.IO Generator							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$35.00								
	φ55.00								
		Ste. B2							
		Newark, DE 19702							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
		Advertising Expense	te Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living ex	pense						
		QR Codes							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/Oł	ОН							
_	Date								
	Date 09/03/2024	Payee name Sweetwater							
	09/03/2024								
	Amount (\$)	Payee address; City; State; Zip Code							
	\$6,198.12	2 5501 US Hwy 30 W							
		Fort Wayne , IN 46818							
	PURPOSE								
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description	te Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living ex							
		Personal Address System for I							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/Oł								

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Fees Office Food/Beverage Expense Pollin y - Git/Awards/Memorials Expense Printi			Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethic	s Commission Filers)		
	Sch: 19/21 Rpt: 28/30		West, Chase E. (Mr.)					00085398			
4	Date	5	Payee name				•				
	09/23/2024		T Shirts Etc.								
6	Amount (\$)	7									
	\$974.25		811 S Mason Rd								
			Ste 160								
			Katy, TX 77450								
8	PURPOSE		Category (See Categories listed at the		- dula)	(b) Description					
-	OF		Advertising Expense	top of this sch	edule)		outsi	de of Texas. Complete Sch	nedule T.		
	EXPENDITURE		j j			Check if Austir	n, TX	officeholder living expense	e		
						Volunteer Sh	irts				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	lht		Office held			
	Date		Payee name								
	09/17/2024 USPS										
	Amount (\$)		Payee address; City;	State;	; Zip Co	le					
	\$3,650.00		20180 Park Row Dr								
			Katy, TX 77449								
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Tex Check if Austin, TX, officehol 5,000 Stamps for poster 					officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Dffice sou	Jht		Office held			
	Date		Payee name								
	07/30/2024		UZ Marketing								
Amount (\$) Payee address; City; State; Zip Code											
	\$162.38		5900 Bingle								
			Houston, TX 77092								
	PURPOSE OF		Category (See Categories listed at the	top of this sch	edule)	(b) Description	Olitei	de of Texas. Complete Sch	nedule T		
	EXPENDITURE		Advertising Expense					, officeholder living expense			
-	Complete ONLY if direct	<u></u>	andidate/Officeholder name	<u>с</u>	Office sou	iht		Office held			
	expenditure to benefit C/OF				2.1100 3004	j		chiec field			

EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 20/21 Rpt: 29/30		West, Chase E. (Mr.) 00085398							
4	Date	5	5 Payee name							
	07/21/2024		UZ Marketing							
6	Amount (\$)	7	7 Payee address; City; State; Zip Code							
	\$213.69	!	5900 Bingle							
			Houston, TX 77092							
8	PURPOSE	(a) (Category (See Categories listed at the to	p of this sch	nedule)	(b) Description				
	OF EXPENDITURE		Advertising Expense					ide of Texas. Comp		
							ι, TΧ,	, officeholder living	expense	
						Signs				
_					24			Office he		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(Office sou	Int		Office he	IC	
_	Date		Payee name							
	07/30/2024	I	JZ Marketing							
			_	Ctata		10				
	Amount (\$)	I	Payee address; City;	State	; Zip Coo	ie				
	\$91.20	:	5900 Bingle							
	Houston, TX 77092									
	PURPOSE	(a) (Category (See Categories listed at the to	p of this sch	nedule)	(b) Description				
	OF EXPENDITURE	/	Advertising Expense Check if travel outside of Texas. Complete Schedule T.							
	Check if Austin, TX, officeholder living expense Sign Stakes								expense	
	Sign Stakes									
	Complete ONLY if direct	L Ci	andidate/Officeholder name	(Office soug	iht		Office he	ld	
expenditure to benefit C/OH								-		
-	Date	1	Payee name							
	07/30/2024		JZ Marketing							
-	Amount (\$)		Payee address; City;	State	; Zip Co	le				
\$368.45 5900 Bingle										
	\$000.10		Seco Diligio							
	Houston, TX 77092									
	PURPOSE	(a) (Category (See Categories listed at the to	p of this sch	nedule)	(b) Description				
OF Advertising Expense Check if travel outside of Texas. Complete Schedule T.										
									expense	
						Signs				
	Complete ONLY if direct		andidate/Officeholder name		Office soug	iht		Office he	ld	
	expenditure to benefit C/OI			(2006 2000	pric		Unice ne	iu	
-										

		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repaym Office Overhe Polling Expen Printing Exper Salaries/Wage	Transportation Travel in Distric Travel Out of D	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
		-	is now to comp	iete this ioni.			
						(Ethics Commission Filers)	
Date 08/09/2024							
Amount (\$) \$149.40	5900 Bingl	2	te; Zip Code				
PURPOSE OF EXPENDITURE			schedule) (b	Check if travel			
Complete <u>ONLY</u> if direct expenditure to benefit C/O		iceholder name	Office sought	t	Office h	neld	
	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment Total pages Schedule F1: Sch: 21/21 Rpt: 30/30 Date 08/09/2024 Amount (\$) \$149.40 PURPOSE OF EXPENDITURE	Accounting/Banking Consulting Expense	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By- Candidate/Officeholder/Political Committee Credit Card Payment Event Expense Fees Food/Beverage Expense Cift/Awards/Memorials Expense Legal Services Total pages Schedule F1: Sch: 21/21 Rpt: 30/30 2 FILER NAME West, Chase E. (Mr.) Date 5 Payee name UZ Marketing 08/09/2024 7 Payee address; City; Sta 5900 Bingle Amount (\$) 7 Payee address; City; Sta 5900 Bingle PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this sta Advertising Expense Complete ONLY if direct Candidate/Officeholder name	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By- Candidate/Officeholder/Political Committee Event Expense Food/Beverage Expense Food/Beverage Expense Loan Repaym Office Overhe Poling Expense Contributions/ Donations Made By- Candidate/Officeholder/Political Committee Files Poling Expense Credit Card Payment The Instruction Guide explains how to comp Total pages Schedule F1: 2 FILER NAME Sch: 21/21 Rpt: 30/30 West, Chase E. (Mr.) Date 5 Payee name 08/09/2024 UZ Marketing Amount (\$) 7 Payee address; City; State; Zip Code \$149.40 5900 Bingle Houston, TX 77092 Houston, TX 77092 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Complete ONLY if direct Candidate/Officeholder name Office sought	Accounting/Banking Consulting Expense Contributions/ Donations Made By- Candidate/Officeholder/Political Committee Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services Office Overhead/Rental Expense Poling Expense Salaries/Wages/Contract Labor Total pages Schedule F1: Sch: 21/21 Rpt: 30/30 2 FILER NAME West, Chase E. (Mr.) Poling Expense Salaries/Wages/Contract Labor Date 5 Payee name UZ Marketing Vest, Chase E. (Mr.) Amount (\$) 7 Payee address; City; State; Zip Code 5900 Bingle PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel Check if travel Check if Austin Signs	Advertising Expense Accounting/Banking Consulting Expense Conditions/ Donations Made By - Candidate/Office/Iode/Political Conditions/ Donations Made By - Candidate/Office/Iode/ Candidate/ Confice Context if Austin, TX, office/ Candidate/ Confice Candidate/ Confice Context if Austin, TX, office/ Candidate/ Confice Candidate/ Confice Candi	