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: 12

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: | FIRST: Dr. Matt | MI:

NICKNAME: | LAST: Friez | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

ADDRESS / PO BOX: [redacted] | APT / SUITE #: | CITY: Midland, TX 79701 | STATE: | ZIP CODE:

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE | PHONE NUMBER: [redacted] | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: | FIRST: John G | MI:

NICKNAME: JG | LAST: Samuell | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): [redacted] | APT / SUITE #: | CITY: Midland, TX 79705 | STATE: | ZIP CODE:

8 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER: [redacted] | EXTENSION:

OFFICE USE ONLY

Date Received: RECEIVED OCT 28 2024 BY: [signature]

Date Hand-delivered or Date Postmarked:

Receipt # | Amount $

Date Processed:

Date Imaged:

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
	9	27	24
THROUGH	10	26	24

11 ELECTION

ELECTION DATE: Month 11 / Day 5 / Year 24

ELECTION TYPE:

- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ■ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): Midland ISD 4

14 NOTICE FROM POLITICAL COMMITTEE(S)

Additional Pages

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

- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	16 Filer ID (Ethics Commission Filers)
Dr. Matt Friez	

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 0.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 1,210.25
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 35,102.66
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 22,709.75
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 67,000.00

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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

SANDY DURAN RAMIREZ
My Notary ID # 128763532
Expires October 7, 2027

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the 25 day of October, 20 24, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath: Sandy Duran Ramirez | 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 _____ (month), 20_____ (year).

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Dr. Matt Friez	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 1,210.25
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	$ 0.00
4.	SCHEDULE E: LOANS	$ 67,000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 35,102.66
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ 0.00

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: 1

2 FILER NAME
Dr. Matt Friez

3 Filer ID (Ethics Commission Filers)

---

4 Date
09/27/2024

5 Full name of contributor out-of-state PAC (ID#:_____)
Jim Hill

6 Contributor address; City; State; Zip Code
[redacted] Midland, TX 79705

7 Amount of contribution ($)
300.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
09/27/2024

Full name of contributor out-of-state PAC (ID#:_____)
Leonore Friez

Contributor address; City; State; Zip Code
[redacted] Sioux Falls, SD 57108

Amount of contribution ($)
500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
09/27/2024

Full name of contributor out-of-state PAC (ID#:_____)
Janet Harris

Contributor address; City; State; Zip Code
[redacted] Midland, TX 79705

Amount of contribution ($)
150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/11/2024

Full name of contributor out-of-state PAC (ID#:_____)
Gary Wilson

Contributor address; City; State; Zip Code
[redacted] Odessa, TX 79765

Amount of contribution ($)
260.25

Principal occupation / Job title (See Instructions)
CEO

Employer (See Instructions)
TankLogix

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

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 E: 2

2 FILER NAME
Dr. Matt Friez

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

$

5 Date of loan
09/04/2024

7 Name of lender ☐ out-of-state PAC (ID#:_____)
Dr. Matt Friez

9 Loan Amount ($)
22,000.00

6 Is lender a financial Institution?
☐ Y ■ N

8 Lender address; City; State; Zip Code
[redacted] Midland, TX 79701

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral
none

15 ✓ Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION
not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed ($)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan
09/27/2024

Name of lender ☐ out-of-state PAC (ID#:_____)
Dr. Matt Friez

Loan Amount ($)
15,000.00

Is lender a financial Institution?
☐ Y ■ N

Lender address; City; State; Zip Code
[redacted] Midland, TX 79701

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral
none

✓ Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION
not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

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 E:

2 FILER NAME
Dr. Matt Friez

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

$

5 Date of loan
10/16/2024

7 Name of lender ☐ out-of-state PAC (ID#:_____)
Dr. Matt Friez

9 Loan Amount ($)
30,000.00

6 Is lender a financial Institution?
☐ Y ☒ N

8 Lender address; City; State; Zip Code
[redacted] Midland, TX 79701

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral
none

15 ✓ Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION
not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed ($)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender ☐ out-of-state PAC (ID#:_____)

Loan Amount ($)

Is lender a financial Institution?
☐ Y ☐ N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral
none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION
not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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	3 Filer ID (Ethics Commission Filers)
6	Dr. Matt Friez	

4 Date	5 Payee name
10/11/2024	WinRed

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
10.25	1776 Wilson Blvd., Suite 530, Arlington, VA 22219			

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Fees	WinRed service fees
	(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

Date	Payee name
10/03/2024	Permian Basin Office Products

Amount ($)	Payee address;	City;	State;	Zip Code
675.48	208 S A St, Midland, TX 79701			

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	Flyers
	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

Date	Payee name
10/15/2024	Tripple Threat Strategies

Amount ($)	Payee address;	City;	State;	Zip Code
4,761.03	Clearfork, 5049 Edwards Ranch Rd., Fort Worth, TX 76109			

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	Mail
	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 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 Dr. Matt Friez	3 Filer ID (Ethics Commission Filers)
4 Date 10/15/2024	5 Payee name Tripple Threat Strategies	
6 Amount ($) 776.70	7 Payee address; City; State; Zip Code Clearfork, 5049 Edwards Ranch Rd., Fort Worth, TX 76109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description MMS - Texting
	(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

Date	Payee name
10/15/2024	Tripple Threat Strategies
Amount ($) 814.00	Payee address; City; State; Zip Code Clearfork, 5049 Edwards Ranch Rd., Fort Worth, TX 76109
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense / Description MMS - Texting
	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

Date	Payee name
10/16/2024	Tripple Threat Strategies
Amount ($) 4,761.03	Payee address; City; State; Zip Code Clearfork, 5049 Edwards Ranch Rd., Fort Worth, TX 76109
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense / Description Mail
	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 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	3 Filer ID (Ethics Commission Filers)
	Dr. Matt Friez	

4 Date	5 Payee name
10/16/2024	Tripple Threat Strategies

6 Amount ($)	7 Payee address; City; State; Zip Code
4,761.03	Clearfork, 5049 Edwards Ranch Rd., Fort Worth, TX 76109

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	Mail
	(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

Date	Payee name
10/18/2024	Tripple Threat Strategies

Amount ($)	Payee address; City; State; Zip Code
4,761.03	Clearfork, 5049 Edwards Ranch Rd., Fort Worth, TX 76109

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	Mail
	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

Date	Payee name
10/18/2024	Tripple Threat Strategies

Amount ($)	Payee address; City; State; Zip Code
4,761.03	Clearfork, 5049 Edwards Ranch Rd., Fort Worth, TX 76109

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	Mail
	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 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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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)
	Dr. Matt Friez	

4 Date 10/18/2024

5 Payee name Tripple Threat Strategies

6 Amount ($) 4,761.03

7 Payee address; Clearfork, 5049 Edwards Ranch Rd., Fort Worth, TX 76109 — City; State; Zip Code

8 PURPOSE OF EXPENDITURE

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

(b) Description: Mail

(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

---

Date 10/21/2024

Payee name Permian Basin Office Products

Amount ($) 411.35

Payee address; 208 S A St, Midland, TX 79701 — City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Advertising Expense

Description: Palm Cards

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

---

Date 10/22/2024

Payee name Tripple Threat Strategies

Amount ($) 771.20

Payee address; Clearfork, 5049 Edwards Ranch Rd., Fort Worth, TX 76109 — City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Advertising Expense

Description: MMS - Texting

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 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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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)
	Dr. Matt Friez	

4 Date	5 Payee name
10/22/2024	Tripple Threat Strategies

6 Amount ($)	7 Payee address; City; State; Zip Code
650.00	Clearfork, 5049 Edwards Ranch Rd., Fort Worth, TX 76109

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	MMS - Texting
	(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

Date	Payee name
10/15/2024	C3 Management

Amount ($)	Payee address; City; State; Zip Code
112.50	1616 S Voss Rd., Houston, TX 77057

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Accounting/Banking	Bookkeeping and Accounting service
	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

Date	Payee name
10/24/2024	Tripple Threat Strategies

Amount ($)	Payee address; City; State; Zip Code
1,078.20	Clearfork, 5049 Edwards Ranch Rd., Fort Worth, TX 76109

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	MMS - Texting
	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 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 Dr. Matt Friez	3 Filer ID (Ethics Commission Filers)
4 Date 10/24/2024	5 Payee name Tripple Threat Strategies	
6 Amount ($) 624.20	7 Payee address; City; State; Zip Code Clearfork, 5049 Edwards Ranch Rd., Fort Worth, TX 76109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description MMS - Texting
	(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

Date	Payee name
10/24/2024	Tripple Threat Strategies
Amount ($) 612.60	Payee address; City; State; Zip Code Clearfork, 5049 Edwards Ranch Rd., Fort Worth, TX 76109
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense / Description MMS - Texting
	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

Date	Payee name
Amount ($)	Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) / Description
	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