CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G | Guide explains how | to complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: | |
|---|--|--|---|--|--|
| 3 CANDIDATE / OFFICEHOLDER | MS/MRS/MR Mr. | FIRST Matias | MI | OFFICE USE ONLY | |
| NAME | NICKNAME | LAST Kopinsky | SUFFIX | Date Received | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | P.O. Box | 000 | CITY; STATE; ZIP CODE | OCT 2 5 2021 | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE (713)50 | PHONE NUMBER 2 3727 | EXTENSION | Date Hand-delivered or Date Postmarked Receipt # Amount \$ | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST Andrew | мі | Date Processed | |
| | NICKNAME | LAST Monzon | SUFFIX | Date Imaged | |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (| NO PO BOX PLEASE); APT / S | CITY; Houston, | STATE; ZIP CODE 77.09.2 | |
| (Residence or Business) | 3012 De | Mio Di, | 1 100 3001, | (// // // // // // // // // // // // // | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (832) | PHONE NUMBER 466 - 702 | EXTENSION | | |
| 9 REPORT TYPE | January 15 | 30th day before e | election Runoff | 15th day after campaign treasurer appointment (Officeholder Only) | |
| | July 15 | 🔀 8th day before ele | ection Exceeded Modified Reporting Limit | Final Report (Attach C/OH - FR) | |
| 10 PERIOD COVERED | Month 09 / | Day Year / 2021 | THROUGH 10 | Day Year 23 | |
| 11 ELECTION | Month Day | Year Primary | Runoff Other Description Special | | |
| 12 OFFICE | OFFICE HELD (if any) None | | 13 OFFICE SOUGHT (if know Houston ISD) | n) Boald of Trustees, I | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) | THE CANDIDATE / OFFICE CONSENT. CANDIDATES | EHOLDER. THESE EXPENDITURE AND OFFICEHOLDERS ARE REQU | ACCEPTED OR POLITICAL EXPENDITURES IN S MAY HAVE BEEN MADE WITHOUT THE CAN | MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | |
| | COMMITTEE TYPE COMMITTEE NAME | | | | |
| Additional Pages | GENERAL | COMMITTEE ADDRESS | | | |
| | SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME | | | | |
| | | COMMITTEE CAMPAIGN TR | EASURER ADDRESS | | |
| | | GO ТО | PAGE 2 | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| | H H H H H | | | |
|---------------------------------|-------------|--|------------|-------------------------------------|
| 16 C/OH NAME | atias | Kopinsky | 16 Filer | ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAM PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | N | \$ 80.00 |
| | 2. | TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | Ų. | \$ 4,225.00 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | | \$ |
| | 4. | TOTAL POLITICAL EXPENDITURES | | \$ 6,087.08 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS | ST DAY | \$ 2,623.92 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD | F THE | \$ |
| | | ffirm, under penalty of perjury, that the accompanying report is tru | e and co | rrect and includes all information |
| req | uired to be | e reported by me under Title 15, Election Code. | | |
| - | | Wetaleso | er | |
| i miminaaaaaa | mmm | Signature of Ca | andidate o | or Officeholder |
| SE SE | | IONIQUE LUCKY | | |
| (·(>>)·) | | OF TEXAS | | |
| | MY COMM | .EXP. 08/23/23 lease complete either option below | v: | |
| announce and a | NOTARY I | U 13214141-2 | | |
| | | | | |
| | | | | |
| (1) Affidavit | | | | |
| | | | | |
| NOTARY STAMP/SEAL | - | 1400 | | Malakak |
| Sworn to and subscribed | before me | by Watias Kopinsky this the | 254 | day of CHURSON, |
| 20 21 , to certify | which, witn | ess my hand and seal of office. | | |
| Secusha "Mo | nique" | Lucky Secusha Monique Lucky | | Notary Public |
| Signature of officer administer | ring oath | Printed name of officer administering oath | | Title of officer administering oath |
| OR | | | | |
| (2) Unsworn Declaration | on | | | |
| My name is | | , and my date of birth is | S | |
| | | | | , |
| | | (street) (city) (| | (zip code) (country) |
| Executed in | | County, State of, on theday of(month | h) | , 20 (year) |
| | | Signature of Candi | date/Offic | eholder (Declarant) |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 FILER NAME 20 Filer ID (Ethics Com | | |
|--|--|--|
| Matias Kopinsky | | |
| SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT | |
| SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 3,975.00 | |
| SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 250,00 | |
| SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ | |
| SCHEDULE E: LOANS | \$ | |
| SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUT | 100 \$ 2,200.67 | |
| X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 942.89 | |
| SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIE | BUTIONS \$ | |
| SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | |
| SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 2,943.52 | |
| SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINES | SS OF C/OH \$ | |
| SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUT | TIONS \$ | |
| SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETOFILER | ETURNED \$ | |
| | SCHEDULE SUBTOTALS NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINE SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS TO SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RE | |

SCHEDULE A1

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

| The | Instruction Guide explains how to complete this form. | 1 Total pag | ges Schedule A1: |
|-----------------------|--|-----------------------------------|----------------------------|
| 2 FILER NAME Matia | s Kopinsky | 3 Filer ID | (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor ☐ out-of-state PAC (ID#: | | of contribution (\$) |
| 10/04/2021 | Nicodemo de Simone and Jennifer 6 Contributor address; City; State The Wordlands, TX | Manny Zip Code | 60.00 |
| 8 Principal occu | | ployer (See Instructions) | |
| Date | Full name of contributor out-of-state PAC (ID#: | , anount | of contribution (\$) |
| 1904/2021 | Dicine Searcy Contributor address; City; State Houston, TX | Zip Code \$\int \frac{1}{2} | 50,00 |
| Principal occup | | oloyer (See Instructions) | |
| Date | Full name of contributor out-of-state PAC (ID#: | | of contribution (\$) |
| 10/04/2021 | Jack and Sarah Kor Contributor address; City; State Horston, TX 7 | Zip Code | 50.00 |
| Principal occup | pation / Job title (See Instructions) | oloyer (See Instructions) | |
| Date | Full name of contributor out-of-state PAC (ID#: | Amount | of contribution (\$) |
| 10/04/2021 | Gregory and Gina Winslow Contributor address; City; State Haston, TX 7 | zip Code \$2, 7057 | 500.00 |
| | Engineer Geologist | ployer (See Instructions) Chevron | |
| | Tight Car (Swights) | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

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

| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
|------------------|---|---------------------------------------|
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor | 7 Amount of contribution (\$) |
| 10/04/2021 | 6 Contributor address; City; State; Zip Code Bellaire, TX 7741 | \$100,00 |
| 8 Principal occu | pation / Job title (See Instructions) 9 Employer (See Instructions) | ions) |
| Date | Full name of contributor | Amount of contribution (\$) |
| 10/04/2021 | Edgar Marin Contributor address; City; State; Zip Code Houston, TX 77056 | \$50.00 |
| Principal occup | eation / Job title (See Instructions) Employer (See Instructions) | ions) |
| Date | Full name of contributor | Amount of contribution (\$) |
| 19/04/2021 | Miliam S. Anel Contributor address; City; State; Zip Code Houston, TX 77096 | \$100.00 |
| Principal occup | eation / Job title (See Instructions) Employer (See Instructions) | ions) |
| Date | Full name of contributor out-of-state PAC (ID#:) Alicia Leichen | Amount of contribution (\$) |
| 1904/2021 | Contributor address; City; State; Zip Code Howston, TX 77057 | \$30,00 |
| Principal occup | pation / Job title (See Instructions) Employer (See Instructions) | ions) |
| | | |

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SCHEDULE A1

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

| 2 FILER NAME Madras Lo pinsky 4 Date 5 Full name of contributor | Total pages Schedule A1: 3 of 5 Filer ID (Ethics Commission Filers) Amount of contribution (\$) |
|---|--|
| Mattas Kopinsky 4 Date 5 Full name of contributor out-of-state PAC (ID#: | |
| 4 Date 6 Full name of contributor out-of-state PAC (ID#:) 7 | Amount of contribution (\$) |
| Dan and Dalila Vaisman 10/04/2021 6 Contributor address; City; State; Zip Code Austin, TX 78731 | \$180.00 |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) | 3) |
| Date Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) |
| 09/29/2021 Contributor address; City; State; Zip Code Howston, TX 77008 | \$25.00 |
| Principal occupation / Job title (See Instructions) Employer (See Instructions | 3) |
| Date Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) |
| O9/30/2021 Contributor address; City; State; Zip Code HWJON, TX 77092 | \$40.00 |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | s) |
| Date Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) |
| 10/02/2014 Contributor address; City; State; Zip Code Hovston, TX 7-7007 | \$100.00 |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | \$) |
| | |

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

SCHEDULE A1

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

| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: 4 of 5 |
|------------------|---|--|
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| Matic | is Kopinsky | |
| 4 Date | 5 Full name of contributor | 7 Amount of contribution (\$) |
| | Garlese Lombordo | |
| 10/10/ | Gaylene Lombordo 6 Contributor address; City; State; Zip Code | 500,00) |
| 10/17/2021 | Only, State, Zip Gode | \$ (00) |
| | HovSton, TX '77018 pation / Job title (See Instructions) 9 Employer (See Instruc | |
| 8 Principal occu | pation / Job title (See Instructions) 9 Employer (See Instruc | tions) |
| | | |
| | Full name of contributor | A CONTRACTOR OF THE CONTRACTOR |
| Date | | Amount of contribution (\$) |
| ngha | Nicholas Staviski | 4 D C |
| 09/27/2021 | Contributor address; City; State; Zip Code | \$25 |
| | Houston, TX 77007 | |
| Principal occup | ation / Job title (See Instructions) Employer (See Instructions) | tions) |
| | | |
| | | |
| Date | Full name of contributor | Amount of contribution (\$) |
| | Tomas Corzo | |
| 10/02/2021 | Contributor address; City; State; Zip Code | \$250,00 |
| 100/2001 | Houston, TX 77009 | (0 - |
| | 170 170 170 1 | |
| Principal occup | eation / Job title (See Instructions) Employer (See Instruc | tions) |
| | | |
| Date | Full name of contributor | Amount of contribution (C) |
| | | Amount of contribution (\$) |
| 10/06/2 | Ellen Hense | AIRA CO |
| 109/2011 | Contributor address; City; State; Zip Code | 4100,00 |
| | Houston, TX77008 | |
| Principal occup | eation / Job title (See Instructions) Employer (See Instructions) | tions) |
| | | , |
| | | |
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| PI. | ATTACH ARRITIONAL CORIES OF THE SOUISBUILDING AS A | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

| The | Instruction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: 5 ぷ 5 | |
|-------------------|--|---------------------------|---------------------------------------|--|
| 2 FILER NAME | s Kopinsky | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | 5 Full name of contributor □ out-of-state PAC (II | ID#:) | 7 Amount of contribution (\$) | |
| 10/10/2021 | Kelli Hunzel 6 Contributor address; City; | State, Zip Code | \$25.00 | |
| | MOVSTON), | TX 77007 | | |
| 8 Principal occup | pation / Job title (See Instructions) | Employer (See Instruction | ns) | |
| Date | | ID#:) | Amount of contribution (\$) | |
| 10/20/2011 | Roy Newton Contributor address; City; | State; Zip Code | \$50.00 | |
| | Houston | TX 77009 | | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruction | ns) | |
| Date | Full name of contributor | D#:) | Amount of contribution (\$) | |
| 10/21/2021 | Full name of contributor out-of-state PAC (II Theresa Keefe Contributor address; City; Houston, T ation / Job title (See Instructions) | State; Zip Code | \$50,00 | |
| | Houston, T | X 77018 | | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruction | ns) | |
| Date | Full name of contributor |)D#:) | Amount of contribution (\$) | |
| | Contributor address; City; | State; Zip Code | | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruction | ns) | |
| | | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

| The Instruction Guide expl | ains how to complete this form | 1. | 1 Total pages Schedule A2: |
|---|--|--------------------|---|
| 2 FILER NAME Matias Kopinsky | | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED IN-K | IND POLITICAL CONTRIE | BUTIONS | \$ \$50,00 |
| 5 Date 6 Full name of contributor 5 Ullivum 7 Contributor address; | Rauzi City: State; 25 Angeles, CA 90 | 2027 | 8 Amount of Contribution \$ In-kind contribution description \$250.00 Campaign Check if travel outside of Texas. Complete Schedule T. Contribution Campaign Check if travel outside of Texas. Complete Schedule T. |
| | | | |
| 12 Contributor's principal occupation (FOR | JUDICIAL) | 13 Contribu | tor's job title (FOR JUDICIAL) (See Instructions) |
| 14 Contributor's employer/law firm (FOR JU | JDICIAL) | 15 Law firm | of contributor's spouse (if any) (FOR JUDICIAL) |
| 16 If contributor is a child, law firm of paren | t(s) (if any) (FOR JUDICIAL) | | |
| Date Full name of contribut Contributor address; | or | Zip Code | Amount of In-kind contribution description |
| Principal occupation / Job title (FOR NC | N-JUDICIAL) (See Instructions) | Employe | or (FOR NON-JUDICIAL)(See Instructions) |
| Contributor's principal occupation (FOR | JUDICIAL) | Contribu | tor's job title (FOR JUDICIAL) (See Instructions) |
| Contributor's employer/law firm (FOR JU | JDICIAL) | Law firm | of contributor's spouse (if any) (FOR JUDICIAL) |
| If contributor is a child, law firm of parer | t(s) (if any) (FOR JUDICIAL) | | |
| | | | |
| | | | |
| | | | |
| | | | |
| ATTA | CHADDITIONAL COPIES OF T | HIS SCHEDU | LE AS NEEDED |

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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/Wades/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

| Contributions/Donations Made B Candidate/Officeholder/Politica | • | inting Expense Travel Out of District slaries/Wages/Contract Labor Other (enter a category not listed above) |
|---|---|--|
| Credit Card Payment | The Instruction Guide explains he | |
| 4 7 | · | |
| 1 Total pages Schedule F1: | l | 3 Filer ID (Ethics Commission Filers) |
| 1 v f 2 4 Date | Mutics Kopinstry 5 Payee name | |
| | Home Depot | |
| (0/04/202) 6 Amount (\$) | 7 Payee address; | City; State; Zip Code |
| 10 | | Oity, Olate, Zip Code |
| \$70.06 | 990 N. LOOP W | Houston, TX 77008 |
| 8 | (a) Category (See Categories listed at the top of this sche | dule) (b) Description |
| PURPOSE | A 11 - | Malal States for locase |
| OF EXPENDITURE | other | Metal Stakes for Lorge yord signs |
| | (c) Check if travel outside of Texas. Complete Schedu | |
| 9 Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name | |
| 10/05/2021 | Vista Print | |
| Amount (\$) | Payee address; | City; State; Zip Code |
| \$286.87 | 275 Wyman St. 2 | Waltham, MA 02451 |
| | Category (See Categories listed at the top of this sched | ule) Description |
| PURPOSE | | |
| OF EXPENDITURE | Pointing Expense | Postcords |
| | Check if travel outside of Texas. Complete Schedu | |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought Office held |
| expenditure to benefit C/OF | | |
| | | |
| Date | Payee name | |
| 10/06/2021 | Super Cheap Sign | S |
| Amount (\$) | Payee address; | City; State; Zip Code |
| 980.02 | 9200 Westerfor Con | 1 D1 4 A |
| 4300 | 1000 mater for Cen | tre Blvd Hloo Austin, TX 78758 |
| | Category (See Categories listed at the top of this schedu | · · · · · · · · · · · · · · · · · · · |
| PURPOSE | | 1 |
| OF EXPENDITURE | Ponthy Expense | Yord Signs |
| LA LABITORE | | |
| | Check if travel outside of Texas. Complete Schedu | |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought Office held |
| | | |
| | ATTACH ADDITIONAL COPIES OF | THIS SCHEDULE AS NEEDED |
| | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 10/07/2021 6 Amount (\$) Zip Code \$500,00 (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Large Yard Sign OF EXPENDITURE Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 10/18/2021 Amount (\$) City: State: Zip Code \$363.72 1145 W. 19th St Category (See Categories listed at the top of this schedule) Campaign Custom Shirts **PURPOSE** Printing Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City: State: Zip Code Description Category (See Categories listed at the top of this schedule) **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct

expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| Contributions/Donations Made By Candidate/Officeholder/Politica | | Travel Out Of District Other (enter a category not listed above) |
|---|--|--|
| 1 Total pages Schedule F2: | The Instruction Guide explains how to complete this form. 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| (of) | Matias Kopinsky | |
| 4 TOTAL OF UNITEM | IIZED UNPAID INCURRED OBLIGATIONS | \$ |
| 5 Date | 6 Payee name | |
| 10/31/2021 | Scale to Win | |
| 7 Amount (\$) | 8 Payee address; City; | State; Zip Code |
| \$942,89 | 13742 Hosper St. Santa Ana | , CA 92703 |
| 9 TYPE OF EXPENDITURE | Non-Political Non-Political | |
| 10 | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| PURPOSE OF EXPENDITURE | Other P2P | Texting |
| | (c) Check if travel outside of Texas. Complete Schedule T. Check if Au- | stin, TX, officeholder living expense |
| 11 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Office sought | Office held |
| | | |
| Date | Payee name | |
| Amount (\$) | Payee address; City; | State; Zip Code |
| | | |
| TYPE OF EXPENDITURE | Political Non-Political | |
| | Category (See Categories listed at the top of this schedule) Description | |
| PURPOSE OF | | |
| EXPENDITURE | Check if travel outside of Texas. Complete Schedule T. Check if A | ustin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Office sought | Office held |
| Anni anni anni anni anni anni anni anni | | |
| | | |
| | | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE | EDED |
| Forms provided by Texas Ethic | s Commission www.ethics.state.tx.us | Revised 8/17/2020 |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

| Contributions/Donations Made Candidate/Officeholder/Politi | | | trict egory not listed above) |
|---|--|--|--|
| Credit Card Payment | The Instruction Guide explains how to | • | ogo.,otot.a |
| | - | | |
| 1 Total pages Schedule G: | 2 FILER NAME | 3 Filer ID (Eti | nics Commission Filers) |
| 100 | Matias Kopinsky | | |
| 4 Date | 5 Payee name | | |
| 10/17/2021 | Facebook | | |
| 6 Amount (\$) | 7 Payee address; | City; State | e; Zip Code |
| \$223.52 Reimbursement from political contributions intended | 1 Hacker Way Men | io Pork, CA | 94025 |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF | Aliva Clara Burgar | Fact : Ale | 0. 60 |
| EXPENDITURE | Advertising Expense | facebook Ad Ex | pense |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living | ng expense |
| 9 | Candidate / Officeholder name | Office sought | Office held |
| Complete ONLY if direct expenditure to benefit C/OH | | | NATIONAL PROPERTY OF THE PROPE |
| Date | Payee name | , | |
| 10/02/2021 | NGP Van, Drc. | | |
| Amount (\$) | Payee address; | City; State | e; Zip Code |
| Reimbursement from political contributions intended | 655 15th g. NW #630 | Washington, DC | 20005 |
| PURPOSE | Category (See Categories listed at the top of this schedule) | Description | |
| OF EXPENDITURE | Fees | Database | |
| 2,1, 2,12,1, 3,1,2 | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder livi | ng expense |
| | Candidate / Officeholder name | Office sought | Office held |
| Complete <u>ONLY</u> if direct expenditure to benefit C/ | | | |
| Date | Payee name | | |
| | | | |
| | | | |
| Amount (\$) | Payee address; | City; State; | Zip Code |
| Reimbursement from political contributions intended | | | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE | | | |
| OF EXPENDITURE | | | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder livi | ng expense |
| Complete ONLY if Ji | Candidate / Officeholder name | Office sought | Office held |
| Complete ONLY if direct expenditure to benefit C/OH | | | _ |
| | ATTACH ADDITIONAL COPIES OF THIS S | SCHEDULE AS NEEDED | |