

**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	2 Total pages filed: 19
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	Mr. Matthew J.		
	NICKNAME	LAST	SUFFIX
	"Matt"	Foust	-
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE
	5601 Oak Top Dr		
	COLLEYVILLE, TX 76034		
OFFICE USE ONLY			
Date Received 4-25-25 SA			
Date Hand-delivered or Date Postmarked			
Receipt #		Amount	
Date Processed 4-25-25 SA			
Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Mr. Douglas S.		
	NICKNAME	LAST	SUFFIX
	Doug	Abell	-
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;
	2818 Spring Hill Dr.		
Grapevine, TX 76051		CITY;	STATE; ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	817	917-3366	
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month	Day	Year
	03	25	2025
THROUGH		Month	Day
		04	23
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	05	23	2025
	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other
	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
	None		
		GUSD Trustee, Place 3	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**
2 of 19

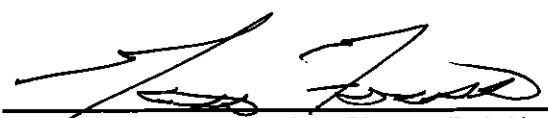
13 C / OH NAME Matt Foust	14 Filer ID
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 100.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,085.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,489.34
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,611.66
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 50.00

17 AFFIDAVIT

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Matt Foust, this the 25 day of April, 2025, to certify which, witness my hand and seal of office.

Signature of officer administering

Stephanie Heppenstall
 Printed name of officer administering

Board Clerk / Notary
 Title of officer administering oath

SUBTOTALS - C/OH

18 FILER NAME <p style="text-align: center; font-size: 1.2em;">Matt Foust</p>	19 Filer ID
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	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,085.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 5,000.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 11,489.34
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 1/8 Rpt: 4/19

2 FILER NAME

Matt Foust

3 Filer ID

4 Date
04/03/2025

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

Abell, Chris

7 Amount of Contribution (\$)

\$500.00

6 Contributor address; City; State; Zip Code

2716 Devonshire Court

Grapevine, TX 76051

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
03/26/2025

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

Azadpour, Aram

Amount of Contribution (\$)

\$15.00

Contributor address; City; State; Zip Code

P.O. Box 2644

Grapevine, TX 76099

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/06/2025

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

Azadpour, Aram

Amount of Contribution (\$)

\$10.00

Contributor address; City; State; Zip Code

P.O. Box 2644

Grapevine, TX 76099

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/17/2025

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

Bauer, Nicole

Amount of Contribution (\$)

\$25.00

Contributor address; City; State; Zip Code

5306 Walnut Lane

Colleyville, TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/02/2025

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

Bullock, Jon

Amount of Contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

5808 Bettinger

Colleyville, TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 2/8 Rpt: 5/19

2 FILER NAME

Matt Foust

3 Filer ID

4 Date
03/31/2025

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

Bundy, Kathleen

7 Amount of Contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

4604 Mill Wood Dr

Colleyville, TX 76034

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
04/01/2025

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

Caldwell, Jennifer

Amount of Contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

6909 Meade Drive

Colleyville, TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/18/2025

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

Carson, Elizabeth

Amount of Contribution (\$)

\$25.00

Contributor address; City; State; Zip Code

4504 West Jim Mitchell Trail

Colleyville, TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/18/2025

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

Catlett, Rebecca

Amount of Contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

6611 Charleston Dr

Colleyville, TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/06/2025

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

Clontz, Ken

Amount of Contribution (\$)

\$25.00

Contributor address; City; State; Zip Code

4403 Asbury Drive

Grapevine, TX 76051

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/8 Rpt: 6/19
2 FILER NAME Matt Foust		3 Filer ID
4 Date 03/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crenshaw, James	7 Amount of Contribution (\$) \$400.00
6 Contributor address; City; State; Zip Code 3400 Pembroke Pkwy S Colleyville, TX 76034		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cross, Melissa	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2309 Woodmoor Drive Colleyville, TX 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dykhouse, Jack	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 3712 Treemont Court Colleyville, TX 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddis-Klein, Pam	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 101 Timberline Dr S COLLEYVILLE, TX 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fry, Laurie	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3069 High Ridge Drive Grapevine, TX 76051		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/8 Rpt: 7/19
2 FILER NAME Matt Foust		3 Filer ID
4 Date 03/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gallagher, Lisa ----- 6 Contributor address; City; State; Zip Code 3024 Sherwood Ln Colleyville, TX 76034	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Tom ----- Contributor address; City; State; Zip Code 1717 Avondale Dr Colleyville, TX 76034	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holt, Molly ----- Contributor address; City; State; Zip Code 6507 Charleston Drive Colleyville, TX 76034	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ivers, David ----- Contributor address; City; State; Zip Code 1711 Wildflower Trl Grapevine, TX 76051	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ivers, David ----- Contributor address; City; State; Zip Code 1711 Wildflower Tr Grapevine, TX 76051	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/8 Rpt: 8/19
2 FILER NAME Matt Foust		3 Filer ID
4 Date 04/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lanigan, Shelly <hr/> 6 Contributor address; City; State; Zip Code 2624 Flameleaf Drive Grapevine, TX 76051	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larsen, Matthew <hr/> Contributor address; City; State; Zip Code 6808 Fallbrook Ct Colleyville, TX 76034	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larsen, Matthew <hr/> Contributor address; City; State; Zip Code 6808 Fallbrook Court Colleyville, TX 76034	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinson, Andy <hr/> Contributor address; City; State; Zip Code 5908 Lansford Lane Colleyville, TX 76034	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxwell, Greg <hr/> Contributor address; City; State; Zip Code 3053 Monument Butte Grapevine, TX 76051	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/8 Rpt: 9/19
2 FILER NAME Matt Foust		3 Filer ID
4 Date 03/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCull, Ryan <hr/> 6 Contributor address; City; State; Zip Code 1430 Waltham Drive Southlake, TX 76092	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mccoy, Laura <hr/> Contributor address; City; State; Zip Code 706 Briana Court Grapevine, TX 76051	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parham, Hayley <hr/> Contributor address; City; State; Zip Code 4130 Harvestwood Drive Grapevine, TX 76051	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Mariel <hr/> Contributor address; City; State; Zip Code 5208 Pool Road Colleyville, TX 76034	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Mariel <hr/> Contributor address; City; State; Zip Code 5208 Pool Road Colleyville, TX 76034	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/8 Rpt: 10/19
2 FILER NAME Matt Foust		3 Filer ID
4 Date 03/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Posnock, Eugene	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 5017 Preservation Avenue Colleyville, TX 76034		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios, Cheril	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 2613 Valleywood Dr Grapevine, TX 76051		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Jennifer	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 930 River Park Drive Memphis, TN 38103		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roorda, Jennifer	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 105 Timberline Drive South Colleyville, TX 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rork, Amy	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 1934 Stafford Rd Grapevine, TX 76051		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/8 Rpt: 11/19
2 FILER NAME Matt Foust		3 Filer ID
4 Date 03/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaefer, Paul	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 3324 Spruce Lane Grapevine, TX 76051		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stickney, Erika	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code 5305 Cottonwood Court Colleyville, TX 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timm, Latrese	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 2007 WOODSTOCK DR COLLEYVILLE, TX 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Lara	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 3317 Briar Cove Grapevine, TX 76051		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner, Kristen	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code 6209 Kenshire Drive Colleyville, TX 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 12/19	
2 FILER NAME Matt Foust		3 Filer ID	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 04/02/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMPSON, ALLEN	8 Amount of contribution (\$) \$5,000.00	9 In-kind contribution description Videography for Social Media
	7 Contributor address; City; State; Zip Code 1023 Pheasant Ridge Dr GRAPEVINE, TX 76051	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) SELF		11 Employer (FOR NON-JUDICIAL) (See instructions) VIDEOGRAPHER	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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 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: Sch: 1/7 Rpt: 13/19	2 FILER NAME Matt Foust	3 Filer ID
4 Date 03/25/2025	5 Payee name Community Impact	
6 Amount (\$) \$2,225.00	7 Payee address; City; State; Zip Code 16225 Impact Way Pflugerville, TX 78660	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CIRCULAR INSERT AD
9 Complete ONLY if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 04/23/2025	Payee name DONORBOX	
Amount (\$) \$254.36	Payee address; City; State; Zip Code 1520 Belle View Blvd #4106 Alexandria, VA 22307	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MERCHANT CARD SERVICES FEES
Complete ONLY if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought Office held
Date 03/27/2025	Payee name Edward & Patterson and Sons Signs	
Amount (\$) \$1,057.00	Payee address; City; State; Zip Code 203 S Belt Line Rd Irving, TX 75060	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CAMPAIGN SIGNS
Complete ONLY if direct expenditure to benefit C/OH		
	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 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: Sch: 2/7 Rpt: 14/19	2 FILER NAME Matt Foust	3 Filer ID
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4 Date 04/07/2025	5 Payee name Emblem, Inc.
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6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 1201 Evans Avenue STE 100 Fort Worth, TX 76104
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CONSULTING EXPENSE
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/27/2025	Payee name Fedex Office
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Amount (\$) \$43.42	Payee address; City; State; Zip Code 5615 Colleyville Blvd Ste 210 Colleyville, TX 76034
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LIST PRINTING
------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/27/2025	Payee name Fedex Office
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Amount (\$) \$160.07	Payee address; City; State; Zip Code 5615 Colleyville Blvd Ste 210 Colleyville, TX 76034
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LIST PRINTING
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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 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: Sch: 3/7 Rpt: 15/19	2 FILER NAME Matt Foust	3 Filer ID
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4 Date 03/27/2025	5 Payee name Fedex Office
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6 Amount (\$) \$258.85	7 Payee address; City; State; Zip Code 5615 Colleyville Blvd Ste 210 Colleyville, TX 76034
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POSTAGE
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/31/2025	Payee name Fedex Office
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Amount (\$) \$23.87	Payee address; City; State; Zip Code 5615 Colleyville Blvd Ste 210 Colleyville, TX 76034
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POSTAGE
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/07/2025	Payee name Fedex Office
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Amount (\$) \$44.46	Payee address; City; State; Zip Code 5615 Colleyville Blvd Ste 210 Colleyville, TX 76034
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POSTAGE
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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 Expense | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/7 Rpt: 16/19	2 FILER NAME Matt Foust	3 Filer ID
4 Date 03/27/2025	5 Payee name Print Place	
6 Amount (\$) \$164.54	7 Payee address; City; State; Zip Code 1130 Ave H East Arlington, TX 76011	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POSTCARDS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/07/2025	Payee name Redefined Coffee	
Amount (\$) \$62.00	Payee address; City; State; Zip Code 200 W Northwest Hwy Grapevine, TX 76051	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense COFFEE FOR VOLUNTEERS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/09/2025	Payee name Switchboard PBC	
Amount (\$) \$74.75	Payee address; City; State; Zip Code P.O. Box 33485 Washington, DC 20033	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SMS FUNDRAISING FEES
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

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: Sch: 5/7 Rpt: 17/19		2 FILER NAME Matt Foust		3 Filer ID	
4 Date 03/31/2025		5 Payee name The Mail Room Hurst			
6 Amount (\$) \$162.32		7 Payee address; City; State; Zip Code 729 Grapevine Hwy Hurst, TX 76054			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MAILING ADDRESS PRINTING	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 04/09/2025		Payee name The Mail Room Hurst			
Amount (\$) \$2,655.06		Payee address; City; State; Zip Code 729 Grapevine Hwy Hurst, TX 76054			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MAILERS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
Date 04/11/2025		Payee name The Mail Room Hurst			
Amount (\$) \$2,825.29		Payee address; City; State; Zip Code 729 Grapevine Hwy Hurst, TX 76054			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MAILERS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	

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 | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/7 Rpt: 18/19	2 FILER NAME Matt Foust	3 Filer ID
4 Date 04/17/2025	5 Payee name The Mail Room Hurst	
6 Amount (\$) \$362.88	7 Payee address; City; State; Zip Code 729 Grapevine Hwy Hurst, TX 76054	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MAILING FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/26/2025	Payee name Wal Mart	
Amount (\$) \$20.00	Payee address; City; State; Zip Code 4904 Colleyville Blvd Colleyville, TX 76034	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ADDRESS LABELS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/26/2025	Payee name Wal Mart	
Amount (\$) \$53.69	Payee address; City; State; Zip Code 4904 Colleyville Blvd Colleyville, TX 76034	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense OFFICE SUPPLIES
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

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: Sch: 7/7 Rpt: 19/19	2 FILER NAME Matt Foust	3 Filer ID
4 Date 04/21/2025	5 Payee name Wal Mart	
6 Amount (\$) \$41.78	7 Payee address; City; State; Zip Code 4904 Colleyville Blvd Colleyville, TX 76034	
8 PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense OFFICE SUPPLIES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate/Officeholder name	Office sought
		Office held