

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Dr. Aaron Reich		D.	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;		CITY; STATE; ZIP CODE
	POB 122298		Arlington, TX 76012
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(817)	265-7524	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
Debra Freiheit, CPA, MS		J.	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE
	1205 N Fielder Rd,		Arlington, TX 76012
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(817)	277-5498	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	1	1	21
		THROUGH	Month Day Year
		3 / 22 / 21	
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
5 / 1 / 21		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	Arlington ISD Board of Trustees, Place 3		

**OFFICE USE ONLY**

Date Received

RECEIVED

APR 01 2021

By Daun Adams

Date Hand-delivered or Date Postmarked

4-01-2021

Receipt #     Amount \$

Date Processed

Date Imaged

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Dr. Aaron De Reich 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

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

GENERAL  
 SPECIFIC

COMMITTEE TYPE

COMMITTEE NAME  
TREPAC

COMMITTEE ADDRESS  
POB 2246 Austin, TX 78768

COMMITTEE CAMPAIGN TREASURER NAME  
Deborah Spangler

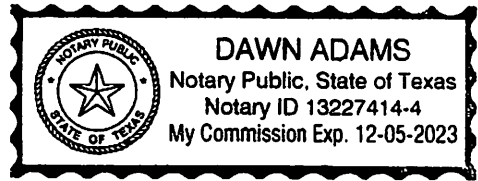
COMMITTEE CAMPAIGN TREASURER ADDRESS  
SMA

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>6,825<sup>00</sup></u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>127<sup>45</sup></u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>127<sup>45</sup></u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>16,417<sup>25</sup></u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

18 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]  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Aaron Reich, this the \_\_\_\_\_ day of April, 2021, to certify which, witness my hand and seal of office.

Dawn Adams Signature of officer administering oath  
Dawn Adams Printed name of officer administering oath  
Clerk Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,875 <sup>00</sup>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE 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:

2 FILER NAME

Dr. Aaron D Reich

3 Filer ID (Ethics Commission Filers)

4 Date

3/16/21

5 Full name of contributor

Stephen Cavender

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

[Redacted] Aul, TX 76011

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/16/21

Full name of contributor

Jim Maibach

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

[Redacted] Aul, TX 76001

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/22/21

Full name of contributor

Jim Labenz

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1,000.00

Contributor address; City; State; Zip Code

[Redacted] Aul, TX 76016

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/21/21

Full name of contributor

John Landry

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1,000.00

Contributor address; City; State; Zip Code

[Redacted] Aul, TX 76016

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. 2,350

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*D. Aaron D Reich*

3 Filer ID (Ethics Commission Filers)

4 Date

*2/23/21*

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

*Roger De Frang*

7 Amount of contribution (\$)

*25.00*

6 Contributor address; City; State; Zip Code

[Redacted] *Ariz, TX 76013*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*3/8/21*

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

*Steven Poole*

Amount of contribution (\$)

*2,000.00*

Contributor address; City; State; Zip Code

[Redacted] *FTW, TX 76107*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*3/10/21*

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

*William D Dipert*

Amount of contribution (\$)

*500.00*

Contributor address; City; State; Zip Code

[Redacted] *Ariz., TX 76013*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*3/9/21*

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

*Linda Dipert*

Amount of contribution (\$)

*500.00*

Contributor address; City; State; Zip Code

[Redacted] *Ariz, TX 76013*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. *3,025*

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Aron D Reich		3 Filer ID (Ethics Commission Filers)
4 Date 3/22/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gara Hill	7 Amount of contribution (\$) 150 <sup>00</sup>
6 Contributor address; City; State; Zip Code [Redacted] Azl, Tx 76016		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/22/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clay Kelley	Amount of contribution (\$) 250 <sup>00</sup>
Contributor address; City; State; Zip Code [Redacted] Azl, TX 76013		
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:

2 FILER NAME

Aaron D Reich

3 Filer ID (Ethics Commission Filers)

4 Date

3/4/21

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Derrick Kinney

7 Amount of contribution (\$)

100<sup>00</sup>/

6 Contributor address;

City; State; Zip Code

[Redacted] Aul, TX 76016

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

PP

Date

3/15/21

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Doug Hefer

Amount of contribution (\$)

750<sup>00</sup>/

Contributor address;

City; State; Zip Code

[Redacted] Aul, TX 76013

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

PP

Date

3/16/21

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Jollyn Mwisongo

Amount of contribution (\$)

500<sup>00</sup>/

Contributor address;

City; State; Zip Code

[Redacted] Aul, TX 76006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

PP

Date

3/18/21

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Charles Brady

Amount of contribution (\$)

200<sup>00</sup>/

Contributor address;

City; State; Zip Code

[Redacted] Aul, TX 76001

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

PP

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. 1,050