CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST MI 3 CANDIDATE/ OFFICE USE ONLY OFFICEHOLDER Mr Dax NAME Date Received LAST NICKNAME SUFFIX West ö 4 CANDIDATE/ ADDRESS / PO BOX; APT | SUITE #, STATE; ZIP CODE **OFFICEHOLDER** 710 County Road 168 MAILING Whitesboro Texas 76240 **ADDRESS** 4 Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ EXTENSION Date Hand-delivered of Date Postmarked **OFFICEHOLDER** (940)7278934 PHONE Amcunt \$ Receipt # 6 CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Karon Mrs Date Processed NAME LAST NICKNAME SUFFIX Date imaged Sullivant STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN CITY: STATE: ZIP CODE TREASURER 1219 County Road 147 **ADDRESS** Gainesville, Texas 76240 (Residence or Business) AREA CODE PHONE NUMBER 8 CAMPAIGN EXTENSION **TREASURER** PHONE (940 902-9457 9 REPORT TYPE 30th day before election 15th day after campaign January 15 Runoff treasurer appointment (Officeholder Only) Exceeded Modified

	05 / 28 /	24	General	Special		
12 OFFICE	OFFICE HELD (if any)		and the second second	13 OFFICE SOUGHT (If known) Cooke County Commissioner Pct 1		
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THE CANDIDATE / OFFICE	EHOLDER. THES	SE EXPENDITURES MAY	PTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR DREPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE	CAMPAIGN TREASU	RER ADDRESS		

8th day before election

Primary

Year

Reporting Limit

THROUGH

Runoff

Month

05

ELECTION TYPE

Other Description

Day

18

10 PERIOD

COVERED

11 ELECTION

July 15

Month

02

ELECTION DATE

Day

25

Final Report (Attach C/OH - FR)

Year

/ 24

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

IS C/OH NAME			16 Filer ID	(Ethics Co	ommission Filers)
Dax West				(=	,
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITIC PLEDGES, LOANS, OR GUAR CONTRIBUTIONS MADE ELE		IAN	\$	
	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LOA	IBUTIONS ANS, OR GUARANTEES OF LOAN	IS)	\$	20400
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	AL EXPENDITURE.		\$	
	4. TOTAL POLITICAL EXPEN	DITURES		s 14	736.61
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBL OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE I	LAST DAY	s 56	63.39
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT (LAST DAY OF THE REPORTION	OF ALL OUTSTANDING LOANS AS NG PERIOD	OF THE	\$	10000
(1) Affidavit	Silver Colling	plete either option belo	√•• .		
(1) Affidavit	MTY				
NOTARY STAMP/SEAL Sworn to and subscribed 20 24 , to certify Characteristics Signature of officer administer	before me by Dax W which, witness my hand and seal of office. Pan H ing path Printed name of or	this the start of			May.
(2) Unsworn Declaration					
		, and my date of birth	1 IS		
My address is	(street)	(city)	(state) (z	in code)	(country)
Executed in	County, State of	, on the day of		, 20 (year)	, array/
		(mc		(year)	
		Signature of Car	ndidate/Officeh	older (Dec	larant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FIL Dax	Filer ID (Ethics Commi	ssion Filers)		
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	5200	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.	SCHEDULE E: LOANS	\$		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIB	UTIONS \$	3187.50	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s	450	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONT	RIBUTIONS \$	0	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSIN	NESS OF C/OH \$	0	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIB	BUTIONS \$	0	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED \$	0	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

in the requested information to the applicable, 50 Not include this page in the report.							
The	Instruction Guide explains how to	complete this	s form.	1 Total pages Schedule A1:			
2 FILER NAME Dax Wes	st			3 Filer ID (Ethics Commission Filers)			
4 Date 05/02/2024	5 Full name of contributor Karen Shauf 6 Contributor address;	out-of-state PA	State; Zip Code	7 Amount of contribution (\$) 500			
8 Principal occu retired	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)			
Date 04/28/2024	Full name of contributor Vickie Marriott Contributor address;	out-of-state PA	State; Zip Code TX 76240	Amount of contribution (\$) 2500			
Principal occup CFO	nation / Job title (See Instructions)		Employer (See Instruct Marriott Properti				
Date 04/28/2024	Full name of contributor Sandra Goode Contributor address;	out-of-state PA	State; Zip Code TX 76240	Amount of contribution (\$) 2000			
Principal occup retired	pation / Job title (See Instructions)		Employer (See Instruct	tions)			
Date 03/18/2024	Full name of contributor Mack Wesson Contributor address;	out-of-state PA	State; Zip Code	Amount of contribution (\$)			
Principal occup President	pation / Job title (See Instructions)		Employer (See Instruct Swingle Collins				
	ATTACH ADDITION		OF THIS SCHEDULE AS N				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Fees Cod/Beverage Expense Fees Fees Fees Fees Fees Fees Fees		Office Ove Polling Exp Printing Ex		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 explain	s how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N				3 Filer ID (Ethi	cs Commission Filers)
4 Date	5 Payee na					
05/06/2024	The We	ekly News				
1086.50	7 Payee as 216 W F	^{ddress;} Pecan Gainesville, TX	76240	City;	State;	Zip Code
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Adverti	sing		Newspaper A	d	
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Aust	lin, TX, officeholder livi	ng expense
9 Complete ONLY if direct expenditure to benefit C/O		late / Officeholder name Vest	C	Office sought Cooke County Commi	ssioner	Office held
Date	Payee na	ime				
05/18/2024	KGAF					
Amount (\$)	Payee ac	ddress;		City;	State;	Zip Code
1200	401 Radio Hill Road Gainesville, TX 76240					
	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	Adverti	ising		Radio Ad		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living					ng expense
Complete ONLY if direct	Candid	ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	Dax	West	C	Cooke County Commis	ssioner	
Date	Payee na	ame				
05/13/2024	Gainesv	ille Daily Register				
Amount (\$)	Payee ac	idress;		City;	State;	Zip Code
900	306 E C	alifornia Gainesville, T	X 7624	10		
	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	Advertis	sing		Newspaper Ad	d	
		Check if travel outside of Texas. Complete Se	chedule T.	Check if Austi	in, TX, officeholder livir	ng expense
Complete ONLY if direct		ate / Officeholder name		Office sought		Office held
expenditure to benefit C/OF	Dax V	Vest	Co	ooke County Commiss	sioner	
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEI	EDED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

	EXPENDITURE CATEGORIE	ES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	Fees Office Food/Beverage Expense Pollin y Glft/Awards/Memorials Expense Printi	Repayment/Reimbursement e Overhead/Rental Expense ng Expense ing Expense rles/Wagea/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
	The Instruction Guide explains how	to complete this form.					
1 Total pages Schedule F2:	2 FILER NAME Dax West		3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATI	ONS	\$				
5 Date	6 Payee name		-				
05/21/2024	Gainesville Daily Register						
7 Amount (\$)	8 Payee address;	City;	State; Zip Code				
450	306 E California St						
9 TYPE OF EXPENDITURE	■ Political No.	n-Political					
10	(a) Category (See Categories listed at the top of this schedul	(b) Description					
PURPOSE OF EXPENDITURE	Advertising	Newspaper /	er Ad				
	(C) Check if travel outside of Texas. Complete Schedule	T. Check if Au	istin, TX, officeholder living expense				
11 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Dax West	Office sought Cooke County Commi	Office held ssioner				
Date	Payee name						
Amount (\$)	Payee address;	City;	State; Zip Code				
TYPE OF EXPENDITURE	■ Political No	on-Political					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul	Description					
	Check if travel outside of Texas. Complete Schedulk	ustin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held				
`	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NE	EEDED				

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

		EXPENDITURE CATE	GORIES 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 Gitt/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repayment/Reimbus Office Overhead/Rental E: Polling Expense Printing Expense Salaries/Mages/Contract I is how to complete this	xpense Transpo Travel In Travel C Labor Other (e	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 H:	2 FILER N	AME		3 Filer	ID (Ethics	Commission Filers)	
4 Date	5 Business	name					
6 Amount (\$)	7 Business	address;	C	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this so	(b) Descript	tion			
	(c)	Check if travel outside of Texas. Complete Sci	nedule T. Che	ck if Austin, TX, officel	holder living exp	pense	
9 Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name	Office sough	t	C	Office held	
Date	Business	name					
Amount (\$)	Business	address;	C	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule) Descript	ion			
		Check if travel outside of Texas. Complete Sol	ck if Austin, TX, officeh	nolder living exp	ense		
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name	Office sough	t	C	Office held	
Date	Business	name					
Amount (\$)	Business	address;	C	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this se	chedule) Descrip	tion			
EN ENDIONE		Check if travel outside of Texas. Complete Sci	nedule T. Che	ck if Austin, TX, officel	holder living exp	pense	
Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name	Office sough	it	C	Office held	
	АТТ	ACH ADDITIONAL COPIES	OF THIS SCHEDULE	AS NEEDED			