

# 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: **15**

**OFFICE USE ONLY**

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR Mr FIRST Matthew MI 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 Mrs FIRST Linette MI 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  
3 / 26 / 24 THROUGH 4 / 24 / 24

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other Description  
5 / 4 / 24  General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Mansfield ISD Trustee 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**

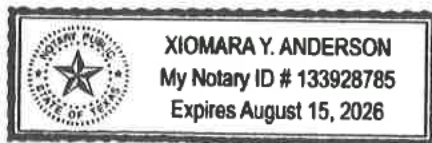
<b>15 C/OH NAME</b> Matthew Herzberg		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,041.38
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,373.80
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 105.52
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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

*Matthew 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 25 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 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	\$ 1,041.38
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,155.16
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 218.64
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	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: 7
2 FILER NAME Matthew Herzberg		3 Filer ID (Ethics Commission Filers)
4 Date 04/06/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Tara Allen 6 Contributor address; City; State; Zip Code [REDACTED] Mansfield TX 76063	7 Amount of contribution (\$) <b>52.37</b>
8 Principal occupation / Job title (See Instructions) Unemployed		9 Employer (See Instructions) Unemployed
Date 04/06/2024	Full name of contributor out-of-state PAC (ID#: _____) Caroline Ferguson Contributor address; City; State; Zip Code [REDACTED] Mansfield TX 76063	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions) Unemployed
Date 04/06/2024	Full name of contributor out-of-state PAC (ID#: _____) Michelle Holman Contributor address; City; State; Zip Code [REDACTED] Grand Prairie TX 75054	Amount of contribution (\$) <b>10.00</b>
Principal occupation / Job title (See Instructions) MISD		Employer (See Instructions) Teacher
Date 04/06/2024	Full name of contributor out-of-state PAC (ID#: _____) Heather Johnson Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76017	Amount of contribution (\$) <b>20.00</b>
Principal occupation / Job title (See Instructions) MISD		Employer (See Instructions) Teacher
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# 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: 7

2 FILER NAME  
Matthew Herzberg

3 Filer ID (Ethics Commission Filers)

4 Date  
04/06/2024

5 Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Tahisha Johnson

7 Amount of contribution (\$)  
**5.00**

6 Contributor address; City; State; Zip Code  
[REDACTED] Mansfield TX 76063

8 Principal occupation / Job title (See Instructions)  
AISD

9 Employer (See Instructions)  
Teacher

Date  
04/06/2024

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Alyssa Dickerson

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
[REDACTED] Mansfield TX 76063

Principal occupation / Job title (See Instructions)  
Vistra Corp

Employer (See Instructions)  
Analyst

Date  
04/06/2024

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Richard Alvarado

Amount of contribution (\$)  
**10.00**

Contributor address; City; State; Zip Code  
[REDACTED] Keller TX 76248

Principal occupation / Job title (See Instructions)  
Keller ISD

Employer (See Instructions)  
Band Director

Date  
04/06/2024

Full name of contributor out-of-state PAC (ID#: \_\_\_\_\_)  
Klaudia Forgacova

Amount of contribution (\$)  
**20.00**

Contributor address; City; State; Zip Code  
[REDACTED] Mansfield TX 76063

Principal occupation / Job title (See Instructions)  
Gartner

Employer (See Instructions)  
Senior Manager, Change Management

**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: <b>7</b>
2 FILER NAME <b>Matthew Herzberg</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/07/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Haidi Tournoux-Hanshaw</b> ..... 6 Contributor address; City; State; Zip Code [REDACTED] <b>Mansfield TX 76063</b>	7 Amount of contribution (\$)  <b>10.72</b>
8 Principal occupation / Job title (See Instructions) <b>Self</b>		9 Employer (See Instructions) <b>Artist/Art therapist</b>
Date <b>04/08/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Alicia Rodriguez</b> ..... Contributor address; City; State; Zip Code [REDACTED] <b>Mansfield TX 76063</b>	Amount of contribution (\$)  <b>10.00</b>
Principal occupation / Job title (See Instructions) <b>MISD</b>		Employer (See Instructions) <b>Teachers</b>
Date <b>04/08/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>David McLain</b> ..... Contributor address; City; State; Zip Code [REDACTED] <b>Mansfield TX 76063</b>	Amount of contribution (\$)  <b>52.37</b>
Principal occupation / Job title (See Instructions) <b>Ben E Keith Co</b>		Employer (See Instructions) <b>Manager</b>
Date <b>04/08/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>The Holts</b> ..... Contributor address; City; State; Zip Code [REDACTED] <b>Mansfield TX 76063</b>	Amount of contribution (\$)  <b>52.37</b>
Principal occupation / Job title (See Instructions) <b>Unemployed</b>		Employer (See Instructions) <b>Unemployed</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <b>7</b>
2 FILER NAME <b>Matthew Herzberg</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/08/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Gail Wiggins</b> 6 Contributor address; City; State; Zip Code [REDACTED] <b>Mansfield TX 76063</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions) <b>unemployed</b>		9 Employer (See Instructions) <b>unemployed</b>
Date <b>04/08/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Shelly Server</b> Contributor address; City; State; Zip Code [REDACTED] <b>Burleson TX 76028</b>	Amount of contribution (\$) <b>75.00</b>
Principal occupation / Job title (See Instructions) <b>MISD</b>		Employer (See Instructions) <b>Counseling Clerk</b>
Date <b>04/08/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Chase Brantley</b> Contributor address; City; State; Zip Code [REDACTED] <b>Arlington TX 76001</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions) <b>unemployed</b>		Employer (See Instructions) <b>unemployed</b>
Date <b>04/08/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Brandi Garrett-Brimsley</b> Contributor address; City; State; Zip Code [REDACTED] <b>Arlington TX 76001</b>	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions) <b>Public School</b>		Employer (See Instructions) <b>Teacher</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: 7
2 FILER NAME Matthew Herzberg		3 Filer ID (Ethics Commission Filers)
4 Date 04/09/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Maya Williams ..... 6 Contributor address; City; State; Zip Code [REDACTED] Venus TX 76084	7 Amount of contribution (\$)  <b>52.37</b>
8 Principal occupation / Job title (See Instructions) City of Dallas		9 Employer (See Instructions) Administration
Date 04/09/2024	Full name of contributor out-of-state PAC (ID#: _____) Sarah Hissin ..... Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76001	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
Date 04/09/2024	Full name of contributor out-of-state PAC (ID#: _____) Bridget Stack ..... Contributor address; City; State; Zip Code [REDACTED] Mansfield TX 76063	Amount of contribution (\$)  <b>20.00</b>
Principal occupation / Job title (See Instructions) MISD		Employer (See Instructions) Secretary
Date 04/09/2024	Full name of contributor out-of-state PAC (ID#: _____) Sheryl Suchsland ..... Contributor address; City; State; Zip Code [REDACTED] Kennedale TX 76060	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions) MISD		Employer (See Instructions) Administration
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <b>7</b>
2 FILER NAME <b>Matthew Herzberg</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/12/2024</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Sammy Moore</b> 6 Contributor address; City; State; Zip Code [REDACTED] <b>Arlington TX 76001</b>	7 Amount of contribution (\$)  <b>26.34</b>
8 Principal occupation / Job title (See Instructions) <b>MISD</b>		9 Employer (See Instructions) <b>Teacher</b>
Date <b>04/16/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Brandi Bates</b> Contributor address; City; State; Zip Code [REDACTED] <b>Mansfield TX 76063</b>	Amount of contribution (\$)  <b>52.37</b>
Principal occupation / Job title (See Instructions) <b>MISD</b>		Employer (See Instructions) <b>Counselor</b>
Date <b>04/17/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jennifer Alfstad</b> Contributor address; City; State; Zip Code [REDACTED] <b>Mansfield TX 76063</b>	Amount of contribution (\$)  <b>26.34</b>
Principal occupation / Job title (See Instructions) <b>unemployed</b>		Employer (See Instructions) <b>unemployed</b>
Date <b>04/19/2024</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Amy Grubbs</b> Contributor address; City; State; Zip Code [REDACTED] <b>Mansfield TX 76063</b>	Amount of contribution (\$)  <b>21.13</b>
Principal occupation / Job title (See Instructions) <b>Amy Grubbs LP Pllc</b>		Employer (See Instructions) <b>Therapist</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Matthew Herzberg		3 Filer ID (Ethics Commission Filers)
4 Date 04/20/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Caryl Siegle 6 Contributor address; City; State; Zip Code [REDACTED] Mansfield TX 76063	7 Amount of contribution (\$) <b>25.00</b>
8 Principal occupation / Job title (See Instructions) unemployed		9 Employer (See Instructions) unemployed
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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	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.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME Matthew Herzberg	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 03/28/2024	<b>5</b> Payee name Southwest Auto Accessories
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<b>6</b> Amount (\$) <b>484.69</b>	<b>7</b> Payee address; City; State; Zip Code 2090 FM 157 #100 Mansfield TX 76063
---------------------------------------	--

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description t-shirts
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/27/2024	Payee name Canva
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Amount (\$) <b>29.99</b>	Payee address; City; State; Zip Code 200 E 6th St Austin TX 78701
-----------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description software for creating ads
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 03/28/2024	Payee name WIX
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Amount (\$) <b>24.89</b>	Payee address; City; State; Zip Code 7095 Hollywood Blvd. Los Angeles, CA 90028
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) fees	Description website hosting
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**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.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME <b>Matthew Herzberg</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>04/11/2024</b>	<b>5</b> Payee name <b>Tractor Supply</b>	
<b>6</b> Amount (\$) <b>68.08</b>	<b>7</b> Payee address; City; State; Zip Code <b>1550 Highway 157 Mansfield TX 76063</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>advertising expense</b>	<b>(b)</b> Description <b>stakes for road signs</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>04/18/2024</b>	Payee name <b>Edwards and Patterson Signs</b>	
Amount (\$) <b>328.21</b>	Payee address; City; State; Zip Code <b>203 S. Belt Line Rd. Irving TX 75060</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>advertising expense</b>	Description <b>yard signs</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>04/10/2024</b>	Payee name <b>Matthew Herzberg</b>	
Amount (\$) <b>2,194.41</b>	Payee address; City; State; Zip Code <b>1102 Star Grass Dr Mansfield TX 76063</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>loan repayment/reimbursement</b>	Description <b>reimbursement from person funds reported on 30 day before election report</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages, Schedule F1: <b>3</b>	<b>2</b> FILER NAME Matthew Herzberg	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 04/10/2024	<b>5</b> Payee name Matthew Herzberg
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<b>6</b> Amount (\$) <b>24.89</b>	<b>7</b> Payee address; City; State; Zip Code 1102 Star Grass Dr Mansfield TX 76063
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) loan repayment/reimbursement	<b>(b)</b> Description reimbursement from personal funds reported on 30 day before election report
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**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.

<b>1</b> Total pages Schedule G: 1	<b>2</b> FILER NAME Matthew Herzberg	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/21/2024	<b>5</b> Payee name Vista Print	
<b>6</b> Amount (\$) 218.64 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 275 Wyman St Waltham MA 02451	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) printing expense	<b>(b)</b> Description pass along cards
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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.

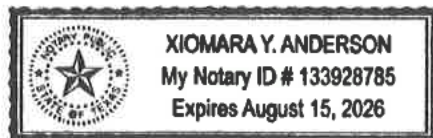
OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

Filer name <u>Matthew 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 \_\_\_\_\_ report due on \_\_\_\_\_. 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 Herzberg  
Signature of Filer

Sworn to and subscribed before me by Matthew Herzberg this the 25 day of April

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

<u>Xiomara Anderson</u>	<u>Xiomara Anderson</u>	<u>Notary Public</u>
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 Filer (Declarant)

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