# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

_							
Th	e C/OH Instruction (	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commiss 00086203	ion Filers)	2 Total pages fi	led: L4
3	CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
	OFFICEHOLDER	Mr.	Matt				
Ī	NAME	J				Date Received	·
l						ELECTRONIC	ALLY FILED
l		NICKNAME	LACT		CLIFFIX	02/26/2024	
l		NICKNAME	LAST		SUFFIX	02/20/2024	
		Mahdi	Rostami				
4	CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered of	or Date Postmarked
l	OFFICEHOLDER	4529 stone valley drive					
l	MAILING	4023 Storie valley drive				Receipt #	Amount
l	ADDRESS						
l	Change of Address	mckinney, TX 75070				Date Processed	
l						Date Processed	
l							
l						Date Imaged	
L						<u> </u>	
5	CAMPAIGN	MS / MRS / MR	FIRST		MI		
l	TREASURER NAME	Mr.	Matt				
l	INAIVIE						
		NICKNIANA			OUEEN/		
		NICKNAME	LAST		SUFFIX		
l			Rostami				
6	CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE):	APT	/ SUITE #; CITY;	STA	ATE; ZIP CODE
l	TREASURER	4529 stone valley drive	,,				•
	ADDRESS	.525 Storie valley drive					
l	(Residence or Business)						
l		mckinney, TX 75070					
L							
7	CAMPAIGN	AREA CODE PHON	IE NUMBER E	EXTENSION			
	TREASURER PHONE	(732) 890-7885					
	FHUNE						
8	REPORT						
آ	TYPE	January 15	30th day before	election	Runoff	15th day after ca	mpaign treasurer
l		L	<b>_</b>		-	appointment (offi	ceholder only)
l		July 15	8th day before		Exceeded modified	Final Report (Att	ach C/OH-FR)
					eporting limit	_	
9	PERIOD	Month Day Year			Month Day	Year	
ľ	COVERED	1	TL	IROUGH	02/24/2024		
l		01/26/2024	IH	поодп	02/24/2024	+	
L			·				
10	ELECTION	ELECTION DATE			ELECTION TYPE		
l		Month Day Year	XP	rimary	Runoff	Other	
l		03/05/2024		eneral	Special	<del></del>	
l				chiciai	Special		
L							
11	OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
l		State Board Of Education	District 12		State Board Of E	ducation District	t 12
$\vdash$		1					
			GO T	O PAGE 2			
l							

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 14

13 C / OH NAME	Rostami, Matt (Mr.)			14 Filer ID 00086203	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	s accepted or political expenditus may have been made without to equired to report this information	the candidate's or offic	eholder's kno	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	IE			
_	GENERAL					
	_	COMMITTEE ADD	RESS			
	SPECIFIC					
		COMMITTEE CAM	IPAIGN TREASURER NAME			
		COMMITTEE CAM	IPAIGN TREASURER ADDRES	SS		
					ļ	
16 CONTRIBUTION TOTALS			ONTRIBUTIONS (OTHER THAI CONTRIBUTIONS MADE ELEC		\$	0.00
		CAL CONTRIBUTIO PLEDGES, LOANS,	<b>NS</b> OR GUARANTEES OF LOANS	5)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EX	KPENDITURES		\$	0.00
	4. TOTAL POLITIC	CAL EXPENDITURE	S		\$	76,323.10
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE L	AST DAY OF THE	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	95,000.00
17 AFFIDAVIT			I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.			
			Mr	r. Matt Rostami		
			Signature of	Candidate or Officeho	older	
AFFIX NO	TARY STAMP / SEAL ABO	OVE				
Sworn to and subso	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 office	er administeri	ng oath

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

			3 of 14
18 FILER N		19 Filer ID	(Ethics Commission Filers)
	, Matt (Mr.)	00086203	
	LE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. X	SCHEDULE E: LOANS	<b>\$</b> 55,000.00	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 62,822.97	
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	_	<b>\$</b> 13,500.13
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
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 F TO FILER	RETURNED	\$

	LOANS							SCHEDULE E
	The Instructio	n Guide explains ho	w to co	omplete this f	orm.	1		ges Schedule E: L Rpt: 4/14
2	FILER NAME Rostami, Matt (N	Λr.)				1	iler ID 00862	(Ethics Commission Filers)
4	TOTAL OF UN	ITEMIZED LOANS				<u>I</u>		\$
5	Date of loan	7 Name of lender		out-of-state PA	C (ID#:			9 Loan Amount (\$)
6	02/06/2024  Is lender a financial institution?	Rostami, Matt  8 Lender address;	City;	State;	Zip Code			\$40,000.00 <b>10</b> Interest Rate
	No	TX						11 Maturity Date
12	12 Principal occupation / Job title (See Instructions)  Eye Surgeon  13 Employer (See Instructions)  Eye Surgeon  15 Check if personal funds were deposed by None							
14	Description of Coll  X None	ateral			15 Check if personal funds we	ere de	posited	into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor						19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address;	City;	State;	Zip Code			
20	Principal occupation	on I			21 Employer (See Instructions	s)		
	Date of loan	Name of lender		out-of-state PA	C (ID#:		)	Loan Amount (\$)
	02/08/2024	Rostami, Matt						\$15,000.00
	Is lender a financial institution?	Lender address;	City;	State;	Zip Code			Interest Rate
	No	TX						Maturity Date
		on / Job title (See Instructio	ns)		Employer (See Instructions			
	Eye Surgeon				Lone Star Eye Specialis			
	Description of Coll  X None	ateral			Check if personal funds we	ere de	posited	into political account (See Instructions)
	GUARANTOR INFORMATION	Name of guarantor						Amount Guaranteed (\$)
	X not applicable	Guarantor address;	City;	State;	Zip Code			
	Principal occupation	on			Employer (See Instructions	s)		

# 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/Politica Credit Card Payment	/ - al Comm	ittee	Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	kpense Pri Sa	lling Expense nting Expens laries/Wages	e Contract Labor		Travel in Distr		
	·			The Instruction Guid	le explains how	to comple	te this form.				
1	Total pages Schedule F1: Sch: 1/1 Rpt: 5/14	l	ILER NAME ostami, Ma					3	Filer ID 00086203	(Ethics Commis	sion Filers)
4	Date 02/13/2024		ayee name								
			G Media,								
6	Amount (\$) \$62,822.97		ayee addres		State; Z	ip Code					
8	PURPOSE OF EXPENDITURE		ategory <sub>(Se</sub>	ee Categories listed at the Expense	top of this schedule		<u> </u>		ide of Texas. Co , officeholder livi	mplete Schedule T. ng expense	
9	Complete ONLY if direct expenditure to benefit C/OI	Ca H	ndidate/Offi	ceholder name	Offic	e sought			Office	neld	

# SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

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

Candidate/Officenoider/Politica	-	ruction Guide explains how		THER (enter a catego	ory not listed at	oove)
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 1/9 Rpt: 6/14	Rostami, Matt (Mr.)			00086203		
4 CREDIT CARD ISSUER	Name of final	ncial institution America	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$596.24	02/06/2024				
7 PAYEE	(a) Payee name  Tractor Supply		(b) Payee address;	City,	State,	Zip Code
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	Tpost			
X Political	Advertising Expense					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living ex	pense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$397.49	02/20/2024				
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
	Tractor Supply					
			TX			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
	Advertising Expense	or this scriedule)	ads			
X Political						
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	x, officeholder living ex	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
	\$103.41	01/29/2024				
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
	Gohighlevel					
	Goriigilievei					
	() 0 :		dallas, TX			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description texts			
	Advertising Expense	,	lexis			
X Political			<u> </u>			
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	, officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held		
expenditure to benefit C/OH						

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Insti	ruction Guide explains how	to cor	nplete thi	s form.	(	,	,
1 Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Eth	ics Commiss	sion Filers)
Sch: 2/9 Rpt: 7/14	Rostami, Matt (Mr.)					00086203		
4 CREDIT CARD ISSUER	Name of final	ncial institution revious	E	XPENDI	F UNITEMIZED TURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) [	Date(s) C	redit Card Issue	r Paid		
	\$197.82	02/13/2024						
7 PAYEE	(a) Payee name Facebook					State,	Zip Code	
	( ) -	Menlo Park, Ca						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description					
	Advertising Expense	or this scriedale)	ads	5				
X Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living ex	pense	
				ght		Office held		
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) [	Date(s) C	redit Card Issue	r Paid		
	\$900.00	02/19/2024						
PAYEE	(a) Payee name		(b) F	Payee ac	ldress;	City,	State,	Zip Code
	Facebook							
			Ме	nlo Park	c, CA			
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)	ads	6				
X Political	Advertising Expense							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder		fice sought Office held					
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) [	Date(s) C	redit Card Issue	r Paid		
	\$900.00	02/23/2024						
PAYEE	(a) Payee name	I	(b) I	Payee ac	ldress;	City,	State,	Zip Code
	Facebook							
			Ме	nlo Park	k, CA			
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)	ads	6				
X Political	Advertising Expense							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Г	Check if Austin, TX.	officeholder living ex	pense	
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sou	ght	<u>.</u>	Office held	-	
expenditure to benefit C/OH				-				

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense
Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	v to c	omplete th	is form.		.,	,
1 Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Ethi	ics Commiss	sion Filers)
Sch: 3/9 Rpt: 8/14	Rostami, Matt (Mr.)					00086203		
4 CREDIT CARD ISSUER	Name of final	ncial institution revious	5	<b>EXPEND</b>	F UNITEMIZED ITURES D TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c)	) Date(s) C	Credit Card Issue	r Paid		
	\$635.22	01/29/2024						
7 PAYEE	(a) Payee name		(b)	) Payee a	ddress;	City,	State,	Zip Code
	Tractor Supply							
			T	X				
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)	Tı	oost				
X Political	Advertising Expense							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
9 Complete ONLY if direct	9 Complete ONLY if direct Candidate/Officeholder name					Office held		
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c)	) Date(s) (	Credit Card Issue	r Paid		
	\$900.00	02/14/2024						
PAYEE	(a) Payee name		(b)	) Payee a	ddress;	City,	State,	Zip Code
	Facebook							
			Тм	enlo Parl	k. CA			
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)		ds				
X Political	Advertising Expense							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Offic	e so	ught		Office held		
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c)	) Date(s) C	Credit Card Issue	r Paid		
	\$500.00	02/12/2024						
PAYEE	(a) Payee name	1	(b)	) Payee a	ddress;	City,	State,	Zip Code
	Facebook							
	1 doesook			_				
	(a) Oatawari		C					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	- 1	) Descripti	on			
l <u> </u>	Advertising Expense	,	a	ds				
I 📙	X Political							
Non-Political	(1)	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e so	ught		Office held		

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense
Salaries/Wages/Contract Labor

Facebook  CA  8 PURPOSE OF (a) Category (b) Description		zip Code				
4 CREDIT CARD ISSUER  Name of financial institution see previous  5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD  6 PAYMENT  (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid  7 PAYEE  (a) Payee name  Facebook  CA  8 PURPOSE OF  (a) Category  (b) Description	State,	Zip Code				
See previous  EXPENDITURES CHARGED TO A CREDIT CARD  (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid  7 PAYEE (a) Payee name (b) Payee address; City, See Facebook  CA  8 PURPOSE OF (a) Category (b) Description	State,	Zip Code				
\$500.00 02/19/2024  7 PAYEE (a) Payee name (b) Payee address; City, S Facebook CA  8 PURPOSE OF (a) Category (b) Description	State,	Zip Code				
7 PAYEE (a) Payee name (b) Payee address; City, S Facebook CA  8 PURPOSE OF (a) Category (b) Description	State,	Zip Code				
Facebook  CA  8 PURPOSE OF (a) Category (b) Description	State,	Zip Code				
8 PURPOSE OF (a) Category (b) Description						
EXPENDITURE (See Categories listed at the top of this schedule) ads						
Advertising Expense						
	officeholder living expense					
(c) Constitution of the contract of the contra						
expenditure to benefit C/OH						
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid						
\$500.00 02/20/2024						
PAYEE (a) Payee name (b) Payee address; City, S	State,	Zip Code				
Facebook						
CA						
PURPOSE OF (a) Category (b) Description						
EXPENDITURE (See Categories listed at the top of this schedule) Advertising Expense						
X Political Advertising Expense						
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OH						
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid						
\$810.00 02/12/2024						
PAYEE (a) Payee name (b) Payee address; City, S	State,	Zip Code				
Cabinhland						
Gohighlevel						
dallas, TX						
PURPOSE OF (a) Category (b) Description  EXPENDITURE (See Categories listed at the top of this schedule)						
Advertising Expense						
X Political Political						
Non-Political (c) 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						

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense

Candidate/Onicentidet/Fullica		ruction Guide explains how		omplete th		TTIEN (enter a categor	ly flot listed a	bove)		
1 Total pages Schedule F4:	2 FILER NAME					3 Filer ID (Ethi	cs Commiss	sion Filers)		
Sch: 5/9 Rpt: 10/14	Rostami, Matt (Mr.)					00086203				
4 CREDIT CARD ISSUER	1	ncial institution revious	5	EXPEND	OF UNITEMIZED VITURES ED TO A CREDIT	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c	) Date(s) (	Credit Card Issue	r Paid				
	\$10.00	02/13/2024								
7 PAYEE	(a) Payee name		(b	) Payee a	ddress;	City,	State,	Zip Code		
	Gohighlevel									
			dallas, TX							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)		) Descript	ion					
	Advertising Expense	or time comedation	ιε	exts						
X Political										
Non-Political	`	of Texas. Complete Schedule T.								
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	ce so	ught		Office held				
expenditure to benefit C/OH	( ) 4 ( ) 4	[ (1) D ( (1)	1,	\ <b>D</b>	2 17 0 11	5 : 1				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(C	) Date(s) (	Credit Card Issue	r Paid				
	\$659.49	02/13/2024								
PAYEE	(a) Payee name		(b	) Payee a	ddress;	City,	State,	Zip Code		
	Facebook									
	Menlo Park, C			k, CA						
PURPOSE OF	(a) Category			) Descript	ion					
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	a	ds						
X Political	Advertising Expense									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•		Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce so	ught		Office held				
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c	) Date(s) (	Credit Card Issue	r Paid				
	\$296.46	02/02/2024								
PAYEE	(a) Payee name	I	(b	) Payee a	ddress;	City,	State,	Zip Code		
	Facebook									
			С	A						
PURPOSE OF	(a) Category (See Categories listed at the top	of this cahadula)		) Descript	ion					
EXPENDITURE ——	Advertising Expense	oi triis schedule)	a	ds						
X Political										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce so	ught		Office held				
expenditure to benefit C/OH										

# SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

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

Candidate/Officenoider/Politica	•	ruction Guide explains how	to complete th		THER (enter a categ	jory not listed at	oove)	
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	hics Commiss	sion Filers)	
Sch: 6/9 Rpt: 11/14	Rostami, Matt (Mr.)				00086203			
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid			
	\$500.00	02/15/2024						
7 PAYEE	(a) Payee name Facebook		(b) Payee ac	ddress;	City,	State,	Zip Code	
8 PURPOSE OF	(a) Category		(b) Descripti	on				
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	ads					
X Political	Advertising Expense							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
9 Complete ONLY if direct	name Offic	e sought		Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid			
	\$500.00	02/16/2024						
PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code	
	Facebook							
			CA					
PURPOSE OF	(a) Category		(b) Descripti	on				
EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	ads					
X Political	Advertising Expense							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid			
	\$500.00	02/22/2024						
PAYEE	(a) Payee name	<u> </u>	(b) Payee ac	ddress;	City,	State,	Zip Code	
	Facebook							
			CA					
PURPOSE OF	(a) Category (See Categories listed at the top	of Abrica and a student	(b) Descripti	on				
EXPENDITURE 	Advertising Expense	or this schedule)	ads					
X Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living ex	xpense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held			
expenditure to benefit C/OH								
I								

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,		
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)		
Sch: 7/9 Rpt: 12/14	Rostami, Matt (Mr.)				00086203				
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid				
	\$500.00	02/23/2024							
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
	Facebook		CA						
8 PURPOSE OF	(a) Category		(b) Descrip	otion					
EXPENDITURE	(See Categories listed at the top	of this schedule)	ads						
X Political	Advertising Expense								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	X, officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	·	e sought		Office held				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	<sup>·</sup> Paid				
	\$500.00	02/12/2024							
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
	Facebook								
			CA						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description ads						
l <u> </u>	Advertising Expense	or time estricularly	ads						
X Political									
Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid				
	\$500.00	02/13/2024							
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code		
	Facebook								
			CA						
PURPOSE OF	(a) Category		(b) Descrip	otion					
EXPENDITURE	(See Categories listed at the top	of this schedule)	ads						
X Political	Advertising Expense								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	Check if Austin. TX.	officeholder living exp	 jense			
Complete ONLY if direct	Candidate/Officeholder		e sought		Office held				
expenditure to benefit C/OH			-						

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Candidate/Officeriolder/Folitica	· ·	ruction Guide explains how	to complete		TIER (enter a catego	ry not iisteu ai	oove)	
1	Total pages Schedule F4:				3 Filer ID (Ethi	cs Commiss	sion Filers)		
	Sch: 8/9 Rpt: 13/14	Rostami, Matt (Mr.)			00086203	C3 COMMISS	sion i liers)		
_	· · · · · · · · · · · · · · · · · · ·	·			LOCUMITEMIZED	00000203			
4	CREDIT CARD ISSUER	Name of financial institution  see previous		5 TOTAL OF UNITEMIZED EXPENDITURES		\$			
		see pi	revious	CHAR CARD	GED TO A CREDIT				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		s) Credit Card Issuer	Paid			
ľ	TATMENT	.,		(c) Date(.	s) Cicuit Cara issuei	i did			
		\$500.00	02/23/2024						
7	PAYEE	(a) Payee name		(h) Pave	e address;	City,	State,	Zip Code	
		(a) i a) so name		(3) . 4)	, aud. 555,	0.137,	Otolio,	p	
		Facebook							
				CA					
8	PURPOSE OF	(a) Category		(b) Descr	ription				
	EXPENDITURE	(See Categories listed at the top	of this schedule)	ads					
	X Political	Advertising Expense							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	ı	Check if Austin, TX,	officeholder living exp	ense		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
e	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	s) Credit Card Issuer	Paid			
		\$41.13	02/14/2024						
PAYEE		(a) Payee name		(b) Paye	e address;	City,	State,	Zip Code	
		wix							
		With							
		(a) Cotogoni		CA (b) Description					
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top	ads	триоп					
X Political		Advertising Expense		aus					
Non-Political					_				
		(c) 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							
	·	(a) Amount Charged	(h) Date of Charge	(c) Date(s	s) Credit Card Issuer	· Paid			
	TATMENT			(c) Batc(	o) Orean Oard 199der	i did			
		\$1,957.87	02/23/2024						
	PAYEE	(a) Payee name		(b) Pavee	e address;	City,	State,	Zip Code	
		(a) i a) so name		(3) . 4)	, aud. 555,	0.137,	Otolio,	p	
		Peerly							
				CA					
PURPOSE OF		(a) Category		(b) Descr	ription				
EXPENDITURE		(See Categories listed at the top of this schedule)  Advertising Expense		ads					
X Political Advertising Expense									
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought Office held					
e	xpenditure to benefit C/OH								
				-					

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking		Fees		Office Overhead/Rental Expense	olicitation/Fundraising Expense ansportation Equipment & Related Expense				
	Contributions/ Donations Made By	Consulting Expense Food/Beverage Expense Contributions/ Donations Made By - Gift/Awards/Memorials Expense		Printing Expense	ravel in District ravel Out of District				
	Candidate/Officeholder/Politica	-		Salaries/Wages/Contract Labor  ow to complete this form.	OTHER (enter a category not li	sieu above)			
1	Total pages Schedule F4:		•	·	3 Filer ID (Ethics Co	mmission Filers)			
	Sch: 9/9 Rpt: 14/14	Rostami, Matt (Mr.)			00086203				
4	CREDIT CARD	Name of financial institution		5 TOTAL OF UNITEMIZED					
	ISSUER	see previous		EXPENDITURES CHARGED TO A CREDI	<sub></sub>  \$				
				CARD					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid				
		\$95.00	02/23/2024						
7	PAYEE	(a) Payee name		(b) Payee address;	City, St	ate, Zip Code			
		Campaign Verify							
		2		CA					
8	PURPOSE OF	(a) Category		CA (b) Description					
ľ	EXPENDITURE	(See Categories listed at the top	of this schedule)	ads					
	X Political	Advertising Expense							
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin, T.	K, officeholder living expense				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
е	expenditure to benefit C/OH								