# 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 t	this form.	1 Filer ID			2 Total pages filed:		
The Go Groff modulen c	value explains now to complete t		(Ethics Commission File 00083877	IS)	1:	3		
3 CANDIDATE	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY		
NAME	Mr.	Allen B.			Date Received			
					ELECTRONICA	LLY FILED		
	NICKNAME	LAST		SUFFIX	07/14/2025			
	TWOTAW W.	West		<b>5</b> 0				
					Date Hand-delivered or	Date Postmarked		
4 CANDIDATE	ADDRESS / PO BOX; APT	/ SUITE#; C	CITY; STATE; ZIP C	CODE	- Date Haila do. To. 2	Date i ostinarios		
ADDRESS	1837 Eastern Hills Dr.				Receipt #	Amount		
Change of Address	Garland, TX 75043				Date Processed			
Change of Addicess					Sets less and			
					Date Imaged	Date illiageu		
5 CAMPAIGN	MS / MRS / MR	FIRST			MI			
TREASURER NAME		Frederick C.						
IVAIVIE								
	NICKNAME	LAST			SUFFIX			
		Tate						
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE)	 i: APT / SUITE #;	CITY;	STATE;	ZIP CODE		
TREASURER ADDRESS	959 W. Glade Rd	_ ,		•	•			
(Residence or Business)	Hurst, TX 76054							
<b>7</b> CAMPAIGN	AREA CODE	PHONE N	 NUMBER		EXTENSION			
TREASURER PHONE	(469) 290-7500							
FHONE	, .							
8 REPORT TYPE								
6 KEI OKI III E	January 15	30th day	y before convention / ele	ection	Runoff			
	X July 15	☐ 8th day	8th day before convention / election Final report (Attach SC C					
	X July 13	Filial Teport (7)	lldcii 3C C/OIT i Ny					
9 PERIOD	Month Day Yo	'ear			Month D	Day Year		
COVERED	01/01/2025		THROUGH			0/2025		
10 CONVENTION /	Month Day Yo	'ear	11 OFFIC		STATE CHAI			
ELECTION DATE			SOUG	HI	X COUNTY CH.	AIR		
· · <b>- · ·</b>								
12 POLITICAL PARTY	Republican			OUNTY (If Applica	able)			
			Do	allas				
		60	TO DACE 2					
		GO	TO PAGE 2					

#### 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.)			<b>14</b> Filer ID 00083877	(Ethics Com	mission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political expenditures by political committees to support the candidate. <i>These expenditures may I been made without the candidate's knowledge or consent.</i> Candidates are required to report this information only if they receive notice of such expenditures.								
Additional Pages COMMITTEE TYPE COMMITTEE NAME  GENERAL									
ш -	GENERAL								
		COMMITTEE ADI	DRESS						
	SPECIFIC								
		COMMITTEE CAN	MPAIGN TREASURER NAME						
		MPAIGN TREASURER ADDRES	SS						
16 CONTRIBUTION TOTALS	1. TOTAL UNITEM OR GUARANTE	\$	0.00						
		TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)							
EXPENDITURE TOTALS		\$	0.00						
	\$	841.08							
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE L	AST DAY OF THE	\$	3,975.53			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00			
17 AFFADAVIT			I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.						
			Mr	r. Allen B. West					
			Sign	ature of Candidate					
AFFIX NO	TARY STAMP / SEAL AB	OVE							
Sworn to and subso	cribed before me, by the s	aid		, this the		_ day			
			s my hand and seal of office.						
Signature of office	cer administering oath	Printed name	of officer administering oath	Title of office	cer administeri	ng oath			

### SUBTOTALS - SC C/OH

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

			C	JVEK S	3 of 13
I	ANDIDAT	(Ethics Co	mmission Filers)		
I	ME OF	SUBT	TOTAL AMOUNT		
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	300.00	
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	6	\$	841.08
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	DNS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	

	MONEI	ARY POLITICAL CONTRI	BUTION	15		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains how to comple	m.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/13		
2	FILER NAME West, Allen I	3. (Mr.)			3 Filer ID (Ethics Commission Filers) 00083877		
4	Date 01/13/2025	1/13/2025 May, Garold  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$50.00	
8	Principal occu Retired	Mesquite, TX 75150 pation / Job title (See Instructions)	9	Employer (See Instructions Retired	<u> </u> ;)		
	Date 02/13/2025					Amount of Contribution (\$)	\$50.00
	Principal occupation / Job title (See Instructions)  Retired  Employer (See Instructions)  Retired				<u> </u> 5)		
	Date 03/13/2025					Amount of Contribution (\$)	\$50.00
	Principal occu	Mesquite, TX 75150 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Retired	,		Retired			
04/13/2025 May, Garold  Contributor address;			e PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> 5)		
	Date Full name of contributor out-of-state PAC (ID#: 05/13/2025 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	5)		

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/13
2	FILER NAME West, Allen B. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00083877
4	Date  06/13/2025  Full name of contributor	7 Amount of Contribution (\$) \$50.00
8	Mesquite, TX 75150  Principal occupation / Job title (See Instructions)  Retired  9 Employer (See Instructions)  Retired	tructions)

#### 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
Lead Services Salaries/Wages/Contract Labor

	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: 1/8 Rpt: 6/13	West, Allen B. (Mr.) 00083877
4	Date	5 Payee name
	01/13/2025	Anedot, Inc.
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  Anedot - Fundraising Platform Fee
		/ tredot i dildraising i lattorni i ee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/OI	
	Date	Payee name
	02/13/2025	Anedot, Inc.
	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  Anedot - Fundraising Platform Fee
		/ tredot i dildraising i lattorni i ee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/13/2025	Anedot, Inc.
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Anedot - Fundraising Platform Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### 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 complete t	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	•
	04/13/2025	Anedot, Inc.	
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) De	escription
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE		Check if Austin, TX, officeholder living expense
		Ai	nedot - Fundraising Platform Fee
0	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	Complete ONLY if direct expenditure to benefit C/OI		Office neid
	Date	Payee name	
	05/13/2025	Anedot, Inc.	
	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)	escription
	EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Li   Ar	nedot - Fundraising Platform Fee
			3
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	4	
	Date	Payee name	
	06/13/2025	Anedot, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2.30	1340 Poydras Street, Suite 1770	
		,	
		New Orleans, LA 70112	
	PURPOSE	1	escription
	OF	(a) Category (See Categories listed at the top of this schedule) (b) De Fees	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		Ar	nedot - Fundraising Platform Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit 6/01	•	

#### SCHEDULE F1

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

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

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: 3/8 Rpt: 8/13	West, Allen B. (Mr.) 00083877
4	Date	5 Payee name
	01/13/2025	CFO Shield, LLC dba Red Elephant Reports
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$76.22	PO Box 953
		Colleyville, TX 76034
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Bookkeeping Services & Support
		Campaigh Bookkeeping Scrivices & Support
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$	Data	Para a sana
	Date	Payee name
	03/11/2025	CFO Shield, LLC dba Red Elephant Reports
	Amount (\$)	Payee address; City; State; Zip Code
	\$89.46	PO Box 953
		Colleyville, TX 76034
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Bookkeeping Services & Support
		Campaigh Bookkeeping Services & Support
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	03/25/2025	CFO Shield, LLC dba Red Elephant Reports
	Amount (\$)	Payee address; City; State; Zip Code
	\$294.97	PO Box 953
		Colleyville, TX 76034
	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
		Campaigh bookkeeping Services & Support
_	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 -

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	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
	04/09/2025	CFO Shield, LLC dba Red Elephant Reports
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$76.22	PO Box 953
		Colleyville, TX 76034
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Bookkeeping Services & Support
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/05/2025	CFO Shield, LLC dba Red Elephant Reports
	Amount (\$)	Payee address; City; State; Zip Code
	\$76.22	PO Box 953
		Colleyville, TX 76034
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign Bookkeeping Services & Support
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/09/2025	CFO Shield, LLC dba Red Elephant Reports
	Amount (\$)	Payee address; City; State; Zip Code
	\$76.22	PO Box 953
		Colleyville, TX 76034
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Bookkeeping Services & Support
		Campaign Bookkeeping Cervices a Capport
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### 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/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: 5/8 Rpt: 10/13	West, Allen B. (Mr.) 00083877
4	Date	5 Payee name
	01/21/2025	Project Broadcast, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$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.  Check if Austin, TX, officeholder living expense
		Campaign Text Messaging Service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/19/2025	Project Broadcast, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.46	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Text Messaging Service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Davisa nama
	03/19/2025	Payee name Project Broadcast, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.46	300 La vida Ct.
	Ψ1.40	300 La vida Gi.
		Irving, TX 75062
	PURPOSE	To.
	OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Text Messaging Service
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 6/8 Rpt: 11/13	West, Allen B. (Mr.) 00083877
4	Date	5 Payee name
	04/21/2025	Project Broadcast, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.53	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
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Text Messaging Service
_	Occupation ONLY if allowed	Our did at 10th a halden game.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/19/2025	Project Broadcast, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.53	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.
		Compains Toyt Massaging Sonice
		Campaign Text Messaging Service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Pouro nomo
	06/20/2025	Payee name Project Broadcast, LLC
		<u> </u>
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.53	300 La vida Ct.
		Irving, TX 75062
	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
		Campaign Text Messaging Service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### 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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)					
		_					_					
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 7/8 Rpt: 12/13		West, Allen	B. (Mr.)						00083877		
4	Date	5	Payee name									
	01/21/2025		Truist Bank									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$15.00		214 N Tryon	Street								
			Charlotte, N	C 28202								
8	PURPOSE	(a)			N A	ali da X	(b)	Description				
	OF	( ,	Fees	e Categories listed at	the top of this scrie	dule)	()		outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE		1 003					<b>=</b>		officeholder livir		
								Monthly Servi	ice	Charge		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	0:	ffice sou	ght			Office h	neld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	02/21/2025		Truist Bank									
	Amount (\$)	H	Payee addres	ss; City;	State:	Zip Co	de					
	\$15.00		214 N Tryon		,							
	Ψ10.00		21+11 11yon	Gueet								
			Ola a ul atta Ni	0.0000								
			Charlotte, N	C 28202								
	PURPOSE OF	(a)	Category (Se	e Categories listed at	the top of this sche	dule)	(b)	Description				
	EXPENDITURE		Fees					<b>=</b>			mplete Schedule T.	
								Monthly Servi		officeholder livir	ig experise	
								Worlding Servi	icc	Charge		
_	Complete ONLY if direct	<u> </u>	Candidate/Offic	Seholder name	0:	ffice sou	aht			Office h	nold	
	expenditure to benefit C/O		zandidate/Onic	cholder hame	O.	ilice sou	yııı			Office i	ieiu	
_		_										
	Date		Payee name									
	03/21/2025		Truist Bank									
	Amount (\$)		Payee addres		State;	Zip Co	de					
	\$15.00		214 N Tryon	Street								
			Charlotte, N	C 28202								
	PURPOSE	(a)	Category (See	e Categories listed at	the top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Fees								mplete Schedule T.	
	EXPENDITORE							_		officeholder livir	ng expense	
								Monthly Servi	ice	Charge		
	Complete ONLY if direct		Candidate/Offic	ceholder name	O	ffice sou	ght			Office h	neld	
L	expenditure to benefit C/O	Н										

#### SCHEDULE F1

Advertising Expense Ev Accounting/Banking Fe Consulting Expense Fo Contributions/ Donations Made By - Gil Candidate/Officeholder/Political Committee Le

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 Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 8/8 Rpt: 13/13	West, Allen B. (Mr.) 00083877
4	Date	5 Payee name
	04/21/2025	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	Fees  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Monthly Service Charge
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/21/2025	Truist Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$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	Condidate/Officeholder name Office county Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/23/2025	Truist Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$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
		Worlding Service Charge
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	