

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

Mr.

Matthew

J

NICKNAME

LAST

SUFFIX

Matt

Herzberg

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

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mrs.

Lnette

G

NICKNAME

LAST

SUFFIX

Armstrong

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

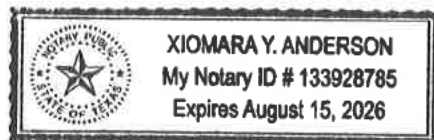
16 C/OH NAME <u>Matthew J. Herzberg</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, 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, 2024, 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	\$ <i>4018.29</i>
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	\$ <i>1850.85</i>
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	\$ <i>2219.30</i>
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>2219.30</i>
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 <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 2px;"></div> <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 2px;"></div> 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 <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 2px;"></div> <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 2px;"></div> 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 <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 2px;"></div> <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 2px;"></div> 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 <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 2px;"></div> <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 2px;"></div> Mansfield TX 76063	Amount of contribution (\$) 104.42
Principal occupation / Job title (See Instructions) Teacher		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 4/27/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laura Nelson 6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div> Riverside CA 92507	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) Asst. Principal		9 Employer (See Instructions) RUSD
Date 4/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Dudley Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div> Arlington TX 76017	Amount of contribution (\$) 52.37
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) MISD
Date 4/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia and Clancy Spencer Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div> Midlothian TX 76065	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) MISD
Date 4/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Miller Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div> 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 4/27/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cynthia Wilson 6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> Riverside CA 92506	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) RUUSD
Date 4/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Amy Toombs Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> Mansfield TX 76063	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) MISD
Date 4/28/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dawn Welch Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> Grand Prairie TX 75054	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Dallas ISD
Date 4/29/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kyle McKinney Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> 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 4/29/24	5 Full name of contributor Nancy Herzberg <input type="checkbox"/> out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code [REDACTED] Venus Tx 76084	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions) Unemployed		9 Employer (See Instructions) Unemployed
Date 4/29/24	Full name of contributor Carl Herzberg <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code [REDACTED] Yucaipa CA 92399	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Programmer		Employer (See Instructions) San Bernardino County
Date 4/29/24	Full name of contributor Jan North <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76016	Amount of contribution (\$) 26.34
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed
Date 4/29/24	Full name of contributor Allyson Rodriguez <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code [REDACTED] Elkhorn NE 68022	Amount of contribution (\$) 52.37
Principal occupation / Job title (See Instructions) Radio Host & Library Specialist		Employer (See Instructions) KVND
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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 <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div> 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 <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div> 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 <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div> 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 <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div> Arlington TX 76002	Amount of contribution (\$) 52.37
Principal occupation / Job title (See Instructions) Teacher		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 2/4/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Linda Hume 6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 2px;"></div> 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 <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 2px;"></div> 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 <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 2px;"></div> 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 <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 2px;"></div> Mansfield TX 76063	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Counselor		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 2/26/24	5 Full name of contributor Chi Mai <input type="checkbox"/> out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code [Redacted] 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 Linette Armstrong <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code [Redacted] 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 James Bennett <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code [Redacted] 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 Kristen McAfee <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code [Redacted] Midlothian Tx 76065	Amount of contribution (\$) 10.72
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) MISD
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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 <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div> 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 <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div> 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 <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div> 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 <div style="background-color: black; width: 150px; height: 1.2em; display: inline-block;"></div> Mansfield TX 76063	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> 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 <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> 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 <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> 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 <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> Mansfield Tx 76063	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions) Secretary		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: <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 <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <u>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 <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <u>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 <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <u>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 <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <u>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	
	(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				
Date	Candidate / Officeholder 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 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				
Date	Candidate / Officeholder 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 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 FILER NAME <div style="font-size: 1.2em; font-family: cursive;">Matthew J. Herzberg</div>		3 Filer ID (Ethics Commission Filers)	
4 Date <div style="font-size: 1.2em; font-family: cursive;">2/27/24</div>		5 Payee name <div style="font-size: 1.2em; font-family: cursive;">Vistaprint</div>			
6 Amount (\$) <div style="font-size: 1.2em; font-family: cursive;">413.97</div>		7 Payee address; City; State; Zip Code <div style="font-size: 1.2em; font-family: cursive;">275 Wyman ST Waltham MA 02451</div>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em; font-family: cursive;">Printing Expense</div>		(b) Description <div style="font-size: 1.2em; font-family: cursive;">Door Hangers</div>		
	<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 <div style="font-size: 1.2em; font-family: cursive;">3/4/24</div>		Payee name <div style="font-size: 1.2em; font-family: cursive;">Target</div>			
Amount (\$) <div style="font-size: 1.2em; font-family: cursive;">4.64</div>		Payee address; City; State; Zip Code <div style="font-size: 1.2em; font-family: cursive;">1801 U.S. 287 Mansfield TX 76063</div>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em; font-family: cursive;">Overhead/rental expense</div>		Description <div style="font-size: 1.2em; font-family: cursive;">Office Supplies</div>		
	<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 <div style="font-size: 1.2em; font-family: cursive;">3/5/24</div>		Payee name <div style="font-size: 1.2em; font-family: cursive;">Fedex Office</div>			
Amount (\$) <div style="font-size: 1.2em; font-family: cursive;">41.14</div>		Payee address; City; State; Zip Code <div style="font-size: 1.2em; font-family: cursive;">111 W. Debbie LN Mansfield TX 76063</div>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em; font-family: cursive;">Printing Expense</div>		Description <div style="font-size: 1.2em; font-family: cursive;">Print flyers</div>		
	<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 FILER NAME <i>Matthew J. Herzberg</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3/6/24</i>		5 Payee name <i>Tractor Supply</i>			
6 Amount (\$) <i>155.56</i>		7 Payee address; <i>1550 Hwy 157</i>		City; <i>Mansfield TX</i>	State; <i>TX</i>
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		(b) Description <i>Stakes for road signs</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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>3/9/24</i>		Payee name <i>Tractor Supply</i>			
Amount (\$) <i>30.30</i>		Payee address; <i>1550 Hwy 157</i>		City; <i>Mansfield TX</i>	State; <i>TX</i>
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <i>Stakes for road signs</i>	
		<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
Date <i>3/11/24</i>		Payee name <i>Facebook</i>			
Amount (\$) <i>18.20</i>		Payee address; <i>1 Hacker Way</i>		City; <i>Menlo Park CA</i>	State; <i>CA</i>
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <i>Ads</i>	
		<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

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>				
	<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 KH 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. Beltline 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 <i>Matthew J. Herzberg</i>	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <i>8</i>
5 CREDIT CARD ISSUER	Name of financial institution <i>Barclay's U.S.</i>	
6 PAYMENT	(a) Amount Charged \$ <i>24.89</i>	(b) Date Expenditure Charged <i>2/28/24</i> (c) Date(s) Credit Card Issuer Paid <i>3/12/24</i>
7 PAYEE	(a) Payee name <i>Wix</i>	(b) Payee address; City, State, Zip Code <i>7095 Hollywood Blvd Los Angeles CA 90028</i>
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) <i>Fees</i> (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	(b) Description <i>Website Hosting</i> <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 \$ <i>21.56</i>	(b) Date Expenditure Charged <i>3/5/24</i> (c) Date(s) Credit Card Issuer Paid <i>3/12/24</i>
PAYEE	(a) Payee name <i>Lazze</i>	(b) Payee address; City, State, Zip Code <i>1800 Seaport Blvd Redwood City CA 94063</i>
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	(b) Description <i>Campaign Buttons</i> <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 \$	(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 <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	(b) Description <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

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
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 G:		2 FILER NAME Matthew Herzberg		3 Filer ID (Ethics Commission Filers)		
4 Date 2/12/24		5 Payee name Barclays U.S.				
6 Amount (\$) 24.89 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; P.O. Box 60517		City; City of Industry	State; CA	Zip Code 91716
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Credit Card Payment		(b) Description Credit Card Payment		
		(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
Date 3/12/24		Payee name Barclays U.S.				
Amount (\$) 2194.41 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; P.O. Box 60517		City; City of Industry	State; CA	Zip Code 91716
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Credit Card Payment		Description Credit Card Payment		
		<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
Date		Payee name				
Amount (\$)		Payee address;		City;	State;	Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended		Category (See Categories listed at the top of this schedule)		Description		
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 ONLY if direct expenditure to benefit C/OH		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

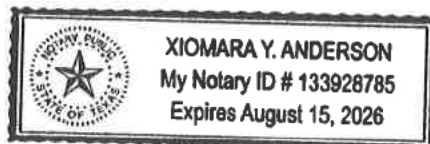
Date Imaged

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, 2024, 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**