STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH COVER SHEET PG 1

Guide explains how to complete	this form	1 Filer ID	oine Filano)	2 Total pages fil	ed:		
ruide explains now to complete	illis lottii.	00083877	sion Filers)	1	.3		
MS / MRS / MR	FIRST		MI	OFFICE (JSE ONLY		
Mr.	Allen B.			Date Received			
					AI LY FILED		
MICKNAME	T		SI IEEIX				
MICRINAIVIL			JULIA				
	VVCSi						
ADDRESS / PO BOX; AP7	 Γ/SUITE#; C	CITY: STATE;	ZIP CODE	Date Hand-delivered of	r Date Postmarked		
	, ,			Receipt #	Amount		
1007 Lucioni i i.i.o 2				'			
Garland, TX 75043	Date Processed	_ I					
Gaa							
	Date Imaged						
MC / MDC / MD	FIDCT			NA1			
				MI			
MS.							
NICKNAME	LAST			SUFFIX			
	,						
•) BOX PLEASE)); APT / SUITE #	#; CITY;	STATE;	ZIP CODE		
6657 Crestway Ct.							
Dallas, TX 75230							
AREA CODE	PHONE N	NUMBER		EXTENSION			
(214) 682-5558							
<u> </u>							
X January 15	30th day	y before convention	on / election	Runoff			
	☐ 8th day	hefore convention	n / election	Final report (#	Attach SC C/OH-FR)		
L July 13	الما مس	Deloic Convention		I manoport (macii 30 0/01111,		
Month Day Y	ear			Month [Day Year		
07/01/2024		THROU	JGH		31/2024		
Month Day Y	ear			☐ STATE CHAI	 R		
03/03/2026		5	SOUGHT				
					PAII C		
Republican			,	able)			
			Dallas				
	GO	TO PAGE 2					
	MS / MRS / MR Mr. NICKNAME ADDRESS / PO BOX; APT 1837 Eastern Hills Dr. Garland, TX 75043 MS / MRS / MR Ms. NICKNAME STREET ADDRESS (NO PC 6657 Crestway Ct. Dallas, TX 75230 AREA CODE (214) 682-5558 X January 15 July 15 Month Day Y 07/01/2024 Month Day Y 03/03/2026	Mr. Allen B. NICKNAME LAST West ADDRESS / PO BOX; APT / SUITE #; CO 1837 Eastern Hills Dr. Garland, TX 75043 MS / MRS / MR FIRST Diane L. NICKNAME LAST Kelley STREET ADDRESS (NO PO BOX PLEASE) 6657 Crestway Ct. Dallas, TX 75230 AREA CODE PHONE II 30th da	MS / MRS / MR	MS / MRS / MR FIRST MI Mr. Allen B. NICKNAME LAST SUFFIX West SUFFIX ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1837 Eastern Hills Dr. Garland, TX 75043 MS / MRS / MR FIRST Ms. Diane L. NICKNAME LAST Kelley STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; 6657 Crestway Ct. Dallas, TX 75230 AREA CODE PHONE NUMBER (214) 682-5558 X January 15 30th day before convention / election Month Day Year O7/01/2024 THROUGH Month Day Year O3/03/2026 Republican COUNTY (If Application Dallas)	Index explains how to complete this form. Cities Commission Fibres City Complete this form. Complete		

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT: SUPPORT & TOTALS

FORM SC C/OH COVER SHEET PG 2

2 of 13

13 CANDIDATE NAME	West, Allen B. (Mr.)		14 Filer ID 000838	•	ommission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)		andidate's knowledge or cons	cal committees to support the can sent. Candidates are required to r		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
Ll °	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN T	REASURER NAME		
		COMMITTEE CAMPAIGN T	REASURER ADDRESS		
16 CONTRIBUTION TOTALS	1. TOTAL UNITEM OR GUARANTE		0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUA	RANTEES OF LOANS)	\$	365.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDIT	URES	\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$	1,332.70
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		TAINED AS OF THE LAST DAY C	\$	4,516.61
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		TANDING LOANS AS OF THE LA	\$	0.00
17 AFFADAVIT		true and	or affirm, under penalty of perjury, correct and includes all informatio le 15, Election Code.		
			Mr. Allen B. V	West	
			Signature of Ca	ndidate	_
AFFIX NO	TARY STAMP / SEAL ABO	DVE			
Sworn to and subsc	cribed before me, by the s	aid	, this the	e	day
of	, 20, to ca	ertify which, witness my hand	and seal of office.		·
Signature of office	er administering oath	Printed name of officer	administering oath T	itle of officer adminis	tering oath

SUBTOTALS - SC C/OH

FORM SC C/OH COVER SHEET PG 3

		o v Eix Oi ii	3 of 13						
18 CANDIDA West, All	TE NAME en B. (Mr.)	19 Filer ID 00083877	(Ethics Comm	nission Filers)					
l	LE SUBTOTALS SCHEDULE		SUBTOT	TAL AMOUNT					
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	365.00					
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS								
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$						
4.	SCHEDULE E: LOANS		\$						
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	1,332.70					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$						
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$						
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$						
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$						
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$						
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$						
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$						

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/13	
2	FILER NAME West, Allen I			3	Filer ID (Ethics Commission 00083877	ı Filers)
4	Date 07/13/2024	 Full name of contributor out-of-state PAC (ID#:_ May, Garold Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$50.00
_	<u> </u>	Mesquite, TX 75150	10 5 1 10 11 11			
8	Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)		
	Date 08/13/2024	Full name of contributor out-of-state PAC (ID#:_May, Garold Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Mesquite, TX 75150 pation / Job title (See Instructions)	Employer (See Instructions)		
	Retired	, , , , , , , , , , , , , , , , , , , ,	Retired	,		
	Date 09/13/2024	Full name of contributor out-of-state PAC (ID#:_ May, Garold Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Mesquite, TX 75150				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)		
	Date 10/13/2024	Full name of contributor out-of-state PAC (ID#:_ May, Garold Contributor address; City; State; Zip Code Mesquite, TX 75150			Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)		
	Date 11/13/2024	Full name of contributor out-of-state PAC (ID#:_ May, Garold Contributor address; City; State; Zip Code Mesquite, TX 75150			Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions))			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/13	
2	FILER NAME West, Allen			3	Filer ID (Ethics Commission 00083877	า Filers)
4	Date 12/13/2024	 Full name of contributor out-of-state PAC (ID#:_May, Garold Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$50.00
		Mesquite, TX 75150				
8	Principal occu Retired	ipation / Job title (See Instructions)	Employer (See Instructions Retired	s)		
	Date 09/04/2024	Full name of contributor out-of-state PAC (ID#:_ Sharpe, Taylor Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$25.00	
		Dallas, TX 75209				
	Principal occu Software De	upation / Job title (See Instructions) eveloper	Employer (See Instructions TMS Software, LLC	s)		
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#:_ Sharpe, Taylor Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$40.00	
	Principal occu	Dallas, TX 75209 upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Software De		TMS Software, LLC	٥,		

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	•		Vages	/Contract Labor		OTHER (enter a	a category not listed a	above)
ᆫ		_		The Instruction G	uide explains	now to co	mpie	ete tnis form.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 1/8 Rpt: 6/13		West, Allen	B. (Mr.)						00083877		
4	Date	5	Payee name									
	07/13/2024		Anedot, Inc									
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					
l	\$2.30			as Street, Suite	1770	·						
l												
			New Orlear	s, LA 70112								
8	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Fees					=			nplete Schedule T.	
	EXI ENDITORE							ш		officeholder livin		
								Anedot - Fun	ara	ising Platto	rm ⊢ee	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	(Office sou	ght			Office h	eld	
	experiditure to benefit C/O											
	Date		Payee name									
	08/13/2024		Anedot, Inc									
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$2.30		1340 Poydr	as Street, Suite	e 1770							
			New Orlean	s, LA 70112								
L	DUDDOCE	(-)					/b\					
	PURPOSE OF	(a)		ee Categories listed at	the top of this sch	nedule)	(D)	Description	nutei	de of Teyes Con	nplete Schedule T.	
	EXPENDITURE		Fees					=		officeholder livin		
								Anedot - Fun				
										· ·		
┢	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office h	eld	
l	expenditure to benefit C/O	Н										
⊨	Date	Г	Payee name									
	09/04/2024		Anedot, Inc									
L		L				7: 0						
	Amount (\$)		Payee addre	-		; Zip Co	ae					
l	\$1.30		1340 Poyar	as Street, Suite	21//0							
l			New Orlear	s, LA 70112								
	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
l	OF EXPENDITURE		Fees								nplete Schedule T.	
	EXI ENDITORE									officeholder livin		
								Anedot - Fun	dra	ising Platfo	rm ⊢ee	
L												
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	(Office sou	ght			Office h	eld	
L	CAPERIORATE TO DEFICIT C/OI											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1	: 2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/8 Rpt: 7/13	West, Allen B. (Mr.)	00083877
4 Date	5 Payee name	
09/13/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip C	Code
\$2.30		
	New Orleans, LA 70112	
8 PURPOSE		(b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	1 000	Check if Austin, TX, officeholder living expense
		Anedot - Fundraising Platform Fee
9 Complete ONLY if direct		ought Office held
expenditure to benefit C/	OH	
Date	Payee name	
09/26/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip C	code
\$1.90		
•		
	New Orleans, LA 70112	
DUDDOCE	1	(b) -
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees	Check if Austin, TX, officeholder living expense
		Anedot - Fundraising Platform Fee
Complete ONLY if direct		ught Office held
expenditure to benefit C/	OH	
Date	Payee name	
10/13/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip C	ode.
\$2.30		ouc
Ψ2.00	Joseph Oydras Street, State 1770	
	New Orleans I A 70112	
	New Orleans, LA 70112	_
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees	Check if Austin, TX, officeholder living expense
		Anedot - Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office so	Lought Office held
expenditure to benefit C/		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	is Expense	Salaries/M		e /Contract Labor		OTHER (enter a	strict a category not listed above)
	Credit Card Payment			The Instruction (Guide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	Filers)
	Sch: 3/8 Rpt: 8/13		West, Allen	B. (Mr.)						00083877		
4	Date	5	Payee name									
	11/13/2024		Anedot, Inc.									
6	Amount (\$)	7	Payee addres	s; City;	State;	; Zip Co	de					
	\$2.30		1340 Poydra	as Street, Suite	e 1770							
			New Orleans	s, LA 70112								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE	` '	Fees	e categories iistea ai	the top of this seri	eduic)		·	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITORE							—		officeholder livin		
								Anedot - Fund	dra	ising Platfo	rm Fee	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	C	Office sou	ght			Office h	eld	
		_										
	Date		Payee name									
	12/13/2024		Anedot, Inc.									
	Amount (\$)		Payee addres		•	; Zip Co	de					
	\$2.30		1340 Poydra	as Street, Suite	e 1770							
			New Orleans	s, LA 70112								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Fees					<u></u>			nplete Schedule T.	
								Anedot - Fund		officeholder livin		
								7.11.00.01		og . lett.o		
	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/OI						•					
-	Date	Π	Payee name									
	07/30/2024		•	LLC dba Red	Elephant Re	eports						
	Amount (\$)		Payee addres			; Zip Co	de					
	\$878.98		PO Box 953	-	Otato,	, <u>Lip</u> 00	uo					
	40.0.00		. 5 25% 555									
			Colleyville, T	TX 76034								
	PURPOSE	(0)	-			Ī	(h)	Description				
	OF	(a)	Accounting/F	e Categories listed at	the top of this sch	edule)	(D)	Description Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Accounting/	Danking				ш		officeholder livin		
								Campaign Bo	ok	keeping Se	rvices & Support	
	Complete ONLY if direct		Candidate/Offic	eholder name	C	Office sou	ght			Office h	eld	
L	expenditure to benefit C/OI	п 										

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 Committe

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	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: 4/8 Rpt: 9/13	West, Allen B. (Mr.) 00083877
4	Date	5 Payee name
	12/20/2024	CFO Shield, LLC dba Red Elephant Reports
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$304.88	PO Box 953
		Colleyville, TX 76034
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Bookkeeping Services & Support
		Sampaign Boomoo a cappon
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/19/2024	Project Broadcast, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.00	300 La vida Ct.
		Irving, TX 75062
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Text Messaging Service
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	08/19/2024	Project Broadcast, LLC
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$6.00	300 La vida Ct.
		Irving, TX 75062
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Text Messaging Service
		Campaign Text Wessaging Service
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/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 compl	ete this form.
1	. •	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/8 Rpt: 10/13	West, Allen B. (Mr.)	00083877
4		5 Payee name	
	09/19/2024	Project Broadcast, LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$7.46	300 La vida Ct.	
		In ting TV 7F062	
Ļ	DUDDOG	Irving, TX 75062	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
			Campaign Text Messaging Service
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	·		
	Date	Payee name	
	10/21/2024	Project Broadcast, LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.46	300 La vida Ct.	
		Indian TV 75000	
L		Irving, TX 75062	
	PURPOSE OF	,	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
			Campaign Text Messaging Service
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experience to benefit Gree		
	Date	Payee name	
	11/19/2024	Project Broadcast, LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$7.46	300 La vida Ct.	
		Indian TV 75002	
	DUDDOS-	Irving, TX 75062	
	PURPOSE OF	,	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
			Campaign Text Messaging Service
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experience to benefit C/OI	'	

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
Loan Services Salaries/Waces/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 con	-	te this form.
1	Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
	Sch: 6/8 Rpt: 11/13	West, Allen B. (Mr.)		00083877
4	Date	5 Payee name		•
	12/19/2024	Project Broadcast, LLC		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$7.46	300 La vida Ct.		
		Irving, TX 75062		
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.
	EXPENDITORE	- '		Check if Austin, TX, officeholder living expense
				Campaign Text Messaging Service
_				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
	Date	Payee name		
	07/22/2024	Truist Bank		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$15.00	214 N Tryon Street		
		Charlotte, NC 28202		
	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
				Monthly Service Charge
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI		JIIL	Office field
	Data			
	Date	Payee name		
	08/21/2024	Truist Bank		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$15.00	214 N Tryon Street		
		Charlotte, NC 28202		
	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 Monthly Service Charge
				monany corvide charge
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI		g. 11	Office field

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee I	Legal Services			ages	/Contract Labor		OTHER (enter	a category not listed a	bove)
		_		The Instruction Gu	ilde explains no	w to con	npie	ete tnis form.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 7/8 Rpt: 12/13		West, Allen	B. (Mr.)						00083877		
4	Date	5	Payee name									
	09/23/2024		Truist Bank									
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Cod	de					
	\$15.00		214 N Tryon	Street								
			Charlotte, N	C 28202								
8	PURPOSE	(2)					(h)	Description				
ľ	OF	^(a)	Category (See	e Categories listed at t	ne top of this schedu	ule)	(D)		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		rees					Check if Austin,				
								Monthly Servi	ice	Charge		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Off	ice soug	ght			Office h	neld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	10/21/2024		Truist Bank									
	Amount (\$)		Payee addres	s; City;	State;	Zip Cod	de					
	\$15.00		214 N Tryon			·						
	, , , ,		, -									
			Charlotte, N	C 20202								
	DUDDOGE	(-)					<i>(</i> 1)					
	PURPOSE OF	(a)		e Categories listed at t	ne top of this schedu	ule)	(D)	Description	outoi	do of Toyon Co	mplete Schedule T.	
	EXPENDITURE		Fees					Check if Austin,				
								Monthly Servi				
								,		J		
	Complete ONLY if direct		Candidate/Offic	eholder name	Offi	ice soug	ght			Office I	neld	
	expenditure to benefit C/O						,					
	Date		Payee name									
	11/21/2024		Truist Bank									
				- Cit-	Ot-t	7:- 0	-1 -					
	Amount (\$)		Payee addres	, ,,	State;	ZIP Coo	ae					
	\$15.00		214 N Tryon	Street								
			Charlotte, N	C 28202								
	PURPOSE OF	(a)	Category (Se	e Categories listed at t	ne top of this schedu	ule)	(b)	Description				
	EXPENDITURE		Fees					ш			mplete Schedule T.	
								Check if Austin, Monthly Servi			ng expense	
								WIGHTHIN SELVI	٠٠٦	Charge		
\vdash	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder namo	Off	ice soug	tdr			Office I	neld	
	expenditure to benefit C/O		zanandate/OIIIC	onoluci name	Oili	ioc soul	JIIL			Office I	iolu	

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/Political Credit Card Payment	- Committee	Legal Services	Gift/Awards/Memorials Expense Printing Expense			Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Cohedula Ed. L	2 FH FD 2		OAPIGITIS HOW TO CO	mpiete tilla lottili.	٦	Filer ID	(Ethics Commission Filers)	
_	Total pages Schedule F1: 2 Sch: 8/8 Rpt: 13/13		Allen B. (Mr.)			3	00083877	(Ethics Commission Filers)	
4	Date !	5 Payee i	name						
	12/23/2024	Truist I							
6	Amount (\$)	7 Payee a	address; City;	State; Zip Co	ode				
	\$15.00		Tryon Street tte, NC 28202						
8	PURPOSE	(a) Catego	ry (See Categories listed at the to	n of this cohodule)	(b) Description				
	OF EXPENDITURE	Fees	(See Categories listed at the to	p of this schedule)	Check if trav	stin, TX	ide of Texas. Com , officeholder living e Charge		
9	Complete ONLY if direct expenditure to benefit C/OH		e/Officeholder name	Office sou	ught		Office he	eld	