

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

OFFICE USE ONLY

Date Received



4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

POB 177298

Arlington, TX 76012

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 265-7524

Date Hand-delivered or Date Postmarked

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

4 / 22 / 21

THROUGH

Month Day Year

6 / 30 / 21

11 ELECTION

ELECTION DATE

Month Day Year

/ /

☐ Primary

☐ Runoff

ELECTION TYPE

☐ General

☐ Special

☒ Other
Description

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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

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)

\$ 9,725.00

EXPENDITURE
TOTALS

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

\$ 1,032.79

4. TOTAL POLITICAL EXPENDITURES

\$ 1,032.79

CONTRIBUTION
BALANCE

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

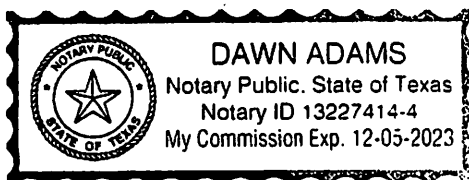
\$ 18,186.19

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 15 day of July, 20 21, 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 <i>Dr. Aaron D Reich</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>9,225^{00/12}</i>
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

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 4/23/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Hanson	7 Amount of contribution (\$) \$ 75⁰⁰/
6 Contributor address; City; State; Zip Code [Redacted] Am TX 76012		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/22/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Reine	Amount of contribution (\$) \$ 200⁰⁰/
Contributor address; City; State; Zip Code [Redacted] Am TX 76011		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/24/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack Bethune	Amount of contribution (\$) \$ 50⁰⁰/
Contributor address; City; State; Zip Code [Redacted] Am TX 76011		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/26/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Davis	Amount of contribution (\$) \$ 50⁰⁰/
Contributor address; City; State; Zip Code [Redacted] Am TX 76094		
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>		

375⁰⁰ cks

MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME Dr. Aaron D. Reich		3 Filer ID (Ethics Commission Filers)
4 Date 4/27/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John D Moritz	7 Amount of contribution (\$) \$1,000 w/r
6 Contributor address; City; State; Zip Code [REDACTED] Ar1, Tx 76004		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randy Ford	Amount of contribution (\$) \$10000
Contributor address; City; State; Zip Code [REDACTED] Ar1, Tx 76016		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/22/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sargent Investments	Amount of contribution (\$) \$500⁰⁰
Contributor address; City; State; Zip Code 3101 Shadow Drw, Ar1 Tx 76006		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/22/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeanie Deaklyne	Amount of contribution (\$) \$100⁰⁰
Contributor address; City; State; Zip Code [REDACTED] Ar1 Tx 76013		
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

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2 FILER NAME Dr. Aaron D. Reich		3 Filer ID (Ethics Commission Filers)
4 Date 4/22/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sam Mathroug, V.B.I. Financial Svcs. 6 Contributor address; City; State; Zip Code 1161 Corporate W Drive, Azl, TX 76006	7 Amount of contribution (\$) \$1,000 ⁰⁰/_{yr}
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/22/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alan Petsche Contributor address; City; State; Zip Code [REDACTED], FtW, TX 76109	Amount of contribution (\$) \$1,000 ⁰⁰/_{yr}
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly Kohn Contributor address; City; State; Zip Code [REDACTED], FtW, TX 76126	Amount of contribution (\$) \$100 ⁰⁰/_{yr}
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/26/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Travis Cope Contributor address; City; State; Zip Code [REDACTED], Azl, TX 76005	Amount of contribution (\$) \$100 ⁰⁰/_{yr}
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. 2.200 PP</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Dr. Aaron D. Reich</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/28/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Jordan Foster</i> 6 Contributor address: City: State: Zip Code <i>[Redacted] Aul, Tx 76001</i>	7 Amount of contribution (\$) <i>\$200.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/28/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Kevin Schutte</i> Contributor address: City: State: Zip Code <i>[Redacted] Aul, Tx 76006</i>	Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/28/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Cole Carter</i> Contributor address: City: State: Zip Code <i>[Redacted] Aul, Tx 76001</i>	Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>4/29/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>John Leslie</i> Contributor address: City: State: Zip Code <i>[Redacted] Aul, Tx 76013</i>	Amount of contribution (\$) <i>\$100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. <i>500 pp</i></p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 4/29/21	5 Full name of contributor Ron Smith <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address: [REDACTED] City: Aul, Tx 76011 State: Zip Code	7 Amount of contribution (\$) \$ 100.00/yr
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/30/21	Full name of contributor Robert Kembel <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: [REDACTED] City: Aul, Tx 76005 State: Zip Code	Amount of contribution (\$) \$ 250.00/yr
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/1/21	Full name of contributor Spring M'Curdy <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: [REDACTED] City: Grand Prairie, Tx 75050 State: Zip Code	Amount of contribution (\$) \$ 500.00/yr
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/1/21	Full name of contributor Barbara John Foster <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: [REDACTED] City: Aul, Tx 76017 State: Zip Code	Amount of contribution (\$) \$ 500.00/yr
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. 1,350 PP</p>		

MONETARY POLITICAL CONTRIBUTIONS

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4 Date <i>4/24/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Paul Cargy</i>	7 Amount of contribution (\$) <i>500.00</i>
6 Contributor address; City; State; Zip Code [Redacted] <i>Arl, TX 76012</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>4/28/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Elizabeth Calvo</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Wrentham, TX 75167</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/14/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Hilleo Pac</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>823 Congress Ave Ste 900, Austin, TX 78701</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>6/11/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Lineberger Gossan Blair & Sampson LLP</i>	Amount of contribution (\$) <i>2,000.00</i>
Contributor address; City; State; Zip Code <i>POB 17428 Austin TX 78780</i>		
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> <p style="text-align: right;"><i>3 checks</i></p>		