

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

1 Filer ID (Ethics Commission Filer) 2 Total pages filed:		The C/OH Instruction Guide explains how to complete this form.	
3 CANDIDATE / OFFICEHOLDER NAME FIRST LAST SUFFIX MS / MRS / MR		4 CANDIDATE / OFFICEHOLDER ADDRESS / MAILING ADDRESS ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE 008100098 Arlington, TX 76012	
5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (817) 277-5498		6 CAMPAIGN TREASURER NAME FIRST LAST SUFFIX MS / MRS / MR Debra Freiheit, CPA, MS	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE 1205 N Fielden 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"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 6th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR)		10 PERIOD COVERED Month Day Year 01/01/2024 THROUGH 06/30/2024	
11 ELECTION ELECTION DATE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description ELECTION TYPE		12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)	
14 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS			

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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15 C/OH NAME

Dr. Aaron D. Reich

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$

0

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

\$

0

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$

2,766 07/10

4. TOTAL POLITICAL EXPENDITURES

\$

3,574 90/10

CONTRIBUTION
BALANCE

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

\$

11,585.08

OUTSTANDING
LOAN TOTALS

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

\$

0

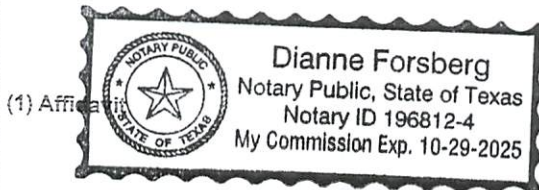
18 SIGNATURE

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

Please complete either option below:



(1) Affirmation

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Aaron Reich this the 15th day of July
202024, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Dr. Aaron D Reich

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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 checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,308.88
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	\$

SCHEDULE A1

The Instruction Guide explains how to complete this form.

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

5 Full name of contributor

7 Amount of contribution (\$)

Zip Code

9 Employer (See Instructions)

Full name of contributor

Amount of contribution (\$)

Zip Code

Employer (See Instructions)

Full name of contributor

Amount of contribution (\$)

Zip Code

Employer (See Instructions)

Full name of contributor

Amount of contribution (\$)

Zip Code

Employer (See Instructions)

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
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 <u>Dr Aaron D Reich</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>5/7/24</u>		5 Payee name <u>J Gilligans</u>			
6 Amount (\$) <u>608.88</u>		7 Payee address; <u>400 E Abram St</u>		City; <u>Arlington</u>	State; <u>TX</u>
				Zip Code <u>76</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Food/Beverage/Event</u>		(b) Description <u>Supporter Appreciation</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <u>5/7/24</u>		Payee name <u>Larry Parish</u>			
Amount (\$) <u>350.00</u>		Payee address; <u>625 Valley Mills Dr</u>		City; <u>Arlington</u>	State; <u>TX</u>
				Zip Code <u>76018</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Event</u>		Description <u>Music</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <u>5/7/24</u>		Payee name <u>Rachel DeLira</u>			
Amount (\$) <u>350.00</u>		Payee address; <u>3208 Riverlake Dr.</u>		City; <u>Hurst</u>	State; <u>TX</u>
				Zip Code <u>76053</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Event</u>		Description <u>Photographer</u>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					