

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

20

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr. Matthew
Matt Herzberg

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1102 Star Grass Dr. Mansfield, TX 76063

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 629-4751

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mrs. Linette
Armstrong

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

625 Cobblestone Circle Mansfield TX 76063

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 343-2987

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

Jan / 19 / 2024 THROUGH March / 25 / 2024

11 ELECTION

ELECTION DATE

Month

Day

Year

May / 4 / 2024

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Mansfield ISD School Board Place 1

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

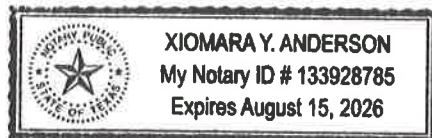
16 C/OH NAME <u>Matthew J. Herzberg</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>4018.29</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4070.15</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2167.44</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Matthew J. Herzberg
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Matthew Herzberg this the 1 day of April,
20 24, to certify which, witness my hand and seal of office.
Xiomara Anderson Xiomara Anderson Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.
My address is _____,
(street) (city) (state) (zip code) (country)
Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

Matthew J. Herzberg

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4018.29
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1850.85
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2219.30
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2219.30
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Matthew J. Herzberg		3 Filer ID (Ethics Commission Filers)
4 Date 1/26/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reendra Johnson 6 Contributor address; City; State; Zip Code 6310 S. State Hwy 360 Apt. 223 Grand Prairie TX 75052	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Project Manager		9 Employer (See Instructions) Blueprint Test Prep
Date 1/26/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Galley Contributor address; City; State; Zip Code 6460 Curzon Ft. Worth TX 76116	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) FWISD
Date 1/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leslie Boyer Contributor address; City; State; Zip Code 2604 Granite Hill Dr Leander TX 78641	Amount of contribution (\$) 104.42
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Leander ISD
Date 1/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim Klingman Contributor address; City; State; Zip Code 100 Willow Creek Cir Mansfield TX 76063	Amount of contribution (\$) 104.42
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) MLISD
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Matthew J. Herzberg		3 Filer ID (Ethics Commission Filers)
4 Date 1/27/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Nelson 6 Contributor address; City; State; Zip Code 5700 Lochmoor Dr Riverside CA 92507	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) Asst. Principal		9 Employer (See Instructions) RUSD
Date 1/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Dudley Contributor address; City; State; Zip Code 2109 Cold Springs Dr Arlington TX 76017	Amount of contribution (\$) 52.37
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) MISD
Date 1/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia and Clancy Spencer Contributor address; City; State; Zip Code 5014 Ridgehurst Ln Midlothian TX 76065	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) MISD
Date 1/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Miller Contributor address; City; State; Zip Code 4342 Edgewood Pl Riverside CA 92506	Amount of contribution (\$) 26.34
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) School
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Matthew J. Herzberg		3 Filer ID (Ethics Commission Filers)
4 Date 1/27/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia Wilson 6 Contributor address; City; State; Zip Code 141 Digby Court Riverside CA 92506	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) RUSD
Date 1/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy Toombs Contributor address; City; State; Zip Code 4105 Water Park Cir Mansfield TX 76063	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) MISD
Date 1/28/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawn Welch Contributor address; City; State; Zip Code 7459 Gallo Grand Prairie TX 75054	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Dallas ISD
Date 1/29/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kyle McKinney Contributor address; City; State; Zip Code 6800 Cherry Sage Court Arlington TX 76001	Amount of contribution (\$) 26.34
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Matthew J. Herzberg		3 Filer ID (Ethics Commission Filers)
4 Date 1/29/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nancy Herzberg 6 Contributor address; City; State; Zip Code 2607 Tilden LN Venus Tx 76084	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions) Unemployed		9 Employer (See Instructions) Unemployed
Date 1/29/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carl Herzberg Contributor address; City; State; Zip Code 34675 Yale Dr Yucaipa CA 92399	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Programmer		Employer (See Instructions) San Bernardino County
Date 1/29/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jan North Contributor address; City; State; Zip Code 5915 Pleasant Wood Trl Arlington TX 76016	Amount of contribution (\$) 26.34
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed
Date 1/29/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Allyson Rodriguez Contributor address; City; State; Zip Code 802 S. 182nd ST Elkhorn NE 68022	Amount of contribution (\$) 52.37
Principal occupation / Job title (See Instructions) Radio Host & Library Specialist		Employer (See Instructions) KVND
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Matthew J. Herzberg		3 Filer ID (Ethics Commission Filers)
4 Date 2/2/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bettie Saccardo 6 Contributor address; City; State; Zip Code 2111 Field Lane Mansfield TX 76063	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Diagnostician		9 Employer (See Instructions) Hill County SSA
Date 2/3/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Natoli Contributor address; City; State; Zip Code 1861 Robin Whipple Way Belmont CA 94002	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed
Date 2/3/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gail Wiggins Contributor address; City; State; Zip Code 1404 Wheeler Dr Mansfield TX 76063	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed
Date 2/3/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alice Ford Contributor address; City; State; Zip Code 619 Soledad Rd. Arlington TX 76002	Amount of contribution (\$) 52.37
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) MISD
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Matthew J. Herzberg		3 Filer ID (Ethics Commission Filers)
4 Date 2/4/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linda Hume 6 Contributor address; City; State; Zip Code 5612 Polo Club Dr Arlington TX 76017	7 Amount of contribution (\$) 15.93
8 Principal occupation / Job title (See Instructions) Unemployed		9 Employer (See Instructions) Unemployed
Date 2/7/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Amy Grubbs Contributor address; City; State; Zip Code 1020 Kingston Dr Mansfield TX 76063	Amount of contribution (\$) 30.00
Principal occupation / Job title (See Instructions) Owner / Therapist		Employer (See Instructions) Amy Grubbs LPC PLLC
Date 2/23/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gerald Johnson Contributor address; City; State; Zip Code 1100 Star Grass Dr Mansfield TX 76063	Amount of contribution (\$) 52.37
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed
Date 2/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Erin Finn Contributor address; City; State; Zip Code 254 N State Hwy 360 Mansfield TX 76063	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) MISD
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Matthew J. Herzberg		3 Filer ID (Ethics Commission Filers)
4 Date 2/26/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Chi Mai 6 Contributor address; City; State; Zip Code 520 Carnation Ln Mansfield Tx 76063	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Senior Engineer		9 Employer (See Instructions) US Govt Accountability Office
Date 2/29/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Linette Armstrong Contributor address; City; State; Zip Code 625 Cobblestone Cir Mansfield Tx 76063	Amount of contribution (\$) 104.42
Principal occupation / Job title (See Instructions) Part Time Clerical		Employer (See Instructions) MISD
Date 3/1/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James Bennett Contributor address; City; State; Zip Code 920 Shady Lake Dr Bedford Tx 76021	Amount of contribution (\$) 104.42
Principal occupation / Job title (See Instructions) Administration		Employer (See Instructions) Carroll ISD
Date 3/1/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kristen McAfee Contributor address; City; State; Zip Code 3261 Katy Ct E. Midlothian Tx 76065	Amount of contribution (\$) 10.72
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) MISD
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Matthew J. Herzberg		3 Filer ID (Ethics Commission Filers)
4 Date 3/1/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robyn Rinearson 6 Contributor address; City; State; Zip Code 1052 Caprock Ct Graford TX 76449	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Principal		9 Employer (See Instructions) Windham SD
Date 3/2/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly McCollum Contributor address; City; State; Zip Code 4501 Ashbury Ln Mansfield TX 76063	Amount of contribution (\$) 52.37
Principal occupation / Job title (See Instructions) Manager of Instructional Team		Employer (See Instructions) Fullstack Academy
Date 3/3/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tamara Pinson Contributor address; City; State; Zip Code 3314 Abbey Rd Mansfield TX 76063	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) First Faith Pre School
Date 3/3/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virginia Roberson Contributor address; City; State; Zip Code 1000 Star Grass Dr Mansfield TX 76063	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Matthew J. Herzberg		3 Filer ID (Ethics Commission Filers)
4 Date 3/4/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim Bair 6 Contributor address; City; State; Zip Code 2735 Ferdinand Grand Prairie Tx 75054	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Yoga Instructor		9 Employer (See Instructions) THR
Date 3/6/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Walton Contributor address; City; State; Zip Code 1813 Clear Summit Ln Mansfield Tx 76063	Amount of contribution (\$) 30.00
Principal occupation / Job title (See Instructions) Teaching Asst		Employer (See Instructions) UNT
Date 3/6/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Castellanes Contributor address; City; State; Zip Code 7496 Tormes Grand Prairie TX 75054	Amount of contribution (\$) 52.37
Principal occupation / Job title (See Instructions) Student Nutrition Mgr		Employer (See Instructions) MISD
Date 3/6/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridget Stack Contributor address; City; State; Zip Code 2013 Perry Dr Mansfield Tx 76063	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) Secretary		Employer (See Instructions) MISD
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>10</u>
2 FILER NAME <u>Matthew J. Hertzberg</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/18/24</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Andy Box</u> 6 Contributor address; City; State; Zip Code <u>2824 Pescadero Dr Grand Prairie TX 75054</u>	7 Amount of contribution (\$) <u>100.00</u>
8 Principal occupation / Job title (See Instructions) <u>Flight Dispatcher</u>		9 Employer (See Instructions) <u>Southwest Airlines</u>
Date <u>3/19/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jennifer Smith</u> Contributor address; City; State; Zip Code <u>517 Promise Creek Dr Arlington TX 76002</u>	Amount of contribution (\$) <u>10.72</u>
Principal occupation / Job title (See Instructions) <u>High School Counselor</u>		Employer (See Instructions) <u>MISD</u>
Date <u>3/24/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ben Mason</u> Contributor address; City; State; Zip Code <u>2916 LaRoda Grand Prairie TX 75054</u>	Amount of contribution (\$) <u>50.00</u>
Principal occupation / Job title (See Instructions) <u>Consultant</u>		Employer (See Instructions) <u>Schneider Electric</u>
Date <u>3/24/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Dawn Candler</u> Contributor address; City; State; Zip Code <u>7235 Frontera Grand Prairie TX 75054</u>	Amount of contribution (\$) <u>25.00</u>
Principal occupation / Job title (See Instructions) <u>Counselor</u>		Employer (See Instructions) <u>MISD</u>
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Matthew J. Herzberg</i>		3 Filer ID (Ethics Commission Filers)	
4 Date		5 Payee name			
6 Amount (\$)		7 Payee address;		City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date	Payee name				
<i>2/23/24</i>	<i>Fedex Office</i>				
Amount (\$)	Payee address;		City;	State;	Zip Code
<i>20.24</i>	<i>5220 State Hwy</i>		<i>Grand Prairie</i>	<i>TX</i>	<i>75052</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<i>Printing Expense</i>		<i>Print Posters</i>		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date	Payee name				
<i>2/27/24</i>	<i>Southwest Auto</i>				
Amount (\$)	Payee address;		City;	State;	Zip Code
<i>323.13</i>	<i>2090 FM 157 #1</i>		<i>Mansfield</i>	<i>TX</i>	<i>76063</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<i>Advertising Expense</i>		<i>T-Shirts</i>		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME <i>Matthew J. Herzberg</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>2/27/24</i>		5 Payee name <i>Vistaprint</i>			
6 Amount (\$) <i>413.97</i>		7 Payee address; City; State; Zip Code <i>275 Wyman ST Waltham MA 02451</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		(b) Description <i>Door Hangers</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>3/4/24</i>		Payee name <i>Target</i>			
Amount (\$) <i>4.64</i>		Payee address; City; State; Zip Code <i>1801 U.S. 287 Mansfield TX 76063</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Overhead/rental expense</i>		Description <i>Office Supplies</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <i>3/5/24</i>		Payee name <i>Fedex Office</i>			
Amount (\$) <i>41.14</i>		Payee address; City; State; Zip Code <i>111 W. Debbie LN Mansfield TX 76063</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		Description <i>Print flyers</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME Matthew J. Herzberg		3 Filer ID (Ethics Commission Filers)	
4 Date 3/6/24		5 Payee name Tractor Supply			
6 Amount (\$) 155.56		7 Payee address; 1550 Hwy 157		City; Mansfield TX	State; TX
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Stakes for road signs	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 3/9/24		Payee name Tractor Supply			
Amount (\$) 30.30		Payee address; 1550 Hwy 157		City; Mansfield TX	State; TX
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description Stakes for road signs	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 3/11/24		Payee name Facebook			
Amount (\$) 18.20		Payee address; 1 Hacker Way		City; Menlo Park CA	State; CA
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description Ads	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Matthew J. Herzberg</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3/14/24</i>		5 Payee name <i>Vistaprint</i>			
6 Amount (\$) <i>140.28</i>		7 Payee address; City; State; Zip Code <i>275 Wyman ST Waltham MA 02451</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		(b) Description <i>Pass Along Cards</i>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>3/15/24</i>		Payee name <i>In Now Magazine</i>			
Amount (\$) <i>665.50</i>		Payee address; City; State; Zip Code <i>413 W. Main ST Waxahachie TX 75165</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <i>Ad in magazine</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>3/21/24</i>		Payee name <i>El Primo's</i>			
Amount (\$) <i>37.89</i>		Payee address; City; State; Zip Code <i>2300 Matlock RD Mansfield TX 76063</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>		Description <i>Campaign Kick Off</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME Matthew J. Herzberg	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0	
5 CREDIT CARD ISSUER	Name of financial institution Barclay's U.S.	
6 PAYMENT	(a) Amount Charged \$ 24.89	(b) Date Expenditure Charged 1/28/24
	(c) Date(s) Credit Card Issuer Paid 2/12/24	
7 PAYEE	(a) Payee name Wix	(b) Payee address; City, State, Zip Code 7095 Hollywood Blvd Los Angeles CA 90028
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Website hosting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held
PAYMENT	(a) Amount Charged \$ 200.00	(b) Date Expenditure Charged 1/31/24
	(c) Date(s) Credit Card Issuer Paid 3/12/24	
PAYEE	(a) Payee name KL Marketing	(b) Payee address; City, State, Zip Code 2600 Lazy Dog Ln Northlake TX 76247
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description website Development
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held
PAYMENT	(a) Amount Charged \$ 1947.96	(b) Date Expenditure Charged 2/21/24
	(c) Date(s) Credit Card Issuer Paid 3/12/24	
PAYEE	(a) Payee name Edward + Patterson Signs	(b) Payee address; City, State, Zip Code 203 S. Bettline Rd Irving TX 75060
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Yard and road signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES
SCHEDULE F4:

2 FILER NAME

Matthew J. Herzberg

3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$ 8

5 CREDIT CARD
ISSUER

Name of financial institution

Barclay's U.S.

6 PAYMENT

(a) Amount Charged

\$ 24.89

(b) Date Expenditure Charged

2/28/24

(c) Date(s) Credit Card Issuer Paid

3/12/24

7 PAYEE

(a) Payee name

Wix

(b) Payee address;

City,

State, Zip Code

7095 Hollywood Blvd Los Angeles CA 90028

8 PURPOSE OF
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Fees

(b) Description

Website Hosting



Political



Non-Political

(c) ☐ Check if travel outside of Texas. Complete Schedule T.



Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

PAYMENT

(a) Amount Charged

\$ 21.56

(b) Date Expenditure Charged

3/5/24

(c) Date(s) Credit Card Issuer Paid

3/12/24

PAYEE

(a) Payee name

Lazze

(b) Payee address;

City,

State, Zip Code

1800 Seaport Blvd Redwood City CA 94063

PURPOSE OF
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Advertising Expense

(b) Description

Campaign Buttons



Political



Non-Political

(c) ☐ Check if travel outside of Texas. Complete Schedule T.



Check if Austin, TX, officeholder living expense

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

PAYMENT

(a) Amount Charged

\$

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

(b) Payee address;

City,

State, Zip Code

PURPOSE OF
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

(b) Description



Political



Non-Political

(c) ☐ Check if travel outside of Texas. Complete Schedule T.



Check if Austin, TX, officeholder living expense

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME <i>Matthew Herzberg</i>		3 Filer ID (Ethics Commission Filers)				
4 Date <i>2/12/24</i>		5 Payee name <i>Barclays U.S.</i>						
6 Amount (\$) <i>24.89</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <i>P.O. Box 60517 City of Industry CA 91716</i>						
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Credit Card Payment</i>		(b) Description <i>Credit Card Payment</i>				
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held						
Date <i>3/12/24</i>		Payee name <i>Barclays U.S.</i>						
Amount (\$) <i>2194.41</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <i>P.O. Box 60517 City of Industry CA 91716</i>						
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Credit Card Payment</i>		Description <i>Credit Card Payment</i>				
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held						
Date		Payee name						
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code						
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description				
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>						Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held						

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name <u>Matthew J. Herzberg</u>	Filer ID #
------------------------------------------	------------

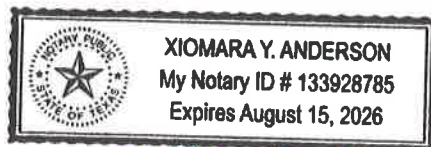
OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

1. I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the 30th day before election report due on 4/5/24.
I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL



Matthew J. Herzberg
Signature of Filer

Sworn to and subscribed before me by Matthew Herzberg this the 1 day of April

20 24, to certify which, witness my hand and seal of office.

Xiomara Anderson
Signature of officer administering oath

Xiomara Anderson
Printed name of officer administering oath

Notary Public
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____
(month) (year)

Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**