

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

Reich

OFFICE USE ONLY

Date Received



4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

POB 177298

Arlington, TX 76012

☐ Change of Address

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

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

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

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☒ 8th day before election

☐ Exceeded \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year

3 / 23 / 21

THROUGH

Month Day Year

4 / 21 / 21

11 ELECTION

ELECTION DATE

Month Day Year

5 / 1 / 21

☐ Primary

☐ Runoff

☒ General

☐ Special

ELECTION TYPE

☒ Other
Description

Municipal School Board

12 OFFICE

OFFICE HELD (if any)

Arlington ISD Board
of Trustees, Place 3

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Dr. Aaron D. 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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

10,250

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$

613.85

4. TOTAL POLITICAL EXPENDITURES

\$

16,729.85

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$

17,948.54

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

0

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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 23
day of April, 20 21, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Lisa Ann Benjamin
Printed name of officer administering oath

Adm Asst to Supt
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	\$ 9,950 ⁰⁰
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 200
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 16,116 ²⁴
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

Aaron D Reich

3 Filer ID (Ethics Commission Filers)

4 Date

3/24/21

5 Full name of contributor

Grinkle Ent.

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City: State: Zip Code

4101 W Green Oaks Ste 305472, Aul. TX 76006

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/26/21

Full name of contributor

Media Matrix

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

City: State: Zip Code

6210 Ken Ave, Aul. TX 76001

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/26/21

Full name of contributor

Carl Cravens

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City: State: Zip Code

[REDACTED], Aul. TX 76013

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/25/21

Full name of contributor

Justin C. Lepp

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City: State: Zip Code

[REDACTED], Aul. TX 76017

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.

800

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME	Mr. Aaron D. Reich	3 Filer ID (Ethics Commission Filers)

Date 3/24/21	Full name of contributor Tom Cravens <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code [REDACTED] Austin, TX 76013	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/23/21	Full name of contributor TRG PAC <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code POB 2246, Austin, TX 78708	Amount of contribution (\$) 1,000.00
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.

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

3/25/21

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Don Duke

6 Contributor address;

City; State; Zip Code

Arl, TX 76094

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/23/21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Peter Scott

Contributor address;

City; State; Zip Code

Arl, TX 76006

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/23/21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lynn Scott

Contributor address;

City; State; Zip Code

Arl, TX 76006

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/30/21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mike Miller

Contributor address;

City; State; Zip Code

Arl, TX 76013

Amount of contribution (\$)

200.00

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.

700

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

2. Aaron D Reich

3 Filer ID (Ethics Commission Filers)

4 Date

3/30/21

5 Full name of contributor

☐ out-of-state PAC (ID#:

Mike + Becky Gerro

7 Amount of contribution (\$)

500⁰⁰

6 Contributor address; City; State; Zip Code

[Redacted] Aul, TX 76012

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/30/21

Full name of contributor

☐ out-of-state PAC (ID#:

Mahdi Dezhnam

Amount of contribution (\$)

2,500⁰⁰

Contributor address; City; State; Zip Code

[Redacted] Dallas, TX 75230

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/31/21

Full name of contributor

☐ out-of-state PAC (ID#:

Grag McCarthy

Amount of contribution (\$)

100⁰⁰

Contributor address; City; State; Zip Code

[Redacted] Aul, TX 76012

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/31/21

Full name of contributor

☐ out-of-state PAC (ID#:

Terry Gaines

Amount of contribution (\$)

50⁰⁰

Contributor address; City; State; Zip Code

[Redacted] Aul, TX 76012

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.

3/50

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

2. Aaron D Reich

3 Filer ID (Ethics Commission Filers)

4 Date

3/31/21

5 Full name of contributor

☐ out-of-state PAC (ID#:

Jeff Pokrifsak

7 Amount of contribution (\$)

25⁰⁰

6 Contributor address:

City: State: Zip Code

Arl Tx 76013

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/31/21

Full name of contributor

☐ out-of-state PAC (ID#:

Craig & Karen Lidel

Amount of contribution (\$)

1,500⁰⁰

Contributor address:

City: State: Zip Code

Arl Tx 76066

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/31/21

Full name of contributor

☐ out-of-state PAC (ID#:

Jim Poynter

Amount of contribution (\$)

100⁰⁰

Contributor address:

City: State: Zip Code

Arl. TX 76006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/21

Full name of contributor

☐ out-of-state PAC (ID#:

Tom McCarty

Amount of contribution (\$)

500⁰⁰

Contributor address:

City: State: Zip Code

Kennedale, TX 78080

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.

2185

MONETARY POLITICAL CONTRIBUTIONS

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 Dr. Aaron D. Reich		3 Filer ID (Ethics Commission Filers)
4 Date 4/2/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan Dodson 6 Contributor address: _____ City: _____ State: _____ Zip Code: _____ [REDACTED] FtW, TX 76109	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/6/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike O'Donnell Contributor address: _____ City: _____ State: _____ Zip Code: _____ [REDACTED] ARL, TX 76013	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/8/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowie & Leslie Hogg Contributor address: _____ City: _____ State: _____ Zip Code: _____ [REDACTED] ARL, TX 76018	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/8/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melody Fowler Contributor address: _____ City: _____ State: _____ Zip Code: _____ [REDACTED] ARL, TX 76016	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

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 Dr. Aaron D. Reich		3 Filer ID (Ethics Commission Filers)
4 Date 4/13/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Nolan	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code [Redacted] Ant, Tx 76015		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/21/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Cunningham	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code [Redacted] Ant, Tx 76012		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/8/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee Gallins	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code [Redacted] Ant, Tx 76012		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/15/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julie Nicholson	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code [Redacted] Ant, Tx 76016		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

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 Dr. Aaron D. Reich		3 Filer ID (Ethics Commission Filers)
4 Date 4/12/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kent Couch	7 Amount of contribution (\$) 25.00
6 Contributor address: _____ City: Arl, TX State: TX Zip Code: 76016		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/21/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Vaso	Amount of contribution (\$) 100.00
Contributor address: _____ City: _____ State: TX Zip Code: 76016		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/13/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robyn Barrere	Amount of contribution (\$) 100.00
Contributor address: _____ City: _____ State: TX Zip Code: 76013		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address: _____ City: _____ State: _____ Zip Code: _____		
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. **225**

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <u>De Aaron D Reich</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>Ø</u>	
5 Date <u>3/24/21</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Dan Fernandez</u>	8 Amount of Contribution \$ <u>200.00</u>	9 In-kind contribution description <u>Sign placement</u>
7 Contributor address; City; State; Zip Code <u>2823 Quail Ln, Apt 1, TX 76016</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
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)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE 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

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:		2 FILER NAME <i>Dr. Aaron D. Reich</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>3/24/21</i>		5 Payee name <i>Dan Fernandez</i>			
6 Amount (\$) <i>\$1,150^{00/100}</i>		7 Payee address; City; State; Zip Code <i>2823 Quail Ln, Aul, TX 76016</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Sign placement</i>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>4/1/21</i>		Payee name <i>Mother Voter Media</i>			
Amount (\$) <i>\$8,000^{00/100}</i>		Payee address; City; State; Zip Code <i>9211 Briarhurst Dr, Dallas, TX 75243</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Advertising / Printing</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Master</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>3/24/21</i>		Payee name <i>Melody Fowler</i>			
Amount (\$) <i>\$100^{00/100}</i>		Payee address; City; State; Zip Code <i>4900 Morris Heights Dr, Aul, TX 76016</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Contribution</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>campaign</i>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Melody Fowler</i>		Office sought Office held <i>School Board Place 2</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE 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: 2		2 FILER NAME <u>Dr. Aaron D. Reich</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>4/8/21</u>		5 Payee name <u>Patriot Print Fulfillment</u>			
6 Amount (\$) <u>\$866⁰⁰</u>		7 Payee address; City; State; Zip Code <u>106 AE Petsche Ct, Ste 120, Azl Tx 76012</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>Signs</u>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>4/20/21</u>		Payee name <u>Mother Voter Media</u>			
Amount (\$) <u>\$5,000⁰⁰</u>		Payee address; City; State; Zip Code <u>9211 Briarhurst Dr, Dallas, TX 75243</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Advertising / Printing</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>Mailer</u>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>7/15/21</u>		Payee name <u>LOH Foundation</u>			
Amount (\$) <u>\$1,000⁰⁰</u>		Payee address; City; State; Zip Code <u>2625 W Pioneer Pkwy, Ste 800, GP, TX 75051</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Advertising/Gift</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>Neslon Fest</u>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED