# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to comple	te this form.	1 Filer ID (Ethics Commi 00069726		2 Total pages filed: 23		
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY	
OFFICEHOLDER NAME	The Honorable	Matt F.			Date Received  ELECTRONICA	ALLY FILED	
	NICKNAME	LAST		SUFFIX	07/17/2023		
		Shaheen					
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked	
OFFICEHOLDER MAILING ADDRESS	3917 Malton Dr.				Receipt #	Amount	
Change of Address	Plano, TX 75025						
	1 10110, 17, 70020				Date Processed		
					Date Imaged		
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	-		
TREASURER NAME	Mr.	Arthur L.					
	NICKNAME	LAST		SUFFIX			
		Young		301117			
		Tourig					
6 CAMPAIGN	STREET ADDRESS (NO PO I	BOX PLEASE);	AP.	Γ / SUITE #; CITY;	STA	TE; ZIP CODE	
TREASURER ADDRESS	1732 Cathedral Dr.						
(Residence or Business)	Plano, TX 75023						
7 CAMPAIGN	AREA CODE PHONI	E NUMBER E	XTENSION				
TREASURER PHONE	(972) 578-9768						
8 REPORT TYPE	January 15	30th day before	alastian 🗖	Runoff	15th day after can	anaign traccurar	
	January 15	30th day before	election	Kulloli	appointment (office	eholder only)	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ch C/OH-FR)	
9 PERIOD	Month Day Year			Month Day	Year		
COVERED	01/01/2023	TH	ROUGH	06/30/202	23		
10 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month Day Year	Pr	rimary	Runoff	Other		
			eneral	Special	_		
			cherui	Ороски			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)		
	State Representative Distri	ct 66		State Represent	ative District 66		
	1			ı			
		GO T	O PAGE 2				

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 23

13 C / OH NAME	(Ethics Commission Filers)								
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expendi These expenditures may have been made withou officeholders are required to report this informati	t the candidate's or office	eholder's knowledge or					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
ш°	GENERAL								
		COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRI	ESS						
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER TH ES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ 0.00					
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$ 14,025.00					
EXPENDITURE TOTALS		\$ 250.00							
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 27,898.31					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 202,950.00					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 0.00					
<b>17</b> AFFIDAVIT		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required to						
		The Hor	orable Matt F. Shahee	en					
		Signature	of Candidate or Officehol	der					
AFFIX NO	TARY STAMP / SEAL ABO	DVE							
Sworn to and subs	cribed before me, by the s	aid	, this the	day					
of	, 20, to ce	ertify which, witness my hand and seal of office.							
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath					

## **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

			CC	OVER S	3 of 23
	R NAN heen,	Matt F. (The Honorable)	<b>19</b> Filer ID 00069726	(Ethics Co	mmission Filers)
		E SUBTOTALS		SUB	TOTAL AMOUNT
NAM	IE OF	SCHEDULE		- 552	1017127111100111
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	14,025.00	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	24,428.19
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	3,220.12
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	250.00
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/23	
2	FILER NAME Shaheen, Ma	att F. (The Honorable)		3	Filer ID (Ethics Commission 00069726	on Filers)
4	Date 06/23/2023	Full name of contributor	7	Amount of Contribution (\$)	\$1,000.00	
_	Duinning Langu	Austin, TX 78701	O Frankright (Cook keets et in 19			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 06/28/2023	Full name of contributor out-of-state PAC (ID#:_Gibb, Catherine  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$25.00	
	Principal occu	Plano, TX 75025 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/28/2023	Full name of contributor out-of-state PAC (ID#:_ Henry, Matt Contributor address; City; State; Zip Code Dallas, TX 75218			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 06/30/2023	Full name of contributor out-of-state PAC (ID#:_ Keener, Justin Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu Consultant	pation / Job title (See Instructions)	Employer (See Instructions Granite Public Affairs	)		
	Date 06/28/2023	Full name of contributor out-of-state PAC (ID#:_ Texans for Lawsuit Reform PAC  Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$10,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

TARY POLITICAL CONTRIBUT	IONS	SCHEDULE A1				
ction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/23				
: latt F. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069726				
	7 Amount of Contribution (\$) \$1,000.00					
Austin, TX 78705						
upation / Job title (See Instructions)	9 Employer (See Instructions	s)				
1	ction Guide explains how to complete this  att F. (The Honorable)  5 Full name of contributor  out-of-state PAC (IE Texas Optometric PAC  6 Contributor address; City; State; Zip Code  Austin, TX 78705	att F. (The Honorable)  5 Full name of contributor out-of-state PAC (ID#:) Texas Optometric PAC  6 Contributor address; City; State; Zip Code  Austin, TX 78705				

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 1/8 Rpt: 6/23	Shaheen, Matt F. (The Honorable)	00069726			
4	Date	5 Payee name				
	06/05/2023	Campaign Advocacy Management Professionals				
6	Amount (\$) \$4,350.00	7 Payee address; City; State; Zip Code 401 NE 46th  Oklahoma City, OK 73105				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	utside of Texas. Complete Schedule T. TX, officeholder living expense Frisco ISD mailer			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	05/15/2023	Angie Chen Button Campaign				
Г	Amount (\$)	Payee address; City; State; Zip Code				
l	\$157.00	P.O. BOX 832748				
l						
		Richardson, TX 75083				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Event Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
F	Date	Payee name				
	04/06/2023	Berry Communications				
	Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 1014 W. Milton St.				
		Austin, TX 78704				
	PURPOSE OF EXPENDITURE	Consulting Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			

## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

	Candidate/Officeholder/Politica		mmittee	Legal Services		alaries/W		e /Contract Labor		OTHER (enter a	strict a category not listed above	)
	Credit Card Payment			The Instruction Gu	ıide explains hov	v to con	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	Filers)
	Sch: 2/8 Rpt: 7/23		Shaheen, M	att F. (The Hon	orable)					00069726		
4	Date	5	Payee name						_			
	01/19/2023		Brian Living	ston Campaign								
6	Amount (\$)	7	Payee addres	ss; City;	State; Z	ip Cod	de					
	\$250.00		9520 Alberta									
			Frisco, TX 7	5033								
8	PURPOSE	(a)		e Categories listed at the		->	(b)	Description				
ľ	OF	(")		e Categories listed at tr IS/Donations Ma		le)	(~)		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE			tions/bondions wade by					, TX,	officeholder livin	g expense	
								Brian Livingst	ton	Campaign	donation	
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	Offic	ce soug	ght			Office h	eld	
	experialitire to beliefit C/OI											
	Date		Payee name									
	01/30/2023		Collin Coun	ty GOP								
	Amount (\$)		Payee addres	ss; City;	State; Z	ip Cod	de					
	\$2,500.00		2963 W 15th	n St Suite 2981								
			Plano, TX 7	5075								
	PURPOSE	(a)	Category (Se	e Categories listed at the	ne top of this schedul	e)	(b)	Description				
	OF EXPENDITURE		Event Exper					<b>=</b>			nplete Schedule T.	
								Lincoln Day E		officeholder livin	g expense	
								Lincoln Day L	اااار	ilei Table		
_	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	Offic	ce soug	thr			Office h	eld	
	expenditure to benefit C/O		Janaidate/Oni	scholder hame	Onic	oc ooug	giit			Onice ii	Cid	
_	Date	Г	Dayson name									
	01/17/2023		Payee name	nty Council of Re	enuhlican Wor	men						
							do					
	Amount (\$) \$250.00		Payee addres	ss;	State; Z	ip Coo	ue					
	Ψ230.00		11017 N CE	Titiai Expy Suite	240							
			Dallac TV 5	7E242								
		_	Dallas, TX 7				<i>a</i> >					
	PURPOSE OF	(a) 		e Categories listed at the	ne top of this schedul	e)	(b)	Description  Check if travel (	nutsi	de of Texas Con	nplete Schedule T.	
	EXPENDITURE		Advertising	Expense				므		officeholder livin		
								Sponsorship				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	ce souç	ght			Office h	eld	
	expenditure to benefit C/OI	Н										

## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide ex	Salaries/		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)			
1	Total pages Schedule F1:							Filer ID	(Ethics Commission Filers)
L	Sch: 3/8 Rpt: 8/23	Shaheen	, Matt F. (The Honorab	le)				00069726	
4	Date	5 Payee nar							
L	01/30/2023	Mail Pro	USA						
6	Amount (\$)	<b>7</b> Payee add	lress; City;	State; Zip C	ode				
	\$528.79	2016 E R	andol Mill Rd Ste 408						
		Arlington	, TX 76011						
8	PURPOSE	(a) Category	(See Categories listed at the top of	of this schedule)	(b)	Description			
	OF EXPENDITURE	Advertisir	ng Expense			=		de of Texas. Com	
						Mailer	, IA,	officeholder living	expense
9	Complete ONLY if direct	Candidate/0	Officeholder name	Office so	<u>l</u> ught			Office he	eld
	expenditure to benefit C/O				<b>J</b>				
Т	Date	Payee nar	me						
	05/25/2023	Mail Pro							
	Amount (\$)	Payee add	lress; City;	State; Zip C	ode				
	\$219.82	•	andol Mill Rd Ste 408						
		Arlington	TX 76011						
	PURPOSE	(a) Category	(See Categories listed at the top of	of this schedule)	(b)	Description			
	OF EXPENDITURE	Certificate				<b>—</b>		de of Texas. Com	
						Check if Austin, Graduation ce		officeholder living	expense
						Graduation Ce	וווויט	icales	
$\vdash$	Complete ONLY if direct	Candidate/0	Officeholder name	Office so	<u>l</u> uaht			Office he	eld
	expenditure to benefit C/O			255 50	- g			200 110	-
-	Date	Payee nar	me						
	01/18/2023	Mireles, A							
	Amount (\$)	Payee add		State; Zip C	ode				
	\$305.00	1	Congress Ave #1111	Juic, Zip C	Juc				
	Ψ000.00								
		Austin, T	X 78704						
	PURPOSE	(a) Category	(See Categories listed at the top of	of this schedule)	(b)	Description			
	OF EXPENDITURE		Wages/Contract Labor	-,		Check if travel of		de of Texas. Com	
	ZA ENDITORE					_	, TX,	officeholder living	expense
						Salary			
	Complete ONLY if direct	Candidate/0	Officeholder name	Office so	liaht			Office he	ald
	expenditure to benefit C/O		Sinceriolaer name	Office 30	agrit			Cilico He	nu .

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/8 Rpt: 9/23	Shaheen, Matt F. (The Honorable) 00069726
4	Date	5 Payee name
	03/30/2023	Mireles, Antonio
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	1221 S. Congress Ave #1111
		Austin, TX 78704
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Salary
		Sultry
_	Complete ONLY if direct	Candidate/Officeholder name Office acusht
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/01/2023	Rattleff, Amy
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,270.50	4128 Kite Meadow Drive
		Plano, TX 75074
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Salary
		Salary
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/13/2023	Rattleff, Amy
	Amount (\$)	Payee address; City; State; Zip Code
	\$725.00	4128 Kite Meadow Drive
		Plano, TX 75074
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Salary
	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

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

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)

l	Credit Card Payment	The Instruction Guide explains how to co	mplete	this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	$\neg$
	Sch: 5/8 Rpt: 10/23	Shaheen, Matt F. (The Honorable)		00069726	
4	Date	5 Payee name			
	03/21/2023	Rattleff, Amy			
6	Amount (\$)	7 Payee address; City; State; Zip Co	de		
	\$1,505.38	4128 Kite Meadow Drive			
		Plano, TX 75074			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>(b)</b> D	Description	_
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.	
			Ĺ	Check if Austin, TX, officeholder living expense	
			3	Salary	
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	abt	Office held	
9	expenditure to benefit C/O		gni	Office field	
_					_
	Date	Payee name			
	06/09/2023	Rattleff, Amy			
	Amount (\$)	Payee address; City; State; Zip Co	de		
	\$4,000.00	4128 Kite Meadow Drive			
		Plano, TX 75074			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>(b)</b> D	Pescription	
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE			Check if Austin, TX, officeholder living expense	
	EXPENDITURE	Salaries/Wages/Contract Labor	E S	Check if Austin, TX, officeholder living expense	
		Salaries/Wages/Contract Labor  Candidate/Officeholder name Office sou	E S	Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/Oh	Salaries/Wages/Contract Labor  Candidate/Officeholder name Office sou	E S	Check if Austin, TX, officeholder living expense	
_	Complete ONLY if direct expenditure to benefit C/OlDate	Salaries/Wages/Contract Labor  Candidate/Officeholder name Office south	E S	Check if Austin, TX, officeholder living expense	
_	Complete ONLY if direct expenditure to benefit C/OhDate 05/23/2023	Salaries/Wages/Contract Labor  Candidate/Officeholder name Office south  Payee name Rose, Toni	S ght	Check if Austin, TX, officeholder living expense	
=	Complete ONLY if direct expenditure to benefit C/OFDate 05/23/2023 Amount (\$)	Salaries/Wages/Contract Labor  Candidate/Officeholder name Office south  Payee name Rose, Toni  Payee address; City; State; Zip Co	S ght	Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OhDate 05/23/2023	Salaries/Wages/Contract Labor  Candidate/Officeholder name Office south  Payee name Rose, Toni	S ght	Check if Austin, TX, officeholder living expense	
_	Complete ONLY if direct expenditure to benefit C/OFDate 05/23/2023 Amount (\$)	Salaries/Wages/Contract Labor  Candidate/Officeholder name  Payee name Rose, Toni  Payee address; City; State; Zip Co	S ght	Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OFDate 05/23/2023 Amount (\$)	Salaries/Wages/Contract Labor  Candidate/Officeholder name Office south  Payee name Rose, Toni  Payee address; City; State; Zip Co	S ght	Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OFD Date 05/23/2023  Amount (\$) \$32.00	Salaries/Wages/Contract Labor  Candidate/Officeholder name  Payee name Rose, Toni  Payee address; City; State; Zip Co	ght	Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OhDate 05/23/2023 Amount (\$) \$32.00	Candidate/Officeholder name Office south  Payee name Rose, Toni  Payee address; City; State; Zip Corp. P.O. Box 41867  Dallas, TX 75241	ght	Check if Austin, TX, officeholder living expense  Calary  Office held  Description  Check if travel outside of Texas. Complete Schedule T.	
	Complete ONLY if direct expenditure to benefit C/OFDate 05/23/2023  Amount (\$) \$32.00	Candidate/Officeholder name  Candidate/Officeholder name  Office south  Payee name Rose, Toni  Payee address; City; State; Zip Corp. D. Box 41867  Dallas, TX 75241  (a) Category (See Categories listed at the top of this schedule)	ght (b) D	Check if Austin, TX, officeholder living expense  Office held  Oescription  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OFDate 05/23/2023  Amount (\$) \$32.00	Candidate/Officeholder name  Candidate/Officeholder name  Office south  Payee name Rose, Toni  Payee address; City; State; Zip Corp. D. Box 41867  Dallas, TX 75241  (a) Category (See Categories listed at the top of this schedule)	ght (b) D	Check if Austin, TX, officeholder living expense  Calary  Office held  Description  Check if travel outside of Texas. Complete Schedule T.	
	Complete ONLY if direct expenditure to benefit C/OFD Date 05/23/2023  Amount (\$) \$32.00  PURPOSE OF EXPENDITURE	Candidate/Officeholder name  Candidate/Officeholder name  Office south  Payee name Rose, Toni  Payee address; City; State; Zip Corp. D. Box 41867  Dallas, TX 75241  (a) Category (See Categories listed at the top of this schedule) Gift	ght G	Check if Austin, TX, officeholder living expense  Calary  Office held  Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Cift	
	Complete ONLY if direct expenditure to benefit C/OFDate 05/23/2023  Amount (\$) \$32.00	Candidate/Officeholder name  Candidate/Officeholder name  Payee name Rose, Toni  Payee address; City; State; Zip Co P.O. Box 41867  Dallas, TX 75241  (a) Category (See Categories listed at the top of this schedule) Gift  Candidate/Officeholder name  Office sou	ght G	Check if Austin, TX, officeholder living expense  Office held  Oescription  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/On Date 05/23/2023  Amount (\$) \$32.00  PURPOSE OF EXPENDITURE	Candidate/Officeholder name  Candidate/Officeholder name  Payee name Rose, Toni  Payee address; City; State; Zip Co P.O. Box 41867  Dallas, TX 75241  (a) Category (See Categories listed at the top of this schedule) Gift  Candidate/Officeholder name  Office sou	ght G	Check if Austin, TX, officeholder living expense  Calary  Office held  Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Cift	
	Complete ONLY if direct expenditure to benefit C/On Date 05/23/2023  Amount (\$) \$32.00  PURPOSE OF EXPENDITURE	Candidate/Officeholder name  Candidate/Officeholder name  Payee name Rose, Toni  Payee address; City; State; Zip Co P.O. Box 41867  Dallas, TX 75241  (a) Category (See Categories listed at the top of this schedule) Gift  Candidate/Officeholder name  Office sou	ght G	Check if Austin, TX, officeholder living expense  Calary  Office held  Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  Cift	

## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

## SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/8 Rpt: 11/23	Shaheen, Matt F. (The Honorable) 00069726
4	Date	5 Payee name
	01/17/2023	Shelby Williams Campaign
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code
L		Plano, TX 75024
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Shelby Williams Campaign donation
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/02/2023	State Preservation Board
	Amount (\$) \$65.00	Payee address; City; State; Zip Code 201 E 14th St #950
		Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Furniture  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  TV mount in Capitol office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/31/2023	Texas Conservative Coalition
	Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 919 Congress Ave # 450
		Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Dues
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

sement Solicitation/Fundraising Expense
pense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a extension part listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			mmittee	Legal S	ards/Memorials E ervices struction Gui	•		/Wages	s/Contract Labor		Travel Out of OTHER (ente	District r a category no	t listed above)
1	Total pages Schedule F1:	2	FILER NAME	E						3	Filer ID	(Ethics C	Commission Filers)
	Sch: 7/8 Rpt: 12/23		Shaheen, N		(The Hono	rable)					0006972	6	
4	Date	5	Payee name	!									
	03/01/2023		Texas Hous	se Rep	oublican Ca	aucus							
6	Amount (\$)	7	Payee addre	ess;	City;	Sta	ate; Zip C	ode					
	\$1,000.00		PO BOX 13	3305									
			Austin, TX	78711									
Ļ	DUDDOCE	(-)						(6)					
8	PURPOSE OF	(a)	,	ee Categ	ories listed at the	e top of this	schedule)	(D)	Description Check if travel	nute	ide of Teyas C	omnlete Sched	ula T
	EXPENDITURE		Fees						Check if Austin				aic 1.
									Dues				
9	Complete ONLY if direct		Candidate/Offi	icehold	er name		Office so	uaht			Office	held	
	expenditure to benefit C/O	Н						Ū					
⊨	Date	Т	Payee name										
	06/30/2023		WinRed	·									
L		L			Cit	Cta	-ta: 7:- 0						
	Amount (\$)		Payee addre		City;	Sla	ate; Zip C	oue					
	\$19.70		PO BOX 98	391									
			Arlington, V	/A 222	19								
	PURPOSE	(a)	Category (S	ee Categ	ories listed at the	e top of this	schedule)	(b)	Description				
	OF EXPENDITURE		Fees						Check if travel				ule T.
									Transaction f		, officeholder li	ing expense	
									Hansaciion	ee			
L	Complete ONL V if direct	<u> </u>	Candidate/Off	ioobold	lor nomo		Office co	uabt			Office	hold	
	Complete ONLY if direct expenditure to benefit C/O		Sanuluale/On	icerioiu	lei name		Office so	ugni			Office	neiu	
L		_											
	Date		Payee name										
	02/02/2023		Young Con	servat	ives of Lex								
	Amount (\$)		Payee addre		City;	Sta	ate; Zip C	ode					
	\$500.00		7000 Chuck	k Wag	on Trl								
			Austin, TX	78749									
	PURPOSE	(a)	Category (S	ee Categ	ories listed at the	e top of this	schedule)	(b)	Description				
	OF EXPENDITURE		Fees						Check if travel			•	ule T.
	EXI ENDITORE								Check if Austin	ı, TX	, officeholder liv	ing expense	
									Sponsorship				
$ldsymbol{f eta}$							- · · ·	<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	icehold	er name		Office so	ught			Office	held	
	Englished to bottom O/OI	•											

## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

## SCHEDULE F1

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- Committee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expens Printing Expen Salaries/Wage	se s/Contract Labor		Travel in District Travel Out of Di		
	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 8/8 Rpt: 13/23	Shaheen, M	att F. (The Honorable)				00069726		
4	Date	5 Payee name				_			
	03/01/2023		servatives of Texas						
6	Amount (\$)	7 Payee addres	ss; City; S	state; Zip Code					
ľ	\$500.00	7000 Chuck		nate, Zip Code					
	Ψ300.00	7000 Chack	wagon m						
		Austin, TX 7	8749						
8	PURPOSE	(a) Category (Se	e Categories listed at the top of th	is schedule) (b)	Description				
	OF EXPENDITURE	Advertising			Check if travel outside of Texas. Complete Schedule T.				
					_	ı, TX,	officeholder living	g expense	
					Sponsorship				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Offic	ceholder name	Office sought			Office h	eld	

### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/10 Rpt: 14/23 Shaheen, Matt F. (The Honorable) 00069726 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 03/04/2023 **CWA Texas** Amount (\$) Payee address; State; Zip Code City; \$75.00 P.O. Box 600746 Dallas, TX 75360 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Banquet celebration event 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 01/11/2023 Capital Grille Payee address: Amount (\$) City; State; Zip Code \$599.00 117 W 4th St. Austin, TX 78701 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Meal **EXPENDITURE** Check if Austin, TX, officeholder living expense Team dinner Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/10 Rpt: 15/23 Shaheen, Matt F. (The Honorable) 00069726 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Payee name 5 Date 05/24/2023 Gus's World Famous Fried Chicken Amount (\$) Payee address; City; State; Zip Code \$102.00 117 San Jacinto Blvd Austin, TX 78701 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Meal **EXPENDITURE** Check if Austin, TX, officeholder living expense Team dinner 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 01/07/2023 MailChimp Payee address: Amount (\$) City; State; Zip Code \$234.52 675 Ponce De Leon Ave NE, STE 500 Atlanta, GA 30303 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Email blasts** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/10 Rpt: 16/23 Shaheen, Matt F. (The Honorable) 00069726 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 02/07/2023 MailChimp Amount (\$) Payee address; City; State; Zip Code \$234.52 675 Ponce De Leon Ave NE, STE 500 Atlanta, GA 30303 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Email blasts** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 03/07/2023 MailChimp Payee address: Amount (\$) City; State; Zip Code \$234.52 675 Ponce De Leon Ave NE, STE 500 Atlanta, GA 30303 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Email blasts** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/10 Rpt: 17/23 Shaheen, Matt F. (The Honorable) 00069726 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 04/07/2023 MailChimp Amount (\$) Payee address; City; State; Zip Code \$234.52 675 Ponce De Leon Ave NE, STE 500 Atlanta, GA 30303 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Email blasts** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 05/07/2023 MailChimp Payee address: Amount (\$) City; State; Zip Code \$234.52 675 Ponce De Leon Ave NE, STE 500 Atlanta, GA 30303 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Email blasts** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/10 Rpt: 18/23 Shaheen, Matt F. (The Honorable) 00069726 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 06/07/2023 MailChimp Amount (\$) Payee address; City; State; Zip Code \$234.52 675 Ponce De Leon Ave NE, STE 500 Atlanta, GA 30303 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Email blasts** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 05/25/2023 Roaring Fork Amount (\$) Payee address; City; State; Zip Code \$72.00 701 Congress Ave. Austin, TX 78701 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Meal **EXPENDITURE** Check if Austin, TX, officeholder living expense Dinner w/ legislative members Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 6/10 Rpt: 19/23 Shaheen, Matt F. (The Honorable) 00069726 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 01/09/2023 Roaring Fork Amount (\$) Payee address; State; Zip Code City; \$114.00 701 Congress Ave. Austin, TX 78701 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Meal **EXPENDITURE** Check if Austin, TX, officeholder living expense Constituent Dinner 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 05/17/2023 **Shoel Creek** Amount (\$) Payee address; City; State; Zip Code \$108.00 909 N Lamar Blvd. Austin, TX 78703 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Meal **EXPENDITURE** Check if Austin, TX, officeholder living expense Dinner w/ legislative members Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/10 Rpt: 20/23 Shaheen, Matt F. (The Honorable) 00069726 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 04/27/2023 **Shoel Creek** Amount (\$) Payee address; City; State; Zip Code \$197.00 909 N Lamar Blvd. Austin, TX 78703 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Meal **EXPENDITURE** Check if Austin, TX, officeholder living expense Team dinner 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 01/15/2023 Storage Sense Amount (\$) Payee address; City; State; Zip Code \$91.00 4633 Hedgcoxe Road Plano, TX 75074 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Storage **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign storage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/10 Rpt: 21/23 Shaheen, Matt F. (The Honorable) 00069726 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 02/15/2023 Storage Sense Amount (\$) Payee address; City; State; Zip Code \$91.00 4633 Hedgcoxe Road Plano, TX 75074 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Storage **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign storage 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 03/15/2023 Storage Sense Amount (\$) Payee address; City; State; Zip Code \$91.00 4633 Hedgcoxe Road Plano, TX 75074 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Storage **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign storage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/10 Rpt: 22/23 Shaheen, Matt F. (The Honorable) 00069726 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 04/15/2023 Storage Sense Amount (\$) Payee address; City; State; Zip Code \$91.00 4633 Hedgcoxe Road Plano, TX 75074 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Storage **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign storage 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 05/15/2023 Storage Sense Amount (\$) Payee address; City; State; Zip Code \$91.00 4633 Hedgcoxe Road Plano, TX 75074 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Storage **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign storage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 10/10 Rpt: 23/23 Shaheen, Matt F. (The Honorable) 00069726 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 06/15/2023 Storage Sense Amount (\$) Payee address; City; State; Zip Code \$91.00 4633 Hedgcoxe Road Plano, TX 75074 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Storage **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign storage 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH