

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

Mr.

FIRST

Matthew

MI

J

NICKNAME

Matt

LAST

Herzberg

SUFFIX

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

Mrs.

FIRST

Lynette

MI

G

NICKNAME

Armstrong

LAST

SUFFIX

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

Jan / 19 / 2024

THROUGH

Month Day Year

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 Matthew J. Herzberg		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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4018.29
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 4070.15
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2167.44
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

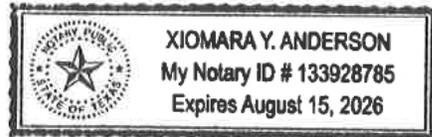
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

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 Printed name of officer administering oath
Xiomara Anderson Signature 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 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#: _____) Reandra Johnson 6 Contributor address; City; State; Zip Code [REDACTED] 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 [REDACTED] 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 [REDACTED] 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 [REDACTED] Mansfield TX 76063	Amount of contribution (\$) 104.42
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) MUSD

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 [Redacted] 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 [Redacted] 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 [Redacted] 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 [Redacted] 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	7 Amount of contribution (\$) 25.00
	6 Contributor address; City; State; Zip Code [Redacted] Riverside CA 92506	
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 Teombs	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code [Redacted] Mansfield TX 76063	
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	Amount of contribution (\$) 25.00
	Contributor address; City; State; Zip Code [Redacted] Grand Prairie TX 75054	
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 McKinzey	Amount of contribution (\$) 26.34
	Contributor address; City; State; Zip Code [Redacted] Arlington TX 76001	
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

1/29/24

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

Nancy Herzberg

7 Amount of contribution (\$)

1000.00

6 Contributor address; City; State; Zip Code

[REDACTED] Venus Tx 76084

8 Principal occupation / Job title (See Instructions)

Unemployed

9 Employer (See Instructions)

Unemployed

Date

1/29/24

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

Carl Herzberg

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

[REDACTED] Yucaipa CA 92399

Principal occupation / Job title (See Instructions)

Programmer

Employer (See Instructions)

San Bernardino County

Date

1/29/24

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

Jan North

Amount of contribution (\$)

26.34

Contributor address; City; State; Zip Code

[REDACTED] Arlington TX 76016

Principal occupation / Job title (See Instructions)

Unemployed

Employer (See Instructions)

Unemployed

Date

1/29/24

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

Allison Rodriguez

Amount of contribution (\$)

52.37

Contributor address; City; State; Zip Code

[REDACTED] Elkhorn NE 68022

Principal occupation / Job title (See Instructions)

Radio Host & Library Specialist

Employer (See Instructions)

KVND

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 2/2/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bettie Saccardo	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code [Redacted] Mansfield TX 76063		
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	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code [Redacted] Belmont CA 94002		
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	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code [Redacted] Mansfield TX 76063		
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	Amount of contribution (\$) 52.37
Contributor address; City; State; Zip Code [Redacted] Arlington TX 76002		
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	7 Amount of contribution (\$) 15.93
	6 Contributor address; City; State; Zip Code [Redacted] Arlington TX 76017	
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	Amount of contribution (\$) 30.00
	Contributor address; City; State; Zip Code [Redacted] Mansfield TX 76063	
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	Amount of contribution (\$) 52.37
	Contributor address; City; State; Zip Code [Redacted] Mansfield TX 76063	
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	Amount of contribution (\$) 25.00
	Contributor address; City; State; Zip Code [Redacted] Mansfield TX 76063	
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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Chi Mai	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code [Redacted] Mansfield Tx 76063		
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	Amount of contribution (\$) 104.42
Contributor address; City; State; Zip Code [Redacted] Mansfield Tx 76063		
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	Amount of contribution (\$) 104.42
Contributor address; City; State; Zip Code [Redacted] Bedford Tx 76021		
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	Amount of contribution (\$) 10.72
Contributor address; City; State; Zip Code [Redacted] Midlothian Tx 76065		
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	7 Amount of contribution (\$) 25.00
	6 Contributor address; City; State; Zip Code [Redacted] Groford TX 76449	
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	Amount of contribution (\$) 52.37
	Contributor address; City; State; Zip Code [Redacted] Mansfield TX 76063	
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	Amount of contribution (\$) 250.00
	Contributor address; City; State; Zip Code [Redacted] Mansfield TX 76063	
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	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code [Redacted] Mansfield TX 76063	
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 3/4/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim Bair	7 Amount of contribution (\$) 50.00
	6 Contributor address; City; State; Zip Code [Redacted] Grand Prairie Tx 75054	
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	Amount of contribution (\$) 30.00
	Contributor address; City; State; Zip Code [Redacted] Mansfield Tx 76063	
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	Amount of contribution (\$) 52.37
	Contributor address; City; State; Zip Code [Redacted] Grand Prairie TX 75054	
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	Amount of contribution (\$) 10.00
	Contributor address; City; State; Zip Code [Redacted] Mansfield Tx 76063	
Principal occupation / Job title (See Instructions) Secretary		Employer (See Instructions) MISD
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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. Hertzberg		3 Filer ID (Ethics Commission Filers)
4 Date 3/18/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andy Box	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code [Redacted] Grand Prairie TX 75054		
8 Principal occupation / Job title (See Instructions) Flight Dispatcher		9 Employer (See Instructions) Southwest Airlines
Date 3/19/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Smith	Amount of contribution (\$) 10.72
Contributor address; City; State; Zip Code [Redacted] Arlington TX 76002		
Principal occupation / Job title (See Instructions) High School Counselor		Employer (See Instructions) MISD
Date 3/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben Mason	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code [Redacted] Grand Prairie TX 75054		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Schneider Electric
Date 3/24/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawn Candler	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code [Redacted] Grand Prairie TX 75054		
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.

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	Candidate / Officeholder name	Office sought Office held
Date <i>2/23/24</i>	Payee name <i>Fedex Office</i>	
Amount (\$) <i>20.24</i>	Payee address;	City; State; Zip Code <i>5220 state Hwy Grand Prairie TX 75052</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <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 <i>2/27/24</i>	Payee name <i>Southwest Auto</i>	
Amount (\$) <i>323.13</i>	Payee address;	City; State; Zip Code <i>2090 FM 157#1 Mansfield TX 76063</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <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 | 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 F1:	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	Candidate / Officeholder name	Office sought Office held

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	Candidate / Officeholder name	Office sought	Office held

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	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

4-1-24

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; State; Zip Code <i>Mansfield TX 76063</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 <u>ONLY</u> 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; State; Zip Code <i>Mansfield TX 76063</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 <u>ONLY</u> 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; State; Zip Code <i>Menlo Park CA 94025</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 <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>
	<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 | 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) |

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			\$ \emptyset
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. 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 | 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) |

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>		(b) Description <i>Website Hosting</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
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>		(b) Description <i>Campaign Buttons</i>
	(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 \$	(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)		(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
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 ONLY if direct expenditure to benefit C/OH	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 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		
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.

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

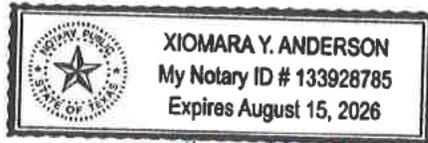
Filer name <u>Matthew J. Herzberg</u>	Filer ID #
------------------------------------------	------------

- 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.
- 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.
- 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.
- 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.
- 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