# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH**
**COVER SHEET PG 1**

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

**1** Filer ID (Ethics Commission Filers)

**2** Total pages filed: 12

**3 CANDIDATE / OFFICEHOLDER NAME**
MS / MRS / MR: | FIRST: Dr. Matt | MI:
NICKNAME: | LAST: Friez | SUFFIX:

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**
Change of Address
ADDRESS / PO BOX: [redacted] | APT / SUITE #: | CITY: | STATE: | ZIP CODE

**5 CANDIDATE/ OFFICEHOLDER PHONE**
AREA CODE: [redacted] | PHONE NUMBER | EXTENSION

**6 CAMPAIGN TREASURER NAME**
MS / MRS / MR: | FIRST: John G | MI:
NICKNAME: JG | LAST: Samuell | SUFFIX:

**7 CAMPAIGN TREASURER ADDRESS**
(Residence or Business)
STREET ADDRESS (NO PO BOX PLEASE): [redacted] | APT / SUITE #: | CITY: | STATE: | ZIP CODE

**8 CAMPAIGN TREASURER PHONE**
AREA CODE: [redacted] | PHONE NUMBER | EXTENSION

**OFFICE USE ONLY**
Date Received
RECEIVED
OCT 28 2024
BY:
Date Hand-delivered or Date Postmarked
Receipt # | Amount $
Date Processed
Date Imaged

**9 REPORT TYPE**
- ☐ January 15
- ☐ July 15
- ☐ 30th day before election
- ■ 8th day before election
- ☐ Runoff
- ☐ Exceeded Modified Reporting Limit
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☐ Final Report (Attach C/OH - FR)

**10 PERIOD COVERED**
Month / Day / Year: 9 / 27 / 24 THROUGH 10 / 26 / 24

**11 ELECTION**
ELECTION DATE: Month / Day / Year: 11 / 5 / 24
ELECTION TYPE:
- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ■ General
- ☐ Special

**12 OFFICE**
OFFICE HELD (if any):

**13** OFFICE SOUGHT (if known): Midland ISD 4

**14 NOTICE FROM POLITICAL COMMITTEE(S)**
Additional Pages

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

COMMITTEE TYPE
- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME
COMMITTEE ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH**
**COVER SHEET PG 2**

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

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

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

Signature of Candidate or Officeholder

## Please complete either option below:

**(1) Affidavit**

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

NOTARY STAMP / SEAL

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

Signature of officer administering oath | Printed name of officer administering oath: Sandy Duran Ramirez | Title of officer administering oath

**OR**

**(2) Unsworn Declaration**

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

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

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

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

**FORM C/OH**
**COVER SHEET PG 3**

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

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

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

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

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A1: 1

2 FILER NAME: Dr. Matt Friez

3 Filer ID (Ethics Commission Filers):

| 4 Date | 5 Full name of contributor / out-of-state PAC (ID#:) | 7 Amount of contribution ($) |
|---|---|---|
| 09/27/2024 | Jim Hill<br>6 Contributor address; City; State; Zip Code<br>219 Windridge Circle, Midland, TX 79705 | 300.00 |

| 8 Principal occupation / Job title (See Instructions) | 9 Employer (See Instructions) |
|---|---|
| | |

| Date | Full name of contributor / out-of-state PAC (ID#:) | Amount of contribution ($) |
|---|---|---|
| 09/27/2024 | Leonore Friez<br>Contributor address; City; State; Zip Code<br>202 E Pinehurst Cir., Sioux Falls, SD 57108 | 500.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

| Date | Full name of contributor / out-of-state PAC (ID#:) | Amount of contribution ($) |
|---|---|---|
| 09/27/2024 | Janet Harris<br>Contributor address; City; State; Zip Code<br>2201 Shell Ave., Midland, TX 79705 | 150.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

| Date | Full name of contributor / out-of-state PAC (ID#:) | Amount of contribution ($) |
|---|---|---|
| 10/11/2024 | Gary Wilson<br>Contributor address; City; State; Zip Code<br>14 Santa Barbara Court, Odessa, TX 79765 | 260.25 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| CEO | TankLogix |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# LOANS

**SCHEDULE E**

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

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule E: 2

**2** FILER NAME
Dr. Matt Friez

**3** Filer ID (Ethics Commission Filers)

**4** TOTAL OF UNITEMIZED LOANS

$

**5** Date of loan
09/04/2024

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

**9** Loan Amount ($)
22,000.00

**6** Is lender a financial Institution?
☐ Y ■ N

**8** Lender address; City; State; Zip Code
1512 Douglas Ave, Midland, TX 79701

**10** Interest rate

**11** Maturity date

**12** Principal occupation / Job title (See Instructions)

**13** Employer (See Instructions)

**14** Description of Collateral
none

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

**16** GUARANTOR INFORMATION
not applicable

**17** Name of guarantor

**18** Guarantor address; City; State; Zip Code

**19** Amount Guaranteed ($)

**20** Principal Occupation (See Instructions)

**21** Employer (See Instructions)

Date of loan
09/27/2024

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

Loan Amount ($)
15,000.00

Is lender a financial Institution?
☐ Y ■ N

Lender address; City; State; Zip Code
1512 Douglas Ave, Midland, TX 79701

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral
none

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

GUARANTOR INFORMATION
not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# LOANS

**SCHEDULE E**

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

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule E:

**2** FILER NAME
Dr. Matt Friez

**3** Filer ID (Ethics Commission Filers)

**4** TOTAL OF UNITEMIZED LOANS

$

**5** Date of loan
10/16/2024

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

**9** Loan Amount ($)
30,000.00

**6** Is lender a financial Institution?
☐ Y ☒ N

**8** Lender address; City; State; Zip Code
1512 Douglas Ave, Midland, TX 79701

**10** Interest rate

**11** Maturity date

**12** Principal occupation / Job title (See Instructions)

**13** Employer (See Instructions)

**14** Description of Collateral
none

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

**16** GUARANTOR INFORMATION
not applicable

**17** Name of guarantor

**18** Guarantor address; City; State; Zip Code

**19** Amount Guaranteed ($)

**20** Principal Occupation (See Instructions)

**21** Employer (See Instructions)

Date of loan

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

Loan Amount ($)

Is lender a financial Institution?
☐ Y ☐ N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral
none

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

GUARANTOR INFORMATION
not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| 6 | Dr. Matt Friez | |

| 4 Date | 5 Payee name |
|---|---|
| 10/11/2024 | WinRed |

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

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

(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

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

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

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

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

| Date | Payee name |
|---|---|
| 10/15/2024 | Tripple Threat Strategies |

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

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

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | Dr. Matt Friez | |

| 4 Date | 5 Payee name |
|---|---|
| 10/15/2024 | Tripple Threat Strategies |

| 6 Amount ($) | 7 Payee address; City; State; Zip Code |
|---|---|
| 776.70 | Clearfork, 5049 Edwards Ranch Rd., Fort Worth, TX 76109 |

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

(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 10/15/2024 | Tripple Threat Strategies |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| 814.00 | Clearfork, 5049 Edwards Ranch Rd., Fort Worth, TX 76109 |

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

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

| Date | Payee name |
|---|---|
| 10/16/2024 | Tripple Threat Strategies |

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

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

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | Dr. Matt Friez | |

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

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

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Advertising Expense | Mail |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 10/18/2024 | Tripple Threat Strategies |

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

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Advertising Expense | Mail |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

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

| Date | Payee name |
|---|---|
| 10/18/2024 | Tripple Threat Strategies |

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

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Advertising Expense | Mail |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | Dr. Matt Friez | |

| 4 Date | 5 Payee name |
|---|---|
| 10/18/2024 | Tripple Threat Strategies |

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

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Advertising Expense | Mail |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 10/21/2024 | Permian Basin Office Products |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| 411.35 | 208 S A St, Midland, TX 79701 |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Advertising Expense | Palm Cards |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

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

| Date | Payee name |
|---|---|
| 10/22/2024 | Tripple Threat Strategies |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| 771.20 | Clearfork, 5049 Edwards Ranch Rd., Fort Worth, TX 76109 |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Advertising Expense | MMS - Texting |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | Dr. Matt Friez | |

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

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

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

(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

| Date | Payee name |
|---|---|
| 10/15/2024 | C3 Management |

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

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

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

| Date | Payee name |
|---|---|
| 10/24/2024 | Tripple Threat Strategies |

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

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

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| | Dr. Matt Friez | |

| 4 Date | 5 Payee name |
|---|---|
| 10/24/2024 | Tripple Threat Strategies |

| 6 Amount ($) | 7 Payee address; City; State; Zip Code |
|---|---|
| 624.20 | Clearfork, 5049 Edwards Ranch Rd., Fort Worth, TX 76109 |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Advertising Expense | MMS - Texting |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| 10/24/2024 | Tripple Threat Strategies |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| 612.60 | Clearfork, 5049 Edwards Ranch Rd., Fort Worth, TX 76109 |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Advertising Expense | MMS - Texting |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

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

| Date | Payee name |
|---|---|
| | |

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

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |

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

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