

FORM C/OH
COVER SHEET PG 1

GO TO PAGE 2

FORM C/OH
COVER SHEET PG 2

13 C / OH NAME	Reitz, Aaron F. (Mr.)	14 Filer ID	(Ethics Commission Filers)
		00083762	

16 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 84,846.94
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,658,444.95
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 11,805.20
	4.	TOTAL POLITICAL EXPENDITURES	\$ 1,045,705.95
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,953,221.18
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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 of Candidate or Officeholder

Sworn to and subscribed before me, by the said _____, this the _____ day
of _____, 20_____, to certify which, witness my hand and seal of office.

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

3 of 356

18 FILER NAME Reitz, Aaron F. (Mr.)		19 Filer ID (Ethics Commission Filers) 00083762
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,656,788.74
2.	☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,656.21
3.	☒ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 50,000.00
4.	☐ SCHEDULE E: LOANS	\$
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 811,620.21
6.	☒ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 170,535.61
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	☒ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 62,048.39
9.	☒ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 1,501.74
10.	☐ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	☐ 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: Sch: 1/168 Rpt: 4/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 12/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) ABRAHAM, SALEM 6 Contributor address; City; State; Zip Code CANADIAN, TX 79014	7 Amount of Contribution (\$) \$10,000.00
8 Principal occupation / Job title (See Instructions) PRESIDENT		9 Employer (See Instructions) ABRAHAM TRADING COMPANY
Date 11/13/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ABSHIER, SUSAN Contributor address; City; State; Zip Code BOWIE, TX 76230	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ADAMS, JON Contributor address; City; State; Zip Code AUSTIN, TX 78733	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ALDAY, CHARLES Contributor address; City; State; Zip Code BELLEVUE, NE 68123	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/05/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ALDAY, CHARLES Contributor address; City; State; Zip Code BELLEVUE, NE 68123	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/168 Rpt: 5/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 10/26/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) ALDAY, CHARLES 6 Contributor address; City; State; Zip Code BELLEVUE, NE 68123	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 12/31/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ALIBHOY, ARIF Contributor address; City; State; Zip Code NORCROSS, GA 30092	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) DIRECTOR		Employer (See Instructions) PEACHTREE AMUSEMENT
Date 10/20/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ALISED, ERNEST Contributor address; City; State; Zip Code MCALLEN, TX 78504	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) DYKEMA COX SMITH
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ALIYAS, ANGEL Contributor address; City; State; Zip Code BENBROOK, TX 76126	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ALLEN, BARBARA Contributor address; City; State; Zip Code KILGORE, TX 75662	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/168 Rpt: 6/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 10/22/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) ALLEN, CARLETON 6 Contributor address; City; State; Zip Code DALLAS, TX 75229	7 Amount of Contribution (\$) \$25,000.00
8 Principal occupation / Job title (See Instructions) CEO OWNER		9 Employer (See Instructions) ALLEN EXPLORATION, LLC
Date 12/22/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ALLEN, MIKE Contributor address; City; State; Zip Code DALLAS, TX 75248	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) PROVIDENCE ENERGY
Date 12/04/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ALWIEL, LAWRENCE Contributor address; City; State; Zip Code AMITYVILLE, NY 11701	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ALWIEL, LAWRENCE Contributor address; City; State; Zip Code AMITYVILLE, NY 11701	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/14/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ALWIEL, LAWRENCE Contributor address; City; State; Zip Code AMITYVILLE, NY 11701	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/168 Rpt: 7/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 12/07/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) ALWIEL, LAWRENCE 6 Contributor address; City; State; Zip Code AMITYVILLE, NY 11701	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 12/02/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ALWIEL, LAWRENCE Contributor address; City; State; Zip Code AMITYVILLE, NY 11701	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/03/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ALWIEL, LAWRENCE Contributor address; City; State; Zip Code AMITYVILLE, NY 11701	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ANDERSON, BILLIE Contributor address; City; State; Zip Code KINGWOOD, TX 77339	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/14/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ANTHONY, DENNIS Contributor address; City; State; Zip Code FRIONA, TX 79035	Amount of Contribution (\$) \$500.00
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: Sch: 5/168 Rpt: 8/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/20/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) ANWAR, S JAVAID 6 Contributor address; City; State; Zip Code MIDLAND, TX 79202	7 Amount of Contribution (\$) \$20,000.00
8 Principal occupation / Job title (See Instructions) PRESIDENT		9 Employer (See Instructions) MIDLAND ENERGY INC.
Date 09/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ATKINSON, LISA Contributor address; City; State; Zip Code CYPRESS, TX 77433	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ATKINSON, LISA Contributor address; City; State; Zip Code CYPRESS, TX 77433	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) PROJECT MANAGER		Employer (See Instructions) TRAVELERS
Date 11/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ATKINSON, LISA Contributor address; City; State; Zip Code CYPRESS, TX 77433	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) PROJECT MANAGER		Employer (See Instructions) TRAVELERS
Date 10/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ATKINSON, LISA Contributor address; City; State; Zip Code CYPRESS, TX 77433	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) PROJECT MANAGER		Employer (See Instructions) TRAVELERS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/168 Rpt: 9/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 09/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) ATKINSON, LISA 6 Contributor address; City; State; Zip Code CYPRESS, TX 77433	7 Amount of Contribution (\$) \$52.05
8 Principal occupation / Job title (See Instructions) PROJECT MANAGER		9 Employer (See Instructions) TRAVELERS
Date 12/29/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) AUNG, THEIN KATIE Contributor address; City; State; Zip Code RICHARDSON, TX 75080	Amount of Contribution (\$) \$50,000.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) GBC
Date 12/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) AVERY, ELAINE Contributor address; City; State; Zip Code PARRISH, FL 34219	Amount of Contribution (\$) \$10.41
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) AVERY, ELAINE Contributor address; City; State; Zip Code PARRISH, FL 34219	Amount of Contribution (\$) \$10.41
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) AVERY, ELAINE Contributor address; City; State; Zip Code PARRISH, FL 34219	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/168 Rpt: 10/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 12/06/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) AVERY, ELAINE 6 Contributor address; City; State; Zip Code PARRISH, FL 34219	7 Amount of Contribution (\$) \$26.03
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 11/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) AVERY, ELAINE Contributor address; City; State; Zip Code PARRISH, FL 34219	Amount of Contribution (\$) \$20.82
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/20/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) AVERY, ELAINE Contributor address; City; State; Zip Code PARRISH, FL 34219	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/30/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BABCOCK, CHRISTOPHER Contributor address; City; State; Zip Code DALLAS, TX 75208	Amount of Contribution (\$) \$260.25
Principal occupation / Job title (See Instructions) LAWYER		Employer (See Instructions) FOLEY & LARDNER LLP
Date 10/21/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BABCOCK, CHRISTOPHER Contributor address; City; State; Zip Code DALLAS, TX 75208	Amount of Contribution (\$) \$520.51
Principal occupation / Job title (See Instructions) LAWYER		Employer (See Instructions) FOLEY & LARDNER LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/168 Rpt: 11/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/18/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) BAILEY, JO 6 Contributor address; City; State; Zip Code DALLAS, TX 75214	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BAKAMEYER, KENNETH Contributor address; City; State; Zip Code ALLEN, TX 75013	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/27/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BAO, LILY Contributor address; City; State; Zip Code PLANO, TX 75025	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BARBERIO, ERNEST Contributor address; City; State; Zip Code SHAVANO PARK, TX 78249	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) SELF EMPLOYED
Date 11/21/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BARRON, STEPHEN Contributor address; City; State; Zip Code AUSTIN, TX 78731	Amount of Contribution (\$) \$5,205.08
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) WRIGHT GREENHILL

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/168 Rpt: 12/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 12/08/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) BATES, RANDY 6 Contributor address; City; State; Zip Code THE WOODLANDS, TX 77380	7 Amount of Contribution (\$) \$25,000.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) BRANTA II
Date 11/05/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BAXTER, JUDITH Contributor address; City; State; Zip Code MURPHY, TX 75094	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/05/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BEAL M.D., TERRY Contributor address; City; State; Zip Code COPPERAS COVE, TX 76522	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/24/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BEAL M.D., TERRY Contributor address; City; State; Zip Code COPPERAS COVE, TX 76522	Amount of Contribution (\$) \$85.00
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) CTOC
Date 07/10/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BECKERMANN, WAYNE Contributor address; City; State; Zip Code ATLANTA, GA 30305	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) KING & SPALDING LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/168 Rpt: 13/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/19/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) BELVER, JAMES 6 Contributor address; City; State; Zip Code EDGEWOOD, TX 75117	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BENTON, WILLIAM Contributor address; City; State; Zip Code MOUNT PLEASANT, TX 75455	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BERGERON, ROSE Contributor address; City; State; Zip Code DALLAS, TX 75230	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BERRY, ALLEN Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78409	Amount of Contribution (\$) \$25,000.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) BAY LTD.
Date 07/06/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BERRY, PATRICK Contributor address; City; State; Zip Code DALLAS, TX 75230	Amount of Contribution (\$) \$5,205.08
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) DLRDMV

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/168 Rpt: 14/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 12/27/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) BHATTI, M ARSHAD 6 Contributor address; City; State; Zip Code YARDLEY, PA 19067	7 Amount of Contribution (\$) \$26.03
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 11/27/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BHATTI, M ARSHAD Contributor address; City; State; Zip Code YARDLEY, PA 19067	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/31/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BHATTI, M ARSHAD Contributor address; City; State; Zip Code YARDLEY, PA 19067	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/27/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BHATTI, M ARSHAD Contributor address; City; State; Zip Code YARDLEY, PA 19067	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/27/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BHATTI, M ARSHAD Contributor address; City; State; Zip Code YARDLEY, PA 19067	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/168 Rpt: 15/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 10/27/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) BHATTI, M ARSHAD 6 Contributor address; City; State; Zip Code YARDLEY, PA 19067	7 Amount of Contribution (\$) \$26.03
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 10/24/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BIEBER, ALBERT Contributor address; City; State; Zip Code CHINA, TX 77613	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BILLINGS, JO Contributor address; City; State; Zip Code BANQUETE, TX 78339	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/21/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BILLOT, LOYD Contributor address; City; State; Zip Code SOUR LAKE, TX 77659	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/30/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BILLOT, LOYD Contributor address; City; State; Zip Code SOUR LAKE, TX 77659	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/168 Rpt: 16/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/21/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) BILLOT, LOYD 6 Contributor address; City; State; Zip Code SOUR LAKE, TX 77659	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 12/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BLACK, ANDREW Contributor address; City; State; Zip Code IRVING, TX 75060	Amount of Contribution (\$) \$780.76
Principal occupation / Job title (See Instructions) LAW ENFORCEMENT		Employer (See Instructions) GOVERNMENT
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BLAIS, JOSEPH Contributor address; City; State; Zip Code WACO, TX 76708	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 07/23/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BLAKE, GARY Contributor address; City; State; Zip Code FORT WORTH, TX 76109	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) CO-FOUNDER		Employer (See Instructions) CREATIVE SOLUTIONS
Date 09/03/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BLY, RICHARD Contributor address; City; State; Zip Code CLAREMORE, OK 74019	Amount of Contribution (\$) \$5.21
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/168 Rpt: 17/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 10/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) BOGGUS, BOB 6 Contributor address; City; State; Zip Code MCALLEN, TX 78504	7 Amount of Contribution (\$) \$2,602.54
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 11/05/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BONIN, FRANK Contributor address; City; State; Zip Code CLEBURNE, TX 76031	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/24/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BONIN, FRANK Contributor address; City; State; Zip Code CLEBURNE, TX 76031	Amount of Contribution (\$) \$95.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/30/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BONOAN Jr., VINCENT Contributor address; City; State; Zip Code HUMBLE, TX 77396	Amount of Contribution (\$) \$20,000.00
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) SELF EMPLOYED
Date 09/02/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BONOGOFSKI, LOUANNA Y Contributor address; City; State; Zip Code WICHITA FALLS, TX 76310	Amount of Contribution (\$) \$5.21
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/168 Rpt: 18/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/31/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) BONOMO, RICHARD 6 Contributor address; City; State; Zip Code TOWNSHIP OF WASHINGTON, NJ 07676	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) EDWARDS SUTARWALLA SAMANI LLP
Date 08/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BOSQUE, TRACY Contributor address; City; State; Zip Code CANYON LAKE, TX 78133	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/20/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BRAND Jr., OTHAL Contributor address; City; State; Zip Code MCALLEN, TX 78501	Amount of Contribution (\$) \$35,000.00
Principal occupation / Job title (See Instructions) FOUNDER		Employer (See Instructions) O.E. INVESTMENTS INC.
Date 09/03/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BREWER, SHELLEY Contributor address; City; State; Zip Code LOCKHART, TX 78644	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BROWN, DEBBIE Contributor address; City; State; Zip Code AMARILLO, TX 79107	Amount of Contribution (\$) \$5.00
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: Sch: 16/168 Rpt: 19/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 10/20/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) BROWN, MATTHEW 6 Contributor address; City; State; Zip Code AUSTIN, TX 78746	7 Amount of Contribution (\$) \$728.71
8 Principal occupation / Job title (See Instructions) INVESTOR		9 Employer (See Instructions) SELF EMPLOYED
Date 09/02/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BROWN, THOMAS Contributor address; City; State; Zip Code GREAT BEND, KS 67530	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/14/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BROWNE, DENISE Contributor address; City; State; Zip Code FROST, TX 76641	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) GROWER		Employer (See Instructions) SELF EMPLOYED
Date 10/23/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BRUGGEMAN, WILLIAM Contributor address; City; State; Zip Code AUSTIN, TX 78735	Amount of Contribution (\$) \$5,205.08
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) SELF EMPLOYED
Date 12/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BUNTON, SYLVIA Contributor address; City; State; Zip Code TAYLORSVILLE, NC 28681	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/168 Rpt: 20/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 12/02/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) BUNTON, SYLVIA 6 Contributor address; City; State; Zip Code TAYLORSVILLE, NC 28681	7 Amount of Contribution (\$) \$10.41
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 11/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BUNTON, SYLVIA Contributor address; City; State; Zip Code TAYLORSVILLE, NC 28681	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BUNTON, SYLVIA Contributor address; City; State; Zip Code TAYLORSVILLE, NC 28681	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BUNTON, SYLVIA Contributor address; City; State; Zip Code TAYLORSVILLE, NC 28681	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 07/06/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BURGHOFF, CLAIRE Contributor address; City; State; Zip Code WASHINGTON, DC 20003	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) KRATOS DEFENSE

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/168 Rpt: 21/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/19/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) BURNETT, DUKE 6 Contributor address; City; State; Zip Code WILLS POINT, TX 75169	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 10/27/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BUTTROSS, DAVID Contributor address; City; State; Zip Code AUSTIN, TX 78763	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 07/31/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BYRD, MORRIS Contributor address; City; State; Zip Code TEMPLE, TX 76504	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BYRD, MORRIS Contributor address; City; State; Zip Code TEMPLE, TX 76504	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 07/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) BYRD, MORRIS Contributor address; City; State; Zip Code TEMPLE, TX 76504	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/168 Rpt: 22/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 07/05/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) BYRD, MORRIS 6 Contributor address; City; State; Zip Code TEMPLE, TX 76504	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) CABRAL, REYNALDO Contributor address; City; State; Zip Code BROWNSVILLE, TX 78521	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/23/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) CALHOUN, MATTHEW Contributor address; City; State; Zip Code AUSTIN, TX 78735	Amount of Contribution (\$) \$25,000.00
Principal occupation / Job title (See Instructions) OIL AND GAS		Employer (See Instructions) WHITEWATER DEVELOPMENT
Date 12/23/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) CALHOUN, MATTHEW Contributor address; City; State; Zip Code AUSTIN, TX 78735	Amount of Contribution (\$) \$100,000.00
Principal occupation / Job title (See Instructions) ENERGY		Employer (See Instructions) WHITEWATER
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) CAMERON, ARTHUR Contributor address; City; State; Zip Code TYLER, TX 75707	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RANCHER		Employer (See Instructions) SELF EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/168 Rpt: 23/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 12/06/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) CAMPBELL, DAVID 6 Contributor address; City; State; Zip Code HUDSON, FL 34669	7 Amount of Contribution (\$) \$20.82
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 11/28/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) CAMPBELL, DAVID Contributor address; City; State; Zip Code HUDSON, FL 34669	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/13/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) CAMPBELL, DAVID Contributor address; City; State; Zip Code HUDSON, FL 34669	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/06/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) CAMPBELL, DAVID Contributor address; City; State; Zip Code HUDSON, FL 34669	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/23/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) CAMPBELL, DAVID Contributor address; City; State; Zip Code HUDSON, FL 34669	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/168 Rpt: 24/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/26/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) CANFIELD, CARL 6 Contributor address; City; State; Zip Code HOUSTON, TX 77088	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) ENGINEER		9 Employer (See Instructions) SELF EMPLOYED
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) CAPORINA, PATRICIA Contributor address; City; State; Zip Code BRENHAM, TX 77833	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/23/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) CARBONE, JANNA Contributor address; City; State; Zip Code TAMARAC, FL 33321	Amount of Contribution (\$) \$10.41
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) CARLSON, DUSTIN Contributor address; City; State; Zip Code BOISE, ID 83713	Amount of Contribution (\$) \$520.51
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/08/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) CARLSON, JACK Contributor address; City; State; Zip Code HOUSTON, TX 77024	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/168 Rpt: 25/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 09/27/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) CARLSON, JACK 6 Contributor address; City; State; Zip Code HOUSTON, TX 77024	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 09/24/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) CARLSON, JACK Contributor address; City; State; Zip Code HOUSTON, TX 77024	Amount of Contribution (\$) \$20.82
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) CARLSON, JACK Contributor address; City; State; Zip Code HOUSTON, TX 77024	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) CARLSON, JACK Contributor address; City; State; Zip Code HOUSTON, TX 77024	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/14/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) CARLSON, JACK Contributor address; City; State; Zip Code HOUSTON, TX 77024	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/168 Rpt: 26/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 09/12/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) CARLSON, JACK 6 Contributor address; City; State; Zip Code HOUSTON, TX 77024	7 Amount of Contribution (\$) \$26.03
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 09/06/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) CARLSON, JACK Contributor address; City; State; Zip Code HOUSTON, TX 77024	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/03/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) CARLSON, JACK D Contributor address; City; State; Zip Code HOUSTON, TX 77024	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) SELF EMPLOYED
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) CARNEY, CLYDE Contributor address; City; State; Zip Code COLLINSVILLE, TX 76233	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) CARPENTER, HAL Contributor address; City; State; Zip Code AMARILLO, TX 79102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/168 Rpt: 27/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/25/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) CARPENTER, KAREN 6 Contributor address; City; State; Zip Code ALLEN, TX 75013	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/05/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) CARR, DEE Contributor address; City; State; Zip Code SNYDER, TX 79550	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) CARRIGAN, LESLIE Contributor address; City; State; Zip Code AUBREY, TX 76227	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) CARTER, NICK Contributor address; City; State; Zip Code LUMBERTON, TX 77657	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/29/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) CASPER, SARA Contributor address; City; State; Zip Code DEER PARK, TX 77536	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/168 Rpt: 28/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 09/08/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) CASPER, SARA 6 Contributor address; City; State; Zip Code DEER PARK, TX 77536	7 Amount of Contribution (\$) \$104.10
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 09/03/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) CASSENTI, JEAN Contributor address; City; State; Zip Code TOLLAND, CT 06084	Amount of Contribution (\$) \$5.21
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/20/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) CAVAZOS, ELIZABETH Contributor address; City; State; Zip Code EDINBURG, TX 78541	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) MARKETING		Employer (See Instructions) SELF EMPLOYED
Date 10/24/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) CAVIN III, WYLIE Contributor address; City; State; Zip Code SPICEWOOD, TX 78669	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) SELF EMPLOYED
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) CAWYER, RUTH Contributor address; City; State; Zip Code STEPHENVILLE, TX 76401	Amount of Contribution (\$) \$50.00
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: Sch: 26/168 Rpt: 29/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 10/20/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) CERDA, JUAN 6 Contributor address; City; State; Zip Code PHARR, TX 78577	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) DOCTOR OF OPTOMETRY		9 Employer (See Instructions) SELF EMPLOYED
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) CHANEY, FRED Contributor address; City; State; Zip Code GARDEN CITY, TX 79739	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/14/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) CHANG, FRANK Contributor address; City; State; Zip Code ALEXANDRIA, VA 22314	Amount of Contribution (\$) \$260.25
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) CONSOVOY MCCARTHY PLLC
Date 12/31/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) CLINE, JAMES Contributor address; City; State; Zip Code SAN ANTONIO, TX 78251	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) SELF EMPLOYED
Date 08/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) COLE, BILLYE Contributor address; City; State; Zip Code MARBLE FALLS, TX 78654	Amount of Contribution (\$) \$5.00
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: Sch: 27/168 Rpt: 30/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/19/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) COLE, DOUGLAS 6 Contributor address; City; State; Zip Code HOUSTON, TX 77070	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 07/28/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) CONGDON, BRADLEY Contributor address; City; State; Zip Code THE COLONY, TX 75056	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) CRIMINAL DEFENSE ATTORNEY		Employer (See Instructions) CONGDON CRIMINAL DEFENSE PLLC
Date 10/27/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) CONRADT, RICKEY Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78132	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) BENTLEY PUBLIC ADJUSTERS
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) COOK, CHRISTOPHER Contributor address; City; State; Zip Code OKLAHOMA CITY, OK 73173	Amount of Contribution (\$) \$2,602.54
Principal occupation / Job title (See Instructions) INVESTOR		Employer (See Instructions) CRANEHILL CAPITAL LLC
Date 12/03/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) COOKE, CHRISTOPHER Contributor address; City; State; Zip Code SAN ANTONIO, TX 78259	Amount of Contribution (\$) \$1,041.02
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) NORTON ROSE FULBRIGHT US LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/168 Rpt: 31/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/22/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) COOPER, JASON 6 Contributor address; City; State; Zip Code PLAINVIEW, TX 79072	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) COOPER, RODNEY Contributor address; City; State; Zip Code WYLIE, TX 75098	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) COPPIN, DEBORAH Contributor address; City; State; Zip Code GEORGETOWN, TX 78626	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) COSPER, MILDRED Contributor address; City; State; Zip Code VICTORIA, TX 77905	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) COVINGTON, GARY Contributor address; City; State; Zip Code MIDLAND, TX 79702	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/168 Rpt: 32/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/28/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) COWLING, BYRON 6 Contributor address; City; State; Zip Code LUBBOCK, TX 79423	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions) RANCHER		9 Employer (See Instructions) SELF EMPLOYED
Date 09/04/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) COX, MIKE Contributor address; City; State; Zip Code DRIFTWOOD, TX 78619	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) CAREGIVER		Employer (See Instructions) LACDMH
Date 12/03/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) CRUCIANI, DOMINIC Contributor address; City; State; Zip Code HOUSTON, TX 77008	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) BAKER BOTTS LLP
Date 08/02/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) CUDERMAN, PETER Contributor address; City; State; Zip Code TALLAHASSEE, FL 32301	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CONSULTING		Employer (See Instructions) SELF EMPLOYED
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) CUMMINGS, WILLIAM Contributor address; City; State; Zip Code LEWISVILLE, TX 75077	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/168 Rpt: 33/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 10/23/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) DALEY, CAROL 6 Contributor address; City; State; Zip Code ARLINGTON, TX 76005	7 Amount of Contribution (\$) \$520.51
8 Principal occupation / Job title (See Instructions) RENTAL MANAGEMENT		9 Employer (See Instructions) SELF EMPLOYED
Date 09/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) DALEY, RACHEL Contributor address; City; State; Zip Code AUSTIN, TX 78704	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) KIRKLAND ELLIS LLP
Date 11/06/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) DARGAHI, REGINA Contributor address; City; State; Zip Code AUSTIN, TX 78739	Amount of Contribution (\$) \$260.25
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) LAW OFFICE OF REGINA BUTTROSS, PC
Date 11/05/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) DAUGHERTY, GERALD Contributor address; City; State; Zip Code AUSTIN, TX 78735	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/09/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) DAVIS, GW Contributor address; City; State; Zip Code LUBBOCK, TX 79424	Amount of Contribution (\$) \$1,000.00
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: Sch: 31/168 Rpt: 34/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 12/31/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) DAVOL, LAWRENCE 6 Contributor address; City; State; Zip Code FLORENCE, TX 76527	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) BUSINESS OWNER		9 Employer (See Instructions) SELF EMPLOYED
Date 12/03/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) DAWSON, WES Contributor address; City; State; Zip Code EDMONDS, WA 98020	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/02/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) DAWSON, WES Contributor address; City; State; Zip Code EDMONDS, WA 98020	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) DAWSON, WES Contributor address; City; State; Zip Code EDMONDS, WA 98020	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/24/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) DAWSON, WES Contributor address; City; State; Zip Code EDMONDS, WA 98020	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/168 Rpt: 35/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 10/23/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) DAWSON, WES 6 Contributor address; City; State; Zip Code EDMONDS, WA 98020	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 12/31/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) DEJORIA, JOHN Contributor address; City; State; Zip Code AUSTIN, TX 78733	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) CHIEF EXECUTIVE OFFICER		Employer (See Instructions) JOHN PAUL MITCHELL SYSTEMS
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) DENTON, JOYCE Contributor address; City; State; Zip Code HARKER HEIGHTS, TX 76548	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/30/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) DETJEN, RONALD Contributor address; City; State; Zip Code NEW SMYRNA BEACH, FL 32168	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/28/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) DETJEN, RONALD Contributor address; City; State; Zip Code NEW SMYRNA BEACH, FL 32168	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/168 Rpt: 36/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 10/23/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) DEYHIMI, DERRIK 6 Contributor address; City; State; Zip Code AUSTIN, TX 78733	7 Amount of Contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) ICONIXX SOFTWARE
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) DILLON, ROBERT Contributor address; City; State; Zip Code TROUP, TX 75789	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/13/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) DILULLO, JOSEPH Contributor address; City; State; Zip Code LOCKHART, TX 78644	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/24/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) DIXON, BILLY Contributor address; City; State; Zip Code CYPRESS, TX 77433	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) DIXON, LAWRENCE Contributor address; City; State; Zip Code HOUSTON, TX 77055	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/168 Rpt: 37/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/03/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) DORANTES, DENNIS 6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78229	7 Amount of Contribution (\$) \$104.10
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 09/04/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) DRURY, CECELIA Contributor address; City; State; Zip Code BRADENTON, FL 34211	Amount of Contribution (\$) \$1.04
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/28/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) DVORCAK, ALEXANDER Contributor address; City; State; Zip Code HOUSTON, TX 77018	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) STONE HILTON PLLC
Date 12/29/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) EDEN FARMS LTD Contributor address; City; State; Zip Code SAN MARCOS, TX 78667	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) EKSTROM, CHRISTOPHER Contributor address; City; State; Zip Code CORAL SPRINGS, FL 33076	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/168 Rpt: 38/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 09/29/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) EKSTROM, CHRISTOPHER 6 Contributor address; City; State; Zip Code DALLAS, TX 75205	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) REAL ESTATE / INVESTMENTS		9 Employer (See Instructions) SELF EMPLOYED
Date 08/14/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ELITE CARD PROCESSING LLC Contributor address; City; State; Zip Code HAGERSTOWN, MD 21740	Amount of Contribution (\$) \$0.01
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ELLSWORTH, SUSAN Contributor address; City; State; Zip Code FREDERICKSBURG, TX 78624	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ERICKSON, MARTIN Contributor address; City; State; Zip Code COLLEGE STATION, TX 77845	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/31/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ERICKSON, ROBERT Contributor address; City; State; Zip Code SAN ANTONIO, TX 78256	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) SELF EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/168 Rpt: 39/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/26/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) EVANS, ALFRED 6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78232	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) EVANS, LYDIA Contributor address; City; State; Zip Code SAN ANTONIO, TX 78251	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) FAIRCHILD, RONALD Contributor address; City; State; Zip Code BULVERDE, TX 78163	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) FAREK, ELSIE Contributor address; City; State; Zip Code SCHULENBURG, TX 78956	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/20/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) FARIAS III, FRED Contributor address; City; State; Zip Code MCALLEN, TX 78501	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) OPTOMETRIST		Employer (See Instructions) 20/20 VISION HEALTH

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/168 Rpt: 40/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 12/17/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) FARMER, JACK 6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78258	7 Amount of Contribution (\$) \$52.05
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 11/17/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) FARMER, JACK Contributor address; City; State; Zip Code SAN ANTONIO, TX 78258	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/17/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) FARMER, JACK Contributor address; City; State; Zip Code SAN ANTONIO, TX 78258	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/17/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) FARMER, JACK Contributor address; City; State; Zip Code SAN ANTONIO, TX 78258	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) FEEMSTER, ANITA Contributor address; City; State; Zip Code YUKON, OK 73099	Amount of Contribution (\$) \$10.41
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) TX OILFIELDS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/168 Rpt: 41/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/19/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) FIELDS, MELISSA 6 Contributor address; City; State; Zip Code KERRVILLE, TX 78028	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/22/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) FINA, FRANK Contributor address; City; State; Zip Code MIDDLEBURG, PA 17842	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) CHIEF ADMINISTRATIVE OFFICER		Employer (See Instructions) PACE-O-MATIC
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) FINDLEY, CLIFFORD Contributor address; City; State; Zip Code LAS VEGAS, NV 89134	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) INVESTOR		Employer (See Instructions) CARL CANFIELD
Date 10/27/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) FLATO, CLARK Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78403	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) REAL ESTATE SALES		Employer (See Instructions) SELF EMPLOYED
Date 09/02/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) FLEMING, NED Contributor address; City; State; Zip Code DALLAS, TX 75420	Amount of Contribution (\$) \$75,000.00
Principal occupation / Job title (See Instructions) FOUNDING PARTNER		Employer (See Instructions) SUNTx CAPITAL PARTNERS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/168 Rpt: 42/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/24/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) FLORES, GABRIEL 6 Contributor address; City; State; Zip Code MCALLEN, TX 78504	7 Amount of Contribution (\$) \$10.41
8 Principal occupation / Job title (See Instructions) LEGISLATIVE STAFF		9 Employer (See Instructions) STATE OF TEXAS
Date 09/22/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) FOEHNER, DAVID Contributor address; City; State; Zip Code BOLING, TX 77420	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/05/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) FOEHNER, DAVID Contributor address; City; State; Zip Code BOLING, TX 77420	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/03/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) FORREST, ANNE Contributor address; City; State; Zip Code KATY, TX 77494	Amount of Contribution (\$) \$5.21
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) FRANK, CAROL Contributor address; City; State; Zip Code LONGVIEW, TX 75602	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/168 Rpt: 43/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/18/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) FRAZIER, RICHARD 6 Contributor address; City; State; Zip Code ARLINGTON, TX 76015	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) FREDERICK, THI Contributor address; City; State; Zip Code CYPRESS, TX 77429	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) FREELS, BRAD Contributor address; City; State; Zip Code HOUSTON, TX 77024	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) INVESTMENTS		Employer (See Instructions) MIDWAY
Date 08/29/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) FREEMAN, DAVID Contributor address; City; State; Zip Code BURNET, TX 78611	Amount of Contribution (\$) \$1,041.02
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) FREITAG, BOYCE Contributor address; City; State; Zip Code CEDAR PARK, TX 78613	Amount of Contribution (\$) \$10.00
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: Sch: 41/168 Rpt: 44/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/26/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) FROST, WANITA 6 Contributor address; City; State; Zip Code LOHN, TX 76852	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 12/22/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) FULJENZ, MICHAEL Contributor address; City; State; Zip Code BEAUMONT, TX 77706	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) UNIVERSAL COIN & BULLION
Date 09/02/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) FULLER, MERRY Contributor address; City; State; Zip Code SELIGMAN, AZ 86337	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) OIL SERVICES		Employer (See Instructions) SELF EMPLOYED
Date 10/23/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) FULTD, JOEL Contributor address; City; State; Zip Code AUSTIN, TX 78735	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) OWNER AGENT		Employer (See Instructions) OAK HILL INSURANCE
Date 10/22/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) GABBAY, MAYA Contributor address; City; State; Zip Code DALLAS, TX 75229	Amount of Contribution (\$) \$14,000.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/168 Rpt: 45/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 10/27/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) GAINES, JOSHUA 6 Contributor address; City; State; Zip Code ROBSTOWN, TX 78380	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions) FOUNDER		9 Employer (See Instructions) GAINES ORGANIZATION
Date 12/28/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) GAINEY, WAFI Contributor address; City; State; Zip Code LEWES, DE 19958	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/28/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) GAINEY, WAFI Contributor address; City; State; Zip Code LEWES, DE 19958	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/28/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) GAINEY, WAFI Contributor address; City; State; Zip Code LEWES, DE 19958	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) GAMWELL, PETER Contributor address; City; State; Zip Code THE WOODLANDS, TX 77380	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) BENCHMARK

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/168 Rpt: 46/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/19/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) GARCIA, FRANCISCO 6 Contributor address; City; State; Zip Code COTULLA, TX 78014	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 12/04/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) GARZA, FRANCO Contributor address; City; State; Zip Code ZAPATA, TX 78076	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) OIL AND GAS		Employer (See Instructions) FRANCO GARZA
Date 12/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) GEBBIA, JOE Contributor address; City; State; Zip Code AUSTIN, TX 78703	Amount of Contribution (\$) \$2,602.54
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/13/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) GEDULDIG, SAM Contributor address; City; State; Zip Code WASHINGTON, DC 20007	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) GOVERNMENT AFFAIRS		Employer (See Instructions) CGCN GROUP
Date 07/14/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) GELMAN, LAWRENCE Contributor address; City; State; Zip Code MCALLEN, TX 78503	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) SELF EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/168 Rpt: 47/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/09/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) GIBBS, DAN 6 Contributor address; City; State; Zip Code HOUSTON, TX 77066	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) GIDCUMB, JOHN Contributor address; City; State; Zip Code ODESSA, TX 79763	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) GILES, TERRY Contributor address; City; State; Zip Code HOUSTON, TX 77024	Amount of Contribution (\$) \$2,602.54
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) SELF EMPLOYED
Date 12/31/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) GILLESPIE, BROCK Contributor address; City; State; Zip Code AUSTIN, TX 78738	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) SPORTS CONSULTANT		Employer (See Instructions) SELF EMPLOYED
Date 12/31/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) GILLIAM Jr., FROSTY Contributor address; City; State; Zip Code ODESSA, TX 79768	Amount of Contribution (\$) \$15,000.00
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) AGHORN ENERGY, INC.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/168 Rpt: 48/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/19/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) GIRGIS, KAMEL 6 Contributor address; City; State; Zip Code ALLEYTON, TX 78935	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 08/28/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) GODWIN, ANGELA Contributor address; City; State; Zip Code KERRVILLE, TX 78028	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/22/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) GOLDEAN, PAUL Contributor address; City; State; Zip Code CHARLOTTE, NC 28277	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) PRESIDENT / CHIEF EXECUTIVE OFFICER		Employer (See Instructions) PACE-O-MATIC
Date 12/22/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) GOMEZ, DRAKE Contributor address; City; State; Zip Code SWEETWATER, TX 79556	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) GORDY, RUSSELL Contributor address; City; State; Zip Code HOUSTON, TX 77007	Amount of Contribution (\$) \$50,000.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) SG INTERESTS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/168 Rpt: 49/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 12/28/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) GORE, TRINA 6 Contributor address; City; State; Zip Code DAVIE, FL 33325	7 Amount of Contribution (\$) \$28.11
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 11/11/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) GORE, TRINA Contributor address; City; State; Zip Code DAVIE, FL 33325	Amount of Contribution (\$) \$34.35
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) GORE, TRINA Contributor address; City; State; Zip Code DAVIE, FL 33325	Amount of Contribution (\$) \$34.35
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/17/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) GORE, TRINA Contributor address; City; State; Zip Code DAVIE, FL 33325	Amount of Contribution (\$) \$31.23
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) GORE, TRINA Contributor address; City; State; Zip Code DAVIE, FL 33325	Amount of Contribution (\$) \$33.31
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/168 Rpt: 50/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 10/18/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) GORE, TRINA 6 Contributor address; City; State; Zip Code DAVIE, FL 33325	7 Amount of Contribution (\$) \$31.23
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 12/20/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) GORE, TRINA Contributor address; City; State; Zip Code DAVIE, FL 33325	Amount of Contribution (\$) \$31.23
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/29/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) GORE, TRINA Contributor address; City; State; Zip Code DAVIE, FL 33325	Amount of Contribution (\$) \$27.07
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/13/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) GORE, TRINA Contributor address; City; State; Zip Code DAVIE, FL 33325	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/13/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) GORE, TRINA Contributor address; City; State; Zip Code DAVIE, FL 33325	Amount of Contribution (\$) \$46.85
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/168 Rpt: 51/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 12/06/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) GORE, TRINA 6 Contributor address; City; State; Zip Code DAVIE, FL 33325	7 Amount of Contribution (\$) \$32.27
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 12/03/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) GORE, TRINA Contributor address; City; State; Zip Code DAVIE, FL 33325	Amount of Contribution (\$) \$31.23
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/28/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) GORE, TRINA Contributor address; City; State; Zip Code DAVIE, FL 33325	Amount of Contribution (\$) \$46.85
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/17/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) GRADU, ANN Contributor address; City; State; Zip Code NAPLES, FL 34106	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) GRAHAM, JOSEPH Contributor address; City; State; Zip Code HOUSTON, TX 77056	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) FINANCIAL MANAGEMENT		Employer (See Instructions) GRAHAM INVESTMENTS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/168 Rpt: 52/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/26/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) GRANT, ROSE 6 Contributor address; City; State; Zip Code FATE, TX 75189	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) GRAVES, JERRY Contributor address; City; State; Zip Code SULPHUR SPRINGS, TX 75482	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) GRAY, LYNN Contributor address; City; State; Zip Code GRAPELAND, TX 75844	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) GRAY, MARIE Contributor address; City; State; Zip Code CEDAR PARK, TX 78613	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) GRAY-WILLIAMS, BARBARA Contributor address; City; State; Zip Code GRANBURY, TX 76049	Amount of Contribution (\$) \$35.00
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: Sch: 50/168 Rpt: 53/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/26/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) GREENE, LORRI 6 Contributor address; City; State; Zip Code BROOKELAND, TX 75931	7 Amount of Contribution (\$) \$1.04
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) GREER, LUCILLE Contributor address; City; State; Zip Code FORT WORTH, TX 76105	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/05/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) GRIFFIN, DIAN Contributor address; City; State; Zip Code COAHOMA, TX 79511	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RANCHER		Employer (See Instructions) SELF EMPLOYED
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) GRIFFIN, GEORGE Contributor address; City; State; Zip Code GONZALES, TX 78629	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) GRISHAM, SYLVIA Contributor address; City; State; Zip Code WACO, TX 76710	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/168 Rpt: 54/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 10/20/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) GROVES, GARY 6 Contributor address; City; State; Zip Code MCALLEN, TX 78503	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) GUAJARDO, H Contributor address; City; State; Zip Code AUSTIN, TX 78702	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/09/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) GUENTHER Jr., JACK Contributor address; City; State; Zip Code SAN ANTONIO, TX 78209	Amount of Contribution (\$) \$7,287.11
Principal occupation / Job title (See Instructions) INVESTOR		Employer (See Instructions) SELF EMPLOYED
Date 08/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) GULLO, FRANK Contributor address; City; State; Zip Code JERSEY VILLAGE, TX 77040	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HAIR, JAN Contributor address; City; State; Zip Code FORT WORTH, TX 76118	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/168 Rpt: 55/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/18/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) HALBERSTADT, CHUCK 6 Contributor address; City; State; Zip Code SAVANNAH, TX 76227	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 08/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HALEY, KATRINA Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78411	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CLINICAL DOCUMENTATION SPECIALIST		Employer (See Instructions) DHR HEALTH
Date 11/05/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HALL, SANDY Contributor address; City; State; Zip Code MIDLAND, TX 79706	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HALL, SCOTT Contributor address; City; State; Zip Code ATLANTA, GA 30363	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) ANYTIME
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HAMILTON, JAIME Contributor address; City; State; Zip Code ODESSA, TX 79762	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) SELF EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/168 Rpt: 56/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/25/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) HANCOCK, N 6 Contributor address; City; State; Zip Code DALLAS, TX 75219	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HANCOCK, PARKSY Contributor address; City; State; Zip Code LONGVIEW, TX 75601	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HANDLEY, BETTY Contributor address; City; State; Zip Code CONROE, TX 77384	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HARMON, GARY Contributor address; City; State; Zip Code SAN ANTONIO, TX 78239	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HARRIS, KAREN Contributor address; City; State; Zip Code MERIDIAN, MS 39305	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/168 Rpt: 57/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/12/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) HARRIS, KAREN 6 Contributor address; City; State; Zip Code MERIDIAN, MS 39305	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 11/04/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HARRIS, KAREN Contributor address; City; State; Zip Code MERIDIAN, MS 39305	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/23/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HARRIS, KAREN Contributor address; City; State; Zip Code MERIDIAN, MS 39305	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/12/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HARRIS, KAREN Contributor address; City; State; Zip Code MERIDIAN, MS 39305	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 07/09/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HARRISON, COLE Contributor address; City; State; Zip Code MIDLAND, TX 79705	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) FIESTA ENERGY LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/168 Rpt: 58/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 12/22/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) HARRISON, LAURIE 6 Contributor address; City; State; Zip Code DALLAS, TX 75205	7 Amount of Contribution (\$) \$3,000.00
8 Principal occupation / Job title (See Instructions) EXECUTIVE DIRECTOR		9 Employer (See Instructions) ROSEWOOD CORPORATION
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HARRISON, MARION Contributor address; City; State; Zip Code EL PASO, TX 79924	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HARVEY, MARY Contributor address; City; State; Zip Code SAN MARCOS, TX 78666	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) TRANSP MER		Employer (See Instructions) USAF- NORTHROP
Date 08/17/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HEATH, ASHLEY Contributor address; City; State; Zip Code RAYVILLE, LA 71269	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) BENCHMARK
Date 08/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HEATH, ROBERT Contributor address; City; State; Zip Code CANTON, GA 30115	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) FINANCE		Employer (See Instructions) DISTRICT5

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/168 Rpt: 59/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/18/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) HEILMAN, ROBERT 6 Contributor address; City; State; Zip Code HOUSTON, TX 77096	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/22/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HELLO, MARCY Contributor address; City; State; Zip Code AUSTIN, TX 78731	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) SELF EMPLOYED
Date 12/03/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HEMYARI, KEYAVASH Contributor address; City; State; Zip Code DALLAS, TX 75205	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) FOUNDER		Employer (See Instructions) SALTU
Date 08/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HENDERSON, STANLEY Contributor address; City; State; Zip Code BELLS, TX 75414	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HENDRICK, MICHAEL Contributor address; City; State; Zip Code HARLINGEN, TX 78550	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/168 Rpt: 60/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/25/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) HENNING, GAROLD 6 Contributor address; City; State; Zip Code LEAGUE CITY, TX 77573	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 10/10/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HERBST, KAREN Contributor address; City; State; Zip Code DALLAS, TX 75248	Amount of Contribution (\$) \$3,500.00
Principal occupation / Job title (See Instructions) OIL AND GAS LANDMAN		Employer (See Instructions) PROVIDENCE MINERALS LLC
Date 08/23/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HERMENITT, CHRISTOPHER Contributor address; City; State; Zip Code CAVE CREEK, AZ 92603	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HIDROGO, EDUARDO Contributor address; City; State; Zip Code ELGIN, TX 78621	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HIGHNOTE, KAY Contributor address; City; State; Zip Code LUFKIN, TX 75901	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/168 Rpt: 61/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 09/03/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) HILL, JUDY 6 Contributor address; City; State; Zip Code MATHIS, TX 78368	7 Amount of Contribution (\$) \$1.04
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HIMEL, MALCOLM Contributor address; City; State; Zip Code HOUSTON, TX 77058	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/04/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HINESLEY, BARBARA Contributor address; City; State; Zip Code SAN ANTONIO, TX 78252	Amount of Contribution (\$) \$8.33
Principal occupation / Job title (See Instructions) TRANSMITTER ENGINEER		Employer (See Instructions) WCIU TV
Date 12/31/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HODGE, LINDA Contributor address; City; State; Zip Code GREENWICH, CT 06830	Amount of Contribution (\$) \$20.82
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/12/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HODGE, LINDA Contributor address; City; State; Zip Code GREENWICH, CT 06830	Amount of Contribution (\$) \$20.82
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/168 Rpt: 62/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/30/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) HODGE, LINDA 6 Contributor address; City; State; Zip Code GREENWICH, CT 06830	7 Amount of Contribution (\$) \$26.03
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 11/27/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HODGE, LINDA Contributor address; City; State; Zip Code GREENWICH, CT 06830	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HODGE, LINDA Contributor address; City; State; Zip Code GREENWICH, CT 06830	Amount of Contribution (\$) \$20.82
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/21/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HODGE, LINDA Contributor address; City; State; Zip Code GREENWICH, CT 06830	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HOELSCHER, GERALD Contributor address; City; State; Zip Code MIDLAND, TX 79707	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/168 Rpt: 63/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/26/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) HOLDER, FLOYD 6 Contributor address; City; State; Zip Code SAN MARCOS, TX 78666	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/23/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HOLLINGSWORTH, JUSTINE Contributor address; City; State; Zip Code AUSTIN, TX 78746	Amount of Contribution (\$) \$364.36
Principal occupation / Job title (See Instructions)		Employer (See Instructions) SELF EMPLOYED
Date 08/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HOLT, LINDA Contributor address; City; State; Zip Code GRANBURY, TX 76048	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HONS, STANLEY Contributor address; City; State; Zip Code SPRING BRANCH, TX 78070	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/04/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HORD III, W D Contributor address; City; State; Zip Code MIDLAND, TX 79702	Amount of Contribution (\$) \$1,000.00
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: Sch: 61/168 Rpt: 64/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/25/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) HORTON, JANENE 6 Contributor address; City; State; Zip Code EL PASO, TX 79912	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/05/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HOTCHKISS, DOUGLAS Contributor address; City; State; Zip Code IRVING, TX 75038	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) HOTCHKISS INSURANCE
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HOWELL, KELLY Contributor address; City; State; Zip Code PIPE CREEK, TX 78063	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/24/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HOWELL, LARRY Contributor address; City; State; Zip Code TEMPLE, TX 76502	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) VALOR
Date 11/07/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HUANG, HUALIN Contributor address; City; State; Zip Code EL MACERO, CA 95618	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) NU CYBERTEK, INC.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/168 Rpt: 65/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/07/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) HUANG, HUALIN 6 Contributor address; City; State; Zip Code EL MACERO, CA 95618	7 Amount of Contribution (\$) \$104.10
8 Principal occupation / Job title (See Instructions) ENGINEER		9 Employer (See Instructions) NU CYBERTEK, INC.
Date 08/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HUETTER, PAT Contributor address; City; State; Zip Code MESQUITE, NV 89027	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/02/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HUETTER, PAT Contributor address; City; State; Zip Code MESQUITE, NV 89027	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/31/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HUGHES, LEE Contributor address; City; State; Zip Code FORT WORTH, TX 76116	Amount of Contribution (\$) \$3,500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) MAVERICK HOMES
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HUGHES, RANDALL Contributor address; City; State; Zip Code GEORGETOWN, TX 78626	Amount of Contribution (\$) \$41.00
Principal occupation / Job title (See Instructions) DENTAL HYGIENIST		Employer (See Instructions) COLE WINKLEY D.P.S.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/168 Rpt: 66/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 07/07/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) HUNDLEY LIVING TRUST 6 Contributor address; City; State; Zip Code GRANDVIEW, TX 76050	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HUNTLEY, JOAN Contributor address; City; State; Zip Code AUSTIN, TX 78758	Amount of Contribution (\$) \$5.21
Principal occupation / Job title (See Instructions) COMM RE		Employer (See Instructions) LCRG
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HUTCHINS, JOYCE Contributor address; City; State; Zip Code CROSS PLAINS, TX 76443	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HUTSELL, LARRY Contributor address; City; State; Zip Code FORT WORTH, TX 76112	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/17/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) HYDE, RICH Contributor address; City; State; Zip Code FORT WORTH, TX 76107	Amount of Contribution (\$) \$1,041.02
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) TRIAL TRIBE

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/168 Rpt: 67/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/05/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) INGLETT, CAROLYN 6 Contributor address; City; State; Zip Code DALLAS, TX 75218	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/31/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) JACKSON, CARL Contributor address; City; State; Zip Code SAINT PAUL, MN 55125	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) JACKSON, CARL Contributor address; City; State; Zip Code SAINT PAUL, MN 55125	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/10/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) JACKSON, CARL Contributor address; City; State; Zip Code SAINT PAUL, MN 55125	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/10/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) JACKSON, CARL Contributor address; City; State; Zip Code SAINT PAUL, MN 55125	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/168 Rpt: 68/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 12/10/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) JACKSON, CARL 6 Contributor address; City; State; Zip Code SAINT PAUL, MN 55125	7 Amount of Contribution (\$) \$26.03
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 12/10/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) JACKSON, CARL Contributor address; City; State; Zip Code SAINT PAUL, MN 55125	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/23/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) JACQUES, CHERI Contributor address; City; State; Zip Code HOPKINS, MN 55305	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) JAHNKE, DONELLY Contributor address; City; State; Zip Code BUCHANAN DAM, TX 78609	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) JAMES, PAUL Contributor address; City; State; Zip Code SAN ANTONIO, TX 78255	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/168 Rpt: 69/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 09/18/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) JAMIESON, LISA 6 Contributor address; City; State; Zip Code ARLINGTON, TX 76016	7 Amount of Contribution (\$) \$260.25
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) BOURLAND, WALL WENZEL, PC
Date 10/20/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) JANCIK, KAY Contributor address; City; State; Zip Code MCALLEN, TX 78503	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) JASEK, DOUGLAS Contributor address; City; State; Zip Code SUGAR LAND, TX 77479	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) JOHNSON, DAVID Contributor address; City; State; Zip Code FRIENDSWOOD, TX 77546	Amount of Contribution (\$) \$520.51
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) JOHNSON, EDGAR Contributor address; City; State; Zip Code SPRINGTOWN, TX 76082	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/168 Rpt: 70/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/18/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) JOHNSON, JACK 6 Contributor address; City; State; Zip Code VAN ALSTYNE, TX 75495	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 12/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) JOHNSON, JUAN Contributor address; City; State; Zip Code FORT WORTH, TX 76116	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/06/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) JOHNSON, JUAN Contributor address; City; State; Zip Code FORT WORTH, TX 76116	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/02/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) JOHNSON, JUAN Contributor address; City; State; Zip Code FORT WORTH, TX 76116	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/28/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) JOHNSON, JUAN Contributor address; City; State; Zip Code FORT WORTH, TX 76116	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/168 Rpt: 71/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 10/25/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) JOHNSON, JUAN 6 Contributor address; City; State; Zip Code FORT WORTH, TX 76116	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 09/30/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) JOHNSON, JUAN Contributor address; City; State; Zip Code FORT WORTH, TX 76116	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) JOHNSON, JUAN Contributor address; City; State; Zip Code FORT WORTH, TX 76116	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/12/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) JOHNSON, JUAN Contributor address; City; State; Zip Code FORT WORTH, TX 76116	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/28/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) JOHNSON, MAURICE Contributor address; City; State; Zip Code KRUM, TX 76249	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/168 Rpt: 72/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 12/28/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) JOHNSON, MAURICE 6 Contributor address; City; State; Zip Code KRUM, TX 76249	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) ENGINEER		9 Employer (See Instructions) SMITH SYSTEM
Date 11/28/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) JOHNSON, MAURICE Contributor address; City; State; Zip Code KRUM, TX 76249	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) SMITH SYSTEM
Date 10/28/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) JOHNSON, MAURICE Contributor address; City; State; Zip Code KRUM, TX 76249	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) SMITH SYSTEM
Date 09/28/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) JOHNSON, MAURICE Contributor address; City; State; Zip Code KRUM, TX 76249	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) SMITH SYSTEM
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) JOHNSON, MERRITT Contributor address; City; State; Zip Code HORSESHOE BAY, TX 78657	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/168 Rpt: 73/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 09/03/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) JOHNSTON, DANIEL 6 Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78418	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 08/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) JOHNSTON, YVONNE Contributor address; City; State; Zip Code MULLIN, TX 76864	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/08/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) JONES, BOB Contributor address; City; State; Zip Code HOUSTON, TX 77079	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) CONSULTING ENGINEER		Employer (See Instructions) JONES ENGINEERING SOLUTIONS, LLC
Date 08/02/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) JONES, JOSEPH Contributor address; City; State; Zip Code HOUSTON, TX 77041	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) SENIOR HR MGR		Employer (See Instructions) CANADIAN SOLAR
Date 10/27/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) JONES, NEAL Contributor address; City; State; Zip Code AUSTIN, TX 78735	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) HILLCO

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/168 Rpt: 74/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/18/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) JONES, ROY 6 Contributor address; City; State; Zip Code N RICHLAND HILLS, TX 76180	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 07/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) JUDSON, JEFF Contributor address; City; State; Zip Code SAN ANTONIO, TX 78209	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) SELF EMPLOYED
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) KAMINSKY, CHARLES Contributor address; City; State; Zip Code HOUSTON, TX 77095	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) KANAK, LORENA Contributor address; City; State; Zip Code HALLETTSVILLE, TX 77964	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/10/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) KAUPPILA, HELENA Contributor address; City; State; Zip Code LEAGUE CITY, TX 77573	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions) HOMEMAKER

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/168 Rpt: 75/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/30/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) KEELER, DOUG 6 Contributor address; City; State; Zip Code GREAT FALLS, MT 59404	7 Amount of Contribution (\$) \$52.05
8 Principal occupation / Job title (See Instructions) TRUCK DRIVER		9 Employer (See Instructions) KEELER'S TRANSPORT LLC
Date 11/29/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) KEELER, DOUG Contributor address; City; State; Zip Code GREAT FALLS, MT 59404	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) TRUCK DRIVER		Employer (See Instructions) KEELER'S TRANSPORT LLC
Date 11/29/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) KEELER, DOUG Contributor address; City; State; Zip Code GREAT FALLS, MT 59404	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) TRUCK DRIVER		Employer (See Instructions) KEELER'S TRANSPORT LLC
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) KELLEY, STEPHEN Contributor address; City; State; Zip Code HOUSTON, TX 77096	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) KELLY, MICHAEL Contributor address; City; State; Zip Code HOUSTON, TX 77080	Amount of Contribution (\$) \$100.00
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: Sch: 73/168 Rpt: 76/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/10/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) KELLY, MICHAEL 6 Contributor address; City; State; Zip Code HOUSTON, TX 77080	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) KELTON, KATHERINE Contributor address; City; State; Zip Code CEDAR PARK, TX 78641	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) KENDALL, JOHN Contributor address; City; State; Zip Code FREDERICKSBURG, TX 78624	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/20/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) KENNEDY, DEAN Contributor address; City; State; Zip Code FRISCO, TX 75033	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) OIL AND GAS PRODUCER		Employer (See Instructions) TEXAKOMA
Date 12/30/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) KENT, WILLIAM Contributor address; City; State; Zip Code MIDLAND, TX 79708	Amount of Contribution (\$) \$25,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) THE KENT COMPANIES

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/168 Rpt: 77/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/19/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) KING, DORIS 6 Contributor address; City; State; Zip Code WICHITA FALLS, TX 76302	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/09/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) KINH, LUAN Contributor address; City; State; Zip Code PLANO, TX 75023	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/30/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) KITE, PAUL Contributor address; City; State; Zip Code ZIONSVILLE, IN 46077	Amount of Contribution (\$) \$1,041.02
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) STRONGBOX COMMERCIAL, LLC
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) KLASING, WAYNE Contributor address; City; State; Zip Code KERRVILLE, TX 78028	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) KNIGHT, JEFFREY Contributor address; City; State; Zip Code KERRVILLE, TX 78028	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/168 Rpt: 78/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/26/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) KNIGHTLY, MERTON 6 Contributor address; City; State; Zip Code HART, TX 79043	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) FINANCIAL SERVICES		9 Employer (See Instructions) SELF EMPLOYED
Date 08/22/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) KNOFF, JAMES Contributor address; City; State; Zip Code BELLEFONTAINE, OH 43311	Amount of Contribution (\$) \$5.21
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions) CPS ENERGY
Date 09/02/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) KNUTZ, JONATHAN Contributor address; City; State; Zip Code HOUSTON, TX 77056	Amount of Contribution (\$) \$250,000.00
Principal occupation / Job title (See Instructions) CHIEF EXECUTIVE OFFICER		Employer (See Instructions) LEGACY MEDICAL CONSULTANTS
Date 10/17/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) KNUTZ, JONATHAN Contributor address; City; State; Zip Code HOUSTON, TX 77056	Amount of Contribution (\$) \$2,602.54
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) LMC
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) KOCIAN, VICTOR Contributor address; City; State; Zip Code STAFFORD, TX 77477	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/168 Rpt: 79/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/19/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) KOENIGSBERG, ANNA 6 Contributor address; City; State; Zip Code TEMPLE, TX 76502	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) KORNEGAY, JEANNINE Contributor address; City; State; Zip Code CLEBURNE, TX 76031	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) KRAUSE, JAMES Contributor address; City; State; Zip Code CROWLEY, TX 76036	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) KRUSE, LAYNE Contributor address; City; State; Zip Code HOUSTON, TX 77010	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) NORTON ROSE FULBRIGHT US LLP
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) LAHUE, MURRAY Contributor address; City; State; Zip Code TYLER, TX 75706	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) TAX COLLECTOR		Employer (See Instructions) CITY OF PEARLAND

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 77/168 Rpt: 80/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/25/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) LAUGHLIN, GRANT 6 Contributor address; City; State; Zip Code DALLAS, TX 75251	7 Amount of Contribution (\$) \$104.10
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) LAWRENCE, PATSY Contributor address; City; State; Zip Code TYLER, TX 75703	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/09/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) LEGATE, DAVID Contributor address; City; State; Zip Code HUMBLE, TX 77338	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/23/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) LEITZEL, CYNTHIA Contributor address; City; State; Zip Code DRIFTWOOD, TX 78619	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) LEMMON, LOLA Contributor address; City; State; Zip Code CEDAR PARK, TX 78613	Amount of Contribution (\$) \$20.00
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: Sch: 78/168 Rpt: 81/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/26/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) LENAMON, BARBARA 6 Contributor address; City; State; Zip Code PEARLAND, TX 77588	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 09/05/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) LEONARDI, FABIO Contributor address; City; State; Zip Code DALLAS, TX 75229	Amount of Contribution (\$) \$2,602.54
Principal occupation / Job title (See Instructions) LAWYER		Employer (See Instructions) AIRBUS
Date 10/27/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) LEWIS III, J KEET Contributor address; City; State; Zip Code DALLAS, TX 75229	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) CO-OWNER		Employer (See Instructions) LEWIS GROUP INTERNATIONAL
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) LEYVA, RUTH Contributor address; City; State; Zip Code PHARR, TX 78577	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) LIE, KEVIN Contributor address; City; State; Zip Code HOUSTON, TX 77002	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) LAWYER		Employer (See Instructions) NRF

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/168 Rpt: 82/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/18/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) LINE, RICK 6 Contributor address; City; State; Zip Code LIBERTY HILL, TX 78642	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 12/22/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) LINEBAUGH Jr., RONALD Contributor address; City; State; Zip Code SWEETWATER, TX 79556	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) LODGE, JOHN Contributor address; City; State; Zip Code HOUSTON, TX 77056	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) LOTT, DALTON Contributor address; City; State; Zip Code DUNCANVILLE, TX 75137	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) LOTT COMPANIES
Date 10/24/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) LOVELL, MELISSA Contributor address; City; State; Zip Code PEARLAND, TX 77581	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) LEGAL EDITOR		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/168 Rpt: 83/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) LOWAS, DENNIS 6 Contributor address; City; State; Zip Code GRAND JUNCTION, CO 81501	7 Amount of Contribution (\$) \$26.03
8 Principal occupation / Job title (See Instructions) PARAMEDIC		9 Employer (See Instructions) VETERANS ADMINISTRATION
Date 12/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) LUNDGREN, PAMELA Contributor address; City; State; Zip Code IRONTON, MN 56455	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) CASHIER		Employer (See Instructions) MINERS
Date 11/30/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) LUNDGREN, PAMELA Contributor address; City; State; Zip Code IRONTON, MN 56455	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) CASHIER		Employer (See Instructions) MINERS
Date 11/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) LUNDGREN, PAMELA Contributor address; City; State; Zip Code IRONTON, MN 56455	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) CASHIER		Employer (See Instructions) MINERS
Date 11/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) LUNDGREN, PAMELA Contributor address; City; State; Zip Code IRONTON, MN 56455	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) CASHIER		Employer (See Instructions) MINERS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/168 Rpt: 84/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/26/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) LUNDGREN, PAMELA 6 Contributor address; City; State; Zip Code IRONTON, MN 56455	7 Amount of Contribution (\$) \$26.03
8 Principal occupation / Job title (See Instructions) CASHIER		9 Employer (See Instructions) MINERS
Date 10/31/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) LUNDGREN, PAMELA Contributor address; City; State; Zip Code IRONTON, MN 56455	Amount of Contribution (\$) \$10.41
Principal occupation / Job title (See Instructions) CASHIER		Employer (See Instructions) MINERS
Date 10/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) LUNDGREN, PAMELA Contributor address; City; State; Zip Code IRONTON, MN 56455	Amount of Contribution (\$) \$10.41
Principal occupation / Job title (See Instructions) CASHIER		Employer (See Instructions) MINERS
Date 10/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) LUNDGREN, PAMELA Contributor address; City; State; Zip Code IRONTON, MN 56455	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) CASHIER		Employer (See Instructions) MINERS
Date 10/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) LUNDGREN, PAMELA Contributor address; City; State; Zip Code IRONTON, MN 56455	Amount of Contribution (\$) \$10.41
Principal occupation / Job title (See Instructions) CASHIER		Employer (See Instructions) MINERS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/168 Rpt: 85/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/18/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) LURTON, SCOTT 6 Contributor address; City; State; Zip Code HOUSTON, TX 77095	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/17/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) LYON, DONNA Contributor address; City; State; Zip Code CHICAGO, IL 60610	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) ARCHITECT		Employer (See Instructions) EDG
Date 10/27/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) LYON, DONNA Contributor address; City; State; Zip Code CHICAGO, IL 60610	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) ARCHITECT		Employer (See Instructions) EDG
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MABRY, ROY Contributor address; City; State; Zip Code AUSTIN, TX 78751	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MACZKO, HELENA Contributor address; City; State; Zip Code CYPRESS, TX 77433	Amount of Contribution (\$) \$35.00
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: Sch: 83/168 Rpt: 86/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 12/03/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) MALPASS, MASON 6 Contributor address; City; State; Zip Code HOUSTON, TX 77019	7 Amount of Contribution (\$) \$1,041.02
8 Principal occupation / Job title (See Instructions) LAWYER		9 Employer (See Instructions) O'MELVENY
Date 10/14/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MANRIQUE, CARLOS Contributor address; City; State; Zip Code MCALLEN, TX 78504	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) MCV
Date 10/30/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MANSOUR, SARAH Contributor address; City; State; Zip Code AUSTIN, TX 78746	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) DIRECTOR		Employer (See Instructions) JAMES & SARAH MANSOUR FOUNDATION
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MAPLE, RALPH Contributor address; City; State; Zip Code KATY, TX 77494	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/22/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MAPLE, RALPH Contributor address; City; State; Zip Code KATY, TX 77494	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 84/168 Rpt: 87/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 12/19/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) MARABLE, CLAY 6 Contributor address; City; State; Zip Code SHERMAN, TX 75092	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) REGIONAL SALES MANAGER		9 Employer (See Instructions) IMPACT MEDICAL
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MARCHETTI, THOMAS Contributor address; City; State; Zip Code ROCKWALL, TX 75032	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MARINKO, TOM Contributor address; City; State; Zip Code KERSHAW, SC 29067	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/22/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MARTIN III, ROY Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78131	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MARTINEZ, ERNEST AND SARAH Contributor address; City; State; Zip Code FORT WORTH, TX 76179	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 85/168 Rpt: 88/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/26/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) MARTINEZ, GRACIELA 6 Contributor address; City; State; Zip Code LEAGUE CITY, TX 77573	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MARX, BOB Contributor address; City; State; Zip Code PAMPA, TX 79065	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MASAROVICH, KEN Contributor address; City; State; Zip Code KILLEEN, TX 76549	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/27/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MASON, MIKE Contributor address; City; State; Zip Code FRISCO, TX 75034	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) WEATHERMATIC
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MASON, STUART Contributor address; City; State; Zip Code DENTON, TX 76205	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 86/168 Rpt: 89/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/19/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) MASSEY, GRADY 6 Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78418	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 10/24/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MC CRUM, BETTY Contributor address; City; State; Zip Code BROWNWOOD, TX 76801	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MCANEAR, JOHN Contributor address; City; State; Zip Code FREER, TX 78357	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ASSISTANT		Employer (See Instructions) CONCENTRA
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MCBRIDE, JACK Contributor address; City; State; Zip Code NOCONA, TX 76255	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/28/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MCBRIDE, RALPH Contributor address; City; State; Zip Code HOUSTON, TX 77057	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) LANIER LAW FIRM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 87/168 Rpt: 90/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/20/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) MCCANN, TOM 6 Contributor address; City; State; Zip Code AUSTIN, TX 78734	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/08/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MCCARTY, KRISTEN Contributor address; City; State; Zip Code KATY, TX 77450	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) LEGISLATIVE DIRECTOR		Employer (See Instructions) TEXAS STATE
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MCCLENDON, CLINTON Contributor address; City; State; Zip Code FORT WORTH, TX 76114	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MCCOY, NICOLE Contributor address; City; State; Zip Code HOUSTON, TX 77062	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MCCRAY, GREGORY Contributor address; City; State; Zip Code AUSTIN, TX 78749	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 88/168 Rpt: 91/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 09/05/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) MCCRUM, EVERETT 6 Contributor address; City; State; Zip Code BROWNWOOD, TX 76801	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MCDERMOTT, JOHN Contributor address; City; State; Zip Code CORPUS CHRISTI, TX 78413	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/17/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MCELRAFT, HAROLD Contributor address; City; State; Zip Code MCKINNEY, TX 75071	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MCELRAFT, HAROLD Contributor address; City; State; Zip Code MCKINNEY, TX 75071	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/09/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MCELRAFT, HAROLD Contributor address; City; State; Zip Code MCKINNEY, TX 75071	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 89/168 Rpt: 92/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/26/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) MCELROY, JAMES 6 Contributor address; City; State; Zip Code BEND, TX 76824	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MCGARRETT, WANDA Contributor address; City; State; Zip Code JEFFERSON, TX 75657	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions) HOMEMAKER
Date 12/22/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MCHALFFEY, CHAD Contributor address; City; State; Zip Code EL PASO, TX 79922	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) BREW SPORTS PUB
Date 11/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MCKEE, AARON Contributor address; City; State; Zip Code SAN ANTONIO, TX 78209	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) FEDITC LLC
Date 08/12/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MCKENZIE, MICHAEL Contributor address; City; State; Zip Code SULPHUR SPRINGS, TX 75482	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 90/168 Rpt: 93/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 10/23/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) MCKINLEY, MICHAEL 6 Contributor address; City; State; Zip Code AUSTIN, TX 78733	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) CUERNAVACA CAPITAL
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MCLEOD, RALPH Contributor address; City; State; Zip Code SAN ANTONIO, TX 78228	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/28/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MCMAHAN, JAMES Contributor address; City; State; Zip Code PLANO, TX 75024	Amount of Contribution (\$) \$6,500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/28/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MCMAHAN, JAMES Contributor address; City; State; Zip Code PLANO, TX 75024	Amount of Contribution (\$) \$3,500.00
Principal occupation / Job title (See Instructions) TEACHER / COACH		Employer (See Instructions) FRENSHIP ISD
Date 08/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MCMURRAY, ELLEN Contributor address; City; State; Zip Code WICHITA FALLS, TX 76309	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 91/168 Rpt: 94/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 09/09/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) MCNEESE, KEITH 6 Contributor address; City; State; Zip Code LUBBOCK, TX 79423	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions) PARTNER		9 Employer (See Instructions) JKLM INVESTMENTS LLC
Date 12/29/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MECKES, DONOVAN Contributor address; City; State; Zip Code NEW CASTLE, CA 95658	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) SOUTHERN FOLGER CONTRACTING
Date 12/29/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MECKES, DONOVAN Contributor address; City; State; Zip Code NEW CASTLE, CA 95658	Amount of Contribution (\$) \$25,000.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) SOUTHERN FOLGER CONTRACTING
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MENARD, RICHARD Contributor address; City; State; Zip Code REX, GA 30273	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) PHYSICIAN ANESTHESIOLOGIST		Employer (See Instructions) SELF EMPLOYED
Date 07/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MENDELSON, BEN Contributor address; City; State; Zip Code AUSTIN, TX 78703	Amount of Contribution (\$) \$1,041.02
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) STATE OF TEXAS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 92/168 Rpt: 95/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/25/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) MENDOZA, MANUEL 6 Contributor address; City; State; Zip Code EL PASO, TX 79907	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 10/24/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MERCER, DOROTHY Contributor address; City; State; Zip Code FOLLETT, TX 79034	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/05/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MERCER, DOROTHY Contributor address; City; State; Zip Code FOLLETT, TX 79034	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MERRITT, JIM Contributor address; City; State; Zip Code FORT WORTH, TX 76112	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/08/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MILES BOLDRICK DBA STATEWIDE MINERALS CO Contributor address; City; State; Zip Code MIDLAND, TX 79702	Amount of Contribution (\$) \$25,000.00
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: Sch: 93/168 Rpt: 96/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/25/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) MILLER, DAVID 6 Contributor address; City; State; Zip Code HORIZON CITY, TX 79928	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 09/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MILLER, KEVIN Contributor address; City; State; Zip Code CANYON LAKE, TX 78133	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MILLER, KEVIN Contributor address; City; State; Zip Code CANYON LAKE, TX 78133	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) ACCOUNTANT / CLERICAL		Employer (See Instructions)
Date 08/13/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MIMS, ERIC Contributor address; City; State; Zip Code SAN ANTONIO, TX 78264	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) DIRECTOR ISO		Employer (See Instructions) UNIVERSITY OF HOUSTON-SYSTEM
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MINGUS, MICHAEL Contributor address; City; State; Zip Code MCALLEN, TX 78504	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) DRIVER		Employer (See Instructions) SELF EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 94/168 Rpt: 97/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/24/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) MIRZA, ALI 6 Contributor address; City; State; Zip Code SOUTHLAKE, TX 76092	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) EXPAND ENERGY
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MISIAK, DAVID Contributor address; City; State; Zip Code ARLINGTON, TX 76014	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MITCHELL, JANICE Contributor address; City; State; Zip Code HEMPSTEAD, TX 77445	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/23/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MONCLA, MATT Contributor address; City; State; Zip Code LAFAYETTE, LA 70508	Amount of Contribution (\$) \$2,602.54
Principal occupation / Job title (See Instructions) OIL & GAS		Employer (See Instructions) MONCLA
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MONTES, PATTY Contributor address; City; State; Zip Code EL PASO, TX 79925	Amount of Contribution (\$) \$35.00
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: Sch: 95/168 Rpt: 98/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/25/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) MONTESA, SANDRA 6 Contributor address; City; State; Zip Code HARKER HEIGHTS, TX 76548	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/09/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MOODY, CAROLYN Contributor address; City; State; Zip Code CEDAR PARK, TX 78613	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MOON, ROBERT Contributor address; City; State; Zip Code GEORGETOWN, TX 78633	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MORRISON, BRAD Contributor address; City; State; Zip Code BOERNE, TX 78006	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) INVESTMENT BANKER		Employer (See Instructions) SELF EMPLOYED
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MORTON, RICHARD Contributor address; City; State; Zip Code ODESSA, TX 79763	Amount of Contribution (\$) \$35.00
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: Sch: 96/168 Rpt: 99/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/19/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) MORTON, WILLIAM 6 Contributor address; City; State; Zip Code AUSTIN, TX 78735	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 12/30/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MOSING, GREG Contributor address; City; State; Zip Code BROUSSARD, LA 70518	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/05/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MUCK, AUSTIN Contributor address; City; State; Zip Code HOUSTON, TX 77055	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) APERTURE COMPANIES, LLC
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MUELLER, BARBARA Contributor address; City; State; Zip Code HOUSTON, TX 77064	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MULLEN, GREGORY Contributor address; City; State; Zip Code DALLAS, TX 75205	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 97/168 Rpt: 100/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/19/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) MULLHOLLEN, RALPH 6 Contributor address; City; State; Zip Code FORT WORTH, TX 76244	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 10/24/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MUNSCH, HARVEY Contributor address; City; State; Zip Code SAN ANGELO, TX 76905	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/14/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MUNSCH, HARVEY Contributor address; City; State; Zip Code SAN ANGELO, TX 76905	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/23/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MURPHY, CHARLES Contributor address; City; State; Zip Code AUSTIN, TX 78735	Amount of Contribution (\$) \$364.36
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) LIBERTY PARK CAPITAL MANAGEMENT
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MURPHY, LEO Contributor address; City; State; Zip Code PLANO, TX 75023	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 98/168 Rpt: 101/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/25/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) MURPHY, SANDRA 6 Contributor address; City; State; Zip Code WOODWAY, TX 76712	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MYERS, ROBERT Contributor address; City; State; Zip Code GEORGETOWN, TX 78633	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) MYERS, VINITA Contributor address; City; State; Zip Code LUFKIN, TX 75904	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/02/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) NAIL, JOHNNY Contributor address; City; State; Zip Code NEW CANEY, TX 77357	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/24/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) NAPPER, MARK Contributor address; City; State; Zip Code MILTON, TN 37118	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) EXCELHEALTH GROUP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 99/168 Rpt: 102/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/05/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) NEUHOFF, NANCY 6 Contributor address; City; State; Zip Code DALLAS, TX 75229	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/20/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) NEWKUMET, TRAVIS Contributor address; City; State; Zip Code MIDLAND, TX 79702	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) REGIONS
Date 11/20/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) NEWKUMET, TRAVIS Contributor address; City; State; Zip Code MIDLAND, TX 79702	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) REGIONS
Date 12/04/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) NEWKUMET, WAYNE Contributor address; City; State; Zip Code MIDLAND, TX 79702	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) NGUYEN, CANH Contributor address; City; State; Zip Code ORANGE PARK, FL 32003	Amount of Contribution (\$) \$15.62
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 100/168 Rpt: 103/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/18/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) NIEMIEC, RAYMOND 6 Contributor address; City; State; Zip Code RICHARDSON, TX 75082	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) NOLEN, WAYNETTE Contributor address; City; State; Zip Code MONTALBA, TX 75853	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/04/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) NORRIS, WENDELL Contributor address; City; State; Zip Code RENO, NV 89510	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) NORRIS, WENDELL Contributor address; City; State; Zip Code RENO, NV 89510	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) SELF EMPLOYED
Date 12/04/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) NORWOOD, JOHN Contributor address; City; State; Zip Code MIDLAND, TX 79702	Amount of Contribution (\$) \$25,000.00
Principal occupation / Job title (See Instructions) PRINCIPAL		Employer (See Instructions) ANTHEM OIL

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 101/168 Rpt: 104/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 09/05/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) NUNN, JANET 6 Contributor address; City; State; Zip Code PORT LAVACA, TX 77979	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/24/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) NUNN, JANET Contributor address; City; State; Zip Code PORT LAVACA, TX 77979	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) O'DORISIO, JAMES KEVIN Contributor address; City; State; Zip Code THE COLONY, TX 75056	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) ADVISOR		Employer (See Instructions) SMACNA SO CAL
Date 12/05/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) O'DORISIO, JAMES KEVIN Contributor address; City; State; Zip Code THE COLONY, TX 75056	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) ADVISOR		Employer (See Instructions) SMACNA SO CAL
Date 11/30/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) O'DORISIO, JAMES KEVIN Contributor address; City; State; Zip Code THE COLONY, TX 75056	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) ADVISOR		Employer (See Instructions) SMACNA SO CAL

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 102/168 Rpt: 105/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/26/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) O'DORISIO, JAMES KEVIN 6 Contributor address; City; State; Zip Code THE COLONY, TX 75056	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) ADVISOR		9 Employer (See Instructions) SMACNA SO CAL
Date 11/24/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) O'DORISIO, JAMES KEVIN Contributor address; City; State; Zip Code THE COLONY, TX 75056	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) ADVISOR		Employer (See Instructions) SMACNA SO CAL
Date 11/24/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) O'DORISIO, JAMES KEVIN Contributor address; City; State; Zip Code THE COLONY, TX 75056	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) ADVISOR		Employer (See Instructions) SMACNA SO CAL
Date 11/05/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) O'DORISIO, JAMES KEVIN Contributor address; City; State; Zip Code THE COLONY, TX 75056	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) ADVISOR		Employer (See Instructions) SMACNA SO CAL
Date 10/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) O'DORISIO, JAMES KEVIN Contributor address; City; State; Zip Code THE COLONY, TX 75056	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) ADVISOR		Employer (See Instructions) SMACNA SO CAL

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 103/168 Rpt: 106/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/26/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) O'GLESBY, MICHAEL 6 Contributor address; City; State; Zip Code LUBBOCK, TX 79410	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) O'NEILL, ANN Contributor address; City; State; Zip Code FORT WORTH, TX 76107	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
RETIRED		RETIRED
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) OBRIEN, MICHAEL Contributor address; City; State; Zip Code AUSTIN, CA 78754	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
RETIRED		RETIRED
Date 12/31/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) OBST, MARTIN Contributor address; City; State; Zip Code INDIANAPOLIS, IN 46260	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
CONSULTANT		MO STRATEGIES, INC
Date 12/30/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) OBST, MARTIN Contributor address; City; State; Zip Code INDIANAPOLIS, IN 46260	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
CONSULTANT		MO STRATEGIES, INC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 104/168 Rpt: 107/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/30/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) OCCHIATO, MICHAEL 6 Contributor address; City; State; Zip Code PUEBLO, CO 81001	7 Amount of Contribution (\$) \$26.03
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 11/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) OCCHIATO, MICHAEL Contributor address; City; State; Zip Code PUEBLO, CO 81001	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) OCCHIATO, MICHAEL Contributor address; City; State; Zip Code PUEBLO, CO 81001	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) OCCHIATO, MICHAEL Contributor address; City; State; Zip Code PUEBLO, CO 81001	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) OCCHIATO, MICHAEL Contributor address; City; State; Zip Code PUEBLO, CO 81001	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 105/168 Rpt: 108/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/25/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) OCCHIATO, MICHAEL 6 Contributor address; City; State; Zip Code PUEBLO, CO 81001	7 Amount of Contribution (\$) \$26.03
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 11/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) OGUDO, DERA Contributor address; City; State; Zip Code RICHMOND, TX 77406	Amount of Contribution (\$) \$520.51
Principal occupation / Job title (See Instructions) NURSE PRACTITIONER		Employer (See Instructions) UPHC
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) OLSMITH, LOLA Contributor address; City; State; Zip Code SAN ANTONIO, TX 78217	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) OSBORN, WILLIAM Contributor address; City; State; Zip Code HUNTINGTON BEACH, CA 92649	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/02/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) OVALLE, DIEGO Contributor address; City; State; Zip Code KATY, TX 77450	Amount of Contribution (\$) \$1,041.02
Principal occupation / Job title (See Instructions) LAWYER		Employer (See Instructions) LODG

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 106/168 Rpt: 109/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/09/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) OWENS, KENNY 6 Contributor address; City; State; Zip Code HOUSTON, TX 77057	7 Amount of Contribution (\$) \$52.05
8 Principal occupation / Job title (See Instructions) CONSULTANT		9 Employer (See Instructions) SELF EMPLOYED
Date 07/09/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) OWENS, KENNY Contributor address; City; State; Zip Code HOUSTON, TX 77057	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) SELF EMPLOYED
Date 12/07/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) OZBURN, CHRISTINE Contributor address; City; State; Zip Code ATLANTA, GA 30324	Amount of Contribution (\$) \$10.41
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) OZBURN, CHRISTINE Contributor address; City; State; Zip Code ATLANTA, GA 30324	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) OZBURN, CHRISTINE Contributor address; City; State; Zip Code ATLANTA, GA 30324	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 10/23/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) OZBURN, CHRISTINE 6 Contributor address; City; State; Zip Code ATLANTA, GA 30324	7 Amount of Contribution (\$) \$52.05
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 10/22/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) OZBURN, CHRISTINE Contributor address; City; State; Zip Code ATLANTA, GA 30324	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) OZIMEK, GREG Contributor address; City; State; Zip Code EL PASO, TX 79938	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/28/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) PA, TU DAO Contributor address; City; State; Zip Code PLANO, TX 75093	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) ORTHOMED ANESTHESIA
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) PAGE, IRENE Contributor address; City; State; Zip Code BOERNE, TX 78006	Amount of Contribution (\$) \$10.00
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: Sch: 108/168 Rpt: 111/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/25/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) PALLen, GILBERT 6 Contributor address; City; State; Zip Code GREENSBORO, GA 30642	7 Amount of Contribution (\$) \$104.10
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 10/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) PALLen, GILBERT Contributor address; City; State; Zip Code GREENSBORO, GA 30642	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/12/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) PARISH, RUSSELL Contributor address; City; State; Zip Code AUSTIN, TX 78749	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) PW LAW
Date 07/12/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) PARISH, RUSSELL Contributor address; City; State; Zip Code AUSTIN, TX 78749	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) PW LAW
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) PARK, PHIL Contributor address; City; State; Zip Code WEATHERFORD, TX 76088	Amount of Contribution (\$) \$200.00
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: Sch: 109/168 Rpt: 112/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 12/19/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) PARRISH, CHRISTINE 6 Contributor address; City; State; Zip Code KINGWOOD, TX 77339	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) ACCOUNTANT		9 Employer (See Instructions) SELF EMPLOYED
Date 12/31/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) PATEL, POONAM Contributor address; City; State; Zip Code LOCUST GROVE, GA 30248	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) S&P HOTELS GROUP
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) PAYNE, ROBERT Contributor address; City; State; Zip Code WEATHERFORD, TX 76088	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) PEACH, BLANE Contributor address; City; State; Zip Code SAN ANTONIO, TX 78250	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) PEHL, LINDA Contributor address; City; State; Zip Code BELTON, TX 76513	Amount of Contribution (\$) \$35.00
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: Sch: 110/168 Rpt: 113/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 12/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) PENDERY, DARLENE 6 Contributor address; City; State; Zip Code FLOWER MOUND, TX 75022	7 Amount of Contribution (\$) \$10,000.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) PERKINS, ANNA Contributor address; City; State; Zip Code CONROE, TX 77304	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) PETERS, ROBERT Contributor address; City; State; Zip Code WATAUGA, TX 76148	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) PETERSON, JAMES Contributor address; City; State; Zip Code DENISON, TX 75020	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) PETERSON, JAMES Contributor address; City; State; Zip Code DENISON, TX 75020	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 111/168 Rpt: 114/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 12/06/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) PETERSON, JAMES 6 Contributor address; City; State; Zip Code DENISON, TX 75020	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 11/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) PETERSON, JAMES Contributor address; City; State; Zip Code DENISON, TX 75020	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/06/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) PETERSON, JAMES Contributor address; City; State; Zip Code DENISON, TX 75020	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) PETERSON, JAMES Contributor address; City; State; Zip Code DENISON, TX 75020	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/06/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) PETERSON, JAMES Contributor address; City; State; Zip Code DENISON, TX 75020	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 112/168 Rpt: 115/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 09/25/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) PETERSON, JAMES 6 Contributor address; City; State; Zip Code DENISON, TX 75020	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) PETRIE, CINDY Contributor address; City; State; Zip Code DALLAS, TX 75248	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/12/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) PFISTER, BEN Contributor address; City; State; Zip Code ROCK ISLAND, IL 61201	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) PHAM, PAUL Contributor address; City; State; Zip Code HOUSTON, TX 77063	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) PHELPS, RICHARD Contributor address; City; State; Zip Code CONROE, TX 77302	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 113/168 Rpt: 116/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 10/24/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) PIERCE, MICHAEL 6 Contributor address; City; State; Zip Code SOUR LAKE, TX 77659	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) PILIHOS, THEODORE Contributor address; City; State; Zip Code CIBOLO, TX 78108	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/10/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) PIRES, BRUCE Contributor address; City; State; Zip Code BOERNE, TX 78006	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/31/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) PLEWS, DAVE Contributor address; City; State; Zip Code BATAVIA, IL 60510	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) POHL, BETTY Contributor address; City; State; Zip Code SILSBEE, TX 77656	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 114/168 Rpt: 117/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/05/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) POHL, BETTY 6 Contributor address; City; State; Zip Code SILSBEE, TX 77656	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) PONTIUS, FREDERICK Contributor address; City; State; Zip Code AUBREY, TX 76227	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) PONTIUS, FREDERICK Contributor address; City; State; Zip Code AUBREY, TX 76227	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) PORTER, DENISE Contributor address; City; State; Zip Code MIDLAND, TX 79705	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) LAND MANAGER		Employer (See Instructions) MCCLURE OIL CO.
Date 12/02/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) POTTER, RAYBURN Contributor address; City; State; Zip Code MIDLOTHIAN, VA 23112	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 115/168 Rpt: 118/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/17/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) POTTER, RAYBURN 6 Contributor address; City; State; Zip Code MIDLOTHIAN, VA 23112	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 11/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) POTTER, RAYBURN Contributor address; City; State; Zip Code MIDLOTHIAN, VA 23112	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/13/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) POTTER, RAYBURN Contributor address; City; State; Zip Code MIDLOTHIAN, VA 23112	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/07/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) POTTER, RAYBURN Contributor address; City; State; Zip Code MIDLOTHIAN, VA 23112	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/06/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) POTTER, RAYBURN Contributor address; City; State; Zip Code MIDLOTHIAN, VA 23112	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 116/168 Rpt: 119/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/04/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) POTTER, RAYBURN 6 Contributor address; City; State; Zip Code MIDLOTHIAN, VA 23112	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 11/02/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) POTTER, RAYBURN Contributor address; City; State; Zip Code MIDLOTHIAN, VA 23112	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/28/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) POTTER, RAYBURN Contributor address; City; State; Zip Code MIDLOTHIAN, VA 23112	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) POTTER, RAYBURN Contributor address; City; State; Zip Code MIDLOTHIAN, VA 23112	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/21/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) POTTER, RAYBURN Contributor address; City; State; Zip Code MIDLOTHIAN, VA 23112	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 10/10/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) POTTER, RAYBURN 6 Contributor address; City; State; Zip Code MIDLOTHIAN, VA 23112	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 09/17/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) POTTER, RAYBURN Contributor address; City; State; Zip Code MIDLOTHIAN, VA 23112	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) POTTER, RAYBURN Contributor address; City; State; Zip Code MIDLOTHIAN, VA 23112	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) POWELL, PATRICIA Contributor address; City; State; Zip Code WAXAHACHIE, TX 75165	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) POWELL, PEGGY Contributor address; City; State; Zip Code AMARILLO, TX 79109	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 118/168 Rpt: 121/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 09/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) POZZI, ROBERT 6 Contributor address; City; State; Zip Code RICHMOND, VA 23234	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 11/13/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) PREAMBLE RANCH Contributor address; City; State; Zip Code BELLEVUE, TX 76228	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) PRICE, EDWARD Contributor address; City; State; Zip Code TOMBALL, TX 77375	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/14/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) PRICE, H Contributor address; City; State; Zip Code DALLAS, TX 75209	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) PRICE, MARGARET Contributor address; City; State; Zip Code PEARLAND, TX 77584	Amount of Contribution (\$) \$35.00
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: Sch: 119/168 Rpt: 122/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/26/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) PROFFER, LYNDON 6 Contributor address; City; State; Zip Code AMARILLO, TX 79109	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 11/20/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) PURVIS, J R Contributor address; City; State; Zip Code MIDLAND, TX 79702	Amount of Contribution (\$) \$3,500.00
Principal occupation / Job title (See Instructions) INVESTOR		Employer (See Instructions) SELF EMPLOYED
Date 11/24/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) PUTNAM, WILMA Contributor address; City; State; Zip Code GEORGETOWN, TX 78633	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/29/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) QIAO, TINGFU Contributor address; City; State; Zip Code HOUSTON, TX 77056	Amount of Contribution (\$) \$25,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) WAN BRIDGE
Date 08/27/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) RADIANCE, CHANDRA Contributor address; City; State; Zip Code HUNT, TX 78024	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 120/168 Rpt: 123/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/19/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) RAEDER, CHRIS 6 Contributor address; City; State; Zip Code AUSTIN, TX 78745	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) OWNER		9 Employer (See Instructions) TI64 LLC
Date 11/13/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) RAGSDALE, ROBERT Contributor address; City; State; Zip Code ROANOKE, TX 76262	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/20/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) RAMSLAND Jr., RUSSELL Contributor address; City; State; Zip Code MIDLAND, TX 79702	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) OIL & GAS PRODUCER		Employer (See Instructions) SELF EMPLOYED
Date 08/22/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) RAUCH, ERICK Contributor address; City; State; Zip Code FORT WORTH, TX 76137	Amount of Contribution (\$) \$10.41
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) HICKS JOHNSON
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) REED, DEBBIE Contributor address; City; State; Zip Code EGYPT, TX 77436	Amount of Contribution (\$) \$35.00
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: Sch: 121/168 Rpt: 124/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 10/27/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) REED, SHARON 6 Contributor address; City; State; Zip Code AUSTIN, TX 78735	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) REGISTER, ERNEST Contributor address; City; State; Zip Code SAN ANTONIO, TX 78230	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) REISCH, JAMES Contributor address; City; State; Zip Code FORT WORTH, TX 76119	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) REPAL, GEORGANA Contributor address; City; State; Zip Code HOUSTON, TX 77018	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ROBERTS, CAROLE Contributor address; City; State; Zip Code HOUSTON, TX 77065	Amount of Contribution (\$) \$15.00
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: Sch: 122/168 Rpt: 125/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/18/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) ROBERTS, JOHN 6 Contributor address; City; State; Zip Code GATESVILLE, TX 76528	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 09/09/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ROBINSON, MICHAEL Contributor address; City; State; Zip Code COLORADO SPRINGS, CO 80923	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/22/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ROCHA Jr., GUADALUPE Contributor address; City; State; Zip Code BROWNSVILLE, TX 78520	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) RODRIGUEZ, JOSE Contributor address; City; State; Zip Code UVALDE, TX 78801	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/04/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ROJAS, GILBERT Contributor address; City; State; Zip Code CARSON, CA 90745	Amount of Contribution (\$) \$5.21
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 123/168 Rpt: 126/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/19/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) ROOS, EUGENE 6 Contributor address; City; State; Zip Code DALLAS, TX 75205	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 10/07/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ROOS, EUGENE Contributor address; City; State; Zip Code DALLAS, TX 75205	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/20/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ROSA, OSCAR Contributor address; City; State; Zip Code MISSION, TX 78573	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/27/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ROSEN, ALEX Contributor address; City; State; Zip Code HOUSTON, TX 77096	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) SELF EMPLOYED
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ROSS, LARRY Contributor address; City; State; Zip Code EULESS, TX 76039	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 124/168 Rpt: 127/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 12/31/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) ROWLAND, W.W. 6 Contributor address; City; State; Zip Code HOUSTON, TX 77027	7 Amount of Contribution (\$) \$12,000.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) RUCKERO'DONLEY, ELAINE Contributor address; City; State; Zip Code EULESS, TX 76039	Amount of Contribution (\$) \$10.41
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) RUFFO, CHARLES Contributor address; City; State; Zip Code SAN ANTONIO, TX 78249	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) RUSINSMALLEY, DEBORAH Contributor address; City; State; Zip Code SOUTH RIVER, NJ 08882	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) PROJECT MANAGER		Employer (See Instructions) TRAVELERS
Date 12/31/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) RYBICKI, ARTHUR Contributor address; City; State; Zip Code MIDLAND, TX 79705	Amount of Contribution (\$) \$200.00
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: Sch: 125/168 Rpt: 128/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 12/31/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) RYLIE, ERNEST 6 Contributor address; City; State; Zip Code CORSICANA, TX 75110	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) FREIGHT CARRIER		9 Employer (See Instructions) SELF EMPLOYED
Date 08/06/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SABER, AMAD Contributor address; City; State; Zip Code HOUSTON, TX 77006	Amount of Contribution (\$) \$1,041.02
Principal occupation / Job title (See Instructions) HEALTHCARE		Employer (See Instructions) EMG CENTER
Date 08/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SAHEBA, ASHIT Contributor address; City; State; Zip Code EL PASO, TX 79912	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SANDERS, PATRICIA Contributor address; City; State; Zip Code EL CAMPO, TX 77437	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SANDIN, FRAN Contributor address; City; State; Zip Code GREENVILLE, TX 75402	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) DEVELOPER		Employer (See Instructions) SELF EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 126/168 Rpt: 129/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 12/31/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) SANTA CRUZ PROPERTIES LTD 6 Contributor address; City; State; Zip Code EDINBURG, TX 78541	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) 		9 Employer (See Instructions)
Date 10/20/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SASSER, A FORD Contributor address; City; State; Zip Code MCALLEN, TX 78501	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) BANKER		Employer (See Instructions) RIO BANK
Date 12/09/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SAULSBURY, BUBBA Contributor address; City; State; Zip Code ODESSA, TX 79768	Amount of Contribution (\$) \$52,050.80
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/31/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SAWYER, JOHN Contributor address; City; State; Zip Code WACO, TX 76710	Amount of Contribution (\$) \$25,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) HEMISPHERE AEROSPACE INVESTMENTS
Date 08/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SAWYERS, MARTHA Contributor address; City; State; Zip Code MICO, TX 78056	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) CONSULTING		Employer (See Instructions) STRATEGIC RISK ALTERNATIVES LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 127/168 Rpt: 130/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 12/31/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) SCHARBAUER, CHRIS 6 Contributor address; City; State; Zip Code AMARILLO, TX 79118	7 Amount of Contribution (\$) \$10,000.00
8 Principal occupation / Job title (See Instructions) COW CALF RANCHER & FARMER		9 Employer (See Instructions) SCHARBAUER 5 MANAGEMENT LLC
Date 09/05/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SCHATTYN, JOHN Contributor address; City; State; Zip Code KERRVILLE, TX 78028	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/24/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SCHATTYN, JOHN Contributor address; City; State; Zip Code KERRVILLE, TX 78028	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SCHILLER, JAMES Contributor address; City; State; Zip Code GEORGETOWN, TX 78633	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SCHIMMER, JANE Contributor address; City; State; Zip Code DALLAS, TX 75244	Amount of Contribution (\$) \$35.00
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: Sch: 128/168 Rpt: 131/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/26/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) SCHISLER, KARL 6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78259	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SCHMIDT, JIMMIE Contributor address; City; State; Zip Code FAIRFIELD, TX 75840	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SCHNAPP, CHARLES Contributor address; City; State; Zip Code HARKER HEIGHTS, TX 76548	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SCHROEDER, LORIE Contributor address; City; State; Zip Code CHRISTOVAL, TX 76935	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/07/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SCHUH, MARTHA Contributor address; City; State; Zip Code SAN ANTONIO, TX 78230	Amount of Contribution (\$) \$15.62
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 129/168 Rpt: 132/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 07/24/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) SCHUH, MARTHA 6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78230	7 Amount of Contribution (\$) \$10.41
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SCHWAB, LINDA Contributor address; City; State; Zip Code VICTORIA, TX 77904	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SCOTT, EDWIN Contributor address; City; State; Zip Code CLEBURNE, TX 76033	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SCOTT, KAREN Contributor address; City; State; Zip Code FULSHEAR, TX 77441	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SEAGRAVES, MELVIN Contributor address; City; State; Zip Code HUNTSVILLE, TX 77340	Amount of Contribution (\$) \$13.00
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: Sch: 130/168 Rpt: 133/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 09/19/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) SEKULA, HENRY 6 Contributor address; City; State; Zip Code HOUSTON, TX 77007	7 Amount of Contribution (\$) \$520.51
8 Principal occupation / Job title (See Instructions) LAWYER		9 Employer (See Instructions) HICKS JOHNSON PLLC
Date 08/21/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SEKULA, THOMAS Contributor address; City; State; Zip Code HOUSTON, TX 77007	Amount of Contribution (\$) \$2,602.54
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/20/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SEKULA GIBBS, SHELLEY Contributor address; City; State; Zip Code THE WOODLANDS, TX 77380	Amount of Contribution (\$) \$2,082.03
Principal occupation / Job title (See Instructions) DERMATOLOGIST		Employer (See Instructions) ELITE
Date 10/20/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SEKULA GIBBS, SHELLEY Contributor address; City; State; Zip Code THE WOODLANDS, TX 77380	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SEPEHRI, JOHN Contributor address; City; State; Zip Code AUSTIN, TX 78731	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) FOLEY & LARDNER LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 131/168 Rpt: 134/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 09/01/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) SEREBOFF, SHERRY 6 Contributor address; City; State; Zip Code PFLUGERVILLE, TX 78660	7 Amount of Contribution (\$) \$26.03
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SEVERSON, JOEL Contributor address; City; State; Zip Code SAN ANTONIO, TX 78255	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SEXTON, JIM Contributor address; City; State; Zip Code GRANBURY, TX 76049	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SHEBLAK, MARY Contributor address; City; State; Zip Code EDNA, TX 77957	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) CONTRACTOR		Employer (See Instructions)
Date 11/13/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SHIELDS, JOHN Contributor address; City; State; Zip Code SAN ANTONIO, TX 78212	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 132/168 Rpt: 135/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/18/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) SHIPMAN, STEVEN 6 Contributor address; City; State; Zip Code HOUSTON, TX 77070	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 09/04/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SHULTS, GARRY Contributor address; City; State; Zip Code HAMMOND, IN 46324	Amount of Contribution (\$) \$5.21
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/24/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SIMMONS, DANIEL Contributor address; City; State; Zip Code LAKESIDE, TX 76108	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SIMON, MITCHELL Contributor address; City; State; Zip Code ITALY, TX 76651	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SIMON, VICKI Contributor address; City; State; Zip Code LEAGUE CITY, TX 77573	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 133/168 Rpt: 136/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/19/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) SIMS, FRANK 6 Contributor address; City; State; Zip Code WAXAHACHIE, TX 75167	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 10/27/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SISTO, COLE Contributor address; City; State; Zip Code AUSTIN, TX 78702	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SMALLEY, JERRY Contributor address; City; State; Zip Code BARTLETT, TX 76511	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 07/02/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SMITH, BRANDON Contributor address; City; State; Zip Code NASHVILLE, TN 37202	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) HOLTZMAN VOGEL PLLC
Date 09/03/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SMITH, RHONDA Contributor address; City; State; Zip Code HITCHCOCK, TX 77563	Amount of Contribution (\$) \$20.82
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 134/168 Rpt: 137/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 09/18/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) SMITHERMAN, CHRISTOPHER 6 Contributor address; City; State; Zip Code ROUND ROCK, TX 78681	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) KIRKLAND ELLIS
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SNODGRASS, DONNA Contributor address; City; State; Zip Code LUBBOCK, TX 79424	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) MATH TUTOR		Employer (See Instructions) SELF EMPLOYED
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SNOW, A Contributor address; City; State; Zip Code CANYON LAKE, TX 78133	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SOTOLONGO, NEREIDA Contributor address; City; State; Zip Code BEAUMONT, TX 77706	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PROFESSOR		Employer (See Instructions) TEXAS STATE UNIVERSITY
Date 09/03/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SPAIN, CATHY Contributor address; City; State; Zip Code LA MESA, CA 91941	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 135/168 Rpt: 138/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/26/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) SPENCER, DEB 6 Contributor address; City; State; Zip Code BOYD, TX 76023	7 Amount of Contribution (\$) \$10.41
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SPINELLI, ROSE Contributor address; City; State; Zip Code LAKEWAY, TX 78734	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) PETROLEUM ENGINEER		Employer (See Instructions) CHEVRON
Date 12/30/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SPINK, WALTER Contributor address; City; State; Zip Code SHREWSBURY, PA 17361	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/27/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SPINK, WALTER Contributor address; City; State; Zip Code SHREWSBURY, PA 17361	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/12/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SPINK, WALTER Contributor address; City; State; Zip Code SHREWSBURY, PA 17361	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 136/168 Rpt: 139/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/24/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) SPINK, WALTER 6 Contributor address; City; State; Zip Code SHREWSBURY, PA 17361	7 Amount of Contribution (\$) \$170.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 11/05/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) STANDLEY, DON Contributor address; City; State; Zip Code JOSHUA, TX 76058	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) STANDLEY, W Contributor address; City; State; Zip Code JOSHUA, TX 76058	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) STANLEY, JAMES Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78132	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/28/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) STANTON, JAMES Contributor address; City; State; Zip Code DALLAS, TX 75225	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) STANTON LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 137/168 Rpt: 140/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 09/16/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) STARNES, TERRY 6 Contributor address; City; State; Zip Code AUSTIN, TX 78732	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) STARNES, TERRY Contributor address; City; State; Zip Code AUSTIN, TX 78732	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) STARR, PAMELA Contributor address; City; State; Zip Code RED OAK, TX 75154	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) STEAKLEY, MARVIN Contributor address; City; State; Zip Code WACO, TX 76710	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) SELF EMPLOYED
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) STEEL, WANDA Contributor address; City; State; Zip Code COLLEGE STATION, TX 77845	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 138/168 Rpt: 141/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 09/03/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) STEELE, JOHN 6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78245	7 Amount of Contribution (\$) \$3.33
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) STEFFENAUER, JULIE Contributor address; City; State; Zip Code DEER PARK, TX 77536	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) STEFFENS, JULIE Contributor address; City; State; Zip Code SAN ANTONIO, TX 78223	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/05/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) STEHLER, DONALD Contributor address; City; State; Zip Code FLATONIA, TX 78941	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) STEVENS, JENNIFER Contributor address; City; State; Zip Code AUSTIN, TX 78645	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) LOBBYIST		Employer (See Instructions) SELF EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 139/168 Rpt: 142/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 09/03/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) STEVENS, SARA ANN 6 Contributor address; City; State; Zip Code DENTON, TX 76209	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 11/08/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) STEWART, JAMES Contributor address; City; State; Zip Code SAN ANTONIO, TX 78253	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/21/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) STEWART, JAMES Contributor address; City; State; Zip Code YULEE, FL 32097	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/30/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) STEWART, JAMES Contributor address; City; State; Zip Code SAN ANTONIO, TX 78253	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) AUTHOR		Employer (See Instructions) SELF EMPLOYED
Date 12/14/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) STEWART, JAMES Contributor address; City; State; Zip Code SAN ANTONIO, TX 78253	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) AUTHOR		Employer (See Instructions) SELF EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 140/168 Rpt: 143/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 09/29/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) STEWART, JAY 6 Contributor address; City; State; Zip Code AUSTIN, TX 78759	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) MANAGING PARTNER		9 Employer (See Instructions) HANCE SCARBOROUGH LLP
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) STOILIS, CONSTANTINE Contributor address; City; State; Zip Code VICTORIA, TX 77905	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/03/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) STONE HILTON PLLC Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$11,250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) STONE HILTON PLLC Contributor address; City; State; Zip Code AUSTIN, TX 78701	Amount of Contribution (\$) \$25,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) STONE, SANDRA Contributor address; City; State; Zip Code SAN ANTONIO, TX 78231	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 141/168 Rpt: 144/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/19/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) STOPPA, K 6 Contributor address; City; State; Zip Code BURLESON, TX 76028	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) STUKEY, VICTOR Contributor address; City; State; Zip Code PLAINVIEW, TX 79073	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SUENRAM, ROSE Contributor address; City; State; Zip Code FREDERICKSBURG, TX 78624	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 07/28/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SULISTYO, DORE Contributor address; City; State; Zip Code KATY, TX 77450	Amount of Contribution (\$) \$260.25
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/07/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SULLIVAN, DONNA Contributor address; City; State; Zip Code WICHITA FALLS, TX 76308	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions) HOMEMAKER

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 142/168 Rpt: 145/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/07/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) SULLIVAN, HOLLIS 6 Contributor address; City; State; Zip Code WICHITA FALLS, TX 76308	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions) OWNER		9 Employer (See Instructions) VERITAS ENERGY, LLC
Date 08/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SUMNERS, DONALD Contributor address; City; State; Zip Code SPRING, TX 77379	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/12/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SUNKLER, MARGARET Contributor address; City; State; Zip Code BANDON, OR 97411	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SUNKLER, MARGARET Contributor address; City; State; Zip Code BANDON, OR 97411	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SUNKLER, MARGARET Contributor address; City; State; Zip Code BANDON, OR 97411	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 143/168 Rpt: 146/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 10/09/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) SUNKLER, MARGARET 6 Contributor address; City; State; Zip Code BANDON, OR 97411	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 10/09/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SUNKLER, MARGARET Contributor address; City; State; Zip Code BANDON, OR 97411	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/05/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SUNKLER, MARGARET Contributor address; City; State; Zip Code BANDON, OR 97411	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/28/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SUTARWALLA, MURTAZA Contributor address; City; State; Zip Code HOUSTON, TX 77095	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) SMITH SYSTEM
Date 08/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) SZALAY, KALMAN Contributor address; City; State; Zip Code PASADENA, TX 77503	Amount of Contribution (\$) \$10.00
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: Sch: 144/168 Rpt: 147/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/18/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) TALENS, CORONA 6 Contributor address; City; State; Zip Code SPRING, TX 77380	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 12/30/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) TANG, JAMES Contributor address; City; State; Zip Code HOUSTON, TX 77082	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) TATE, DANIEL Contributor address; City; State; Zip Code EL PASO, TX 79912	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/03/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) TAYLOR, BEN E Contributor address; City; State; Zip Code FORT WORTH, TX 76185	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/05/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) TAYLOR, YVONNE Contributor address; City; State; Zip Code AUSTIN, TX 78731	Amount of Contribution (\$) \$100.00
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: Sch: 145/168 Rpt: 148/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/05/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) TAYLOR, YVONNE 6 Contributor address; City; State; Zip Code AUSTIN, TX 78731	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) THANKACHEN, ANNAMMA Contributor address; City; State; Zip Code ROCKWALL, TX 75087	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/11/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) THAYER, JOEL Contributor address; City; State; Zip Code WASHINGTON, DC 20009	Amount of Contribution (\$) \$1,041.02
Principal occupation / Job title (See Instructions) LAWYER		Employer (See Instructions) THAYER PLLC
Date 11/21/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) THE DUGABOY INVESTMENT TRUST Contributor address; City; State; Zip Code DALLAS, TX 75201	Amount of Contribution (\$) \$25,000.00
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) HIGHLAND CAPITAL MANAGEMENT
Date 10/27/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) THE LORFING LAW FIRM Contributor address; City; State; Zip Code ABILENE, TX 79605	Amount of Contribution (\$) \$5,000.00
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: Sch: 146/168 Rpt: 149/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 12/30/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) THE PAUL MCCLAREN TRUST 6 Contributor address; City; State; Zip Code PLANO, TX 75093	7 Amount of Contribution (\$) \$50,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) THIEBAUD, JEWELL Contributor address; City; State; Zip Code MAY, TX 76857	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/05/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) THIEL Jr., BERNIE Contributor address; City; State; Zip Code LUBBOCK, TX 79423	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/14/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) THIEL Jr., BERNIE Contributor address; City; State; Zip Code LUBBOCK, TX 79423	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) FARMER		Employer (See Instructions)
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) THOMAS, WILLIAM Contributor address; City; State; Zip Code MCKINNEY, TX 75071	Amount of Contribution (\$) \$100.00
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: Sch: 147/168 Rpt: 150/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 12/31/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) THOMPSON, ANDREW 6 Contributor address; City; State; Zip Code RICHMOND, VA 23228	7 Amount of Contribution (\$) \$2,000.00
8 Principal occupation / Job title (See Instructions) PSYCHIATRIST		9 Employer (See Instructions) SELF EMPLOYED
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) THOMPSON, CAROLYN Contributor address; City; State; Zip Code BIG SPRING, TX 79720	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
BUSINESS OWNER		SELF EMPLOYED
Date 12/31/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) THOMPSON, NATHAN Contributor address; City; State; Zip Code HENRICO, VA 23233	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
BUSINESS OWNER		SELF EMPLOYED
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) TINDOL, SUE Contributor address; City; State; Zip Code COAHOMA, TX 79511	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
RETIRED		RETIRED
Date 10/10/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) TITTLE, GARRY Contributor address; City; State; Zip Code COPPELL, TX 75019	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
RETIRED		RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 148/168 Rpt: 151/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/05/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) TITTLE, GARRY 6 Contributor address; City; State; Zip Code COPPELL, TX 75019	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 07/22/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) TOBIAS, JACE Contributor address; City; State; Zip Code ALTO, TX 75925	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) LINE FINDER		Employer (See Instructions) ETECH
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) TOMLINSON, DAVID Contributor address; City; State; Zip Code BRADY, TX 76825	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) TORRES, NILSA Contributor address; City; State; Zip Code LANCASTER, TX 75134	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) TRENT, DIXIE Contributor address; City; State; Zip Code WEATHERFORD, TX 76086	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 149/168 Rpt: 152/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/18/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) TRIPPUTI, MIGUEL 6 Contributor address; City; State; Zip Code BELLAIRE, TX 77401	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/24/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) TRUITT, BELINDA Contributor address; City; State; Zip Code FORT WORTH, TX 76114	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/05/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) TRUITT, BELINDA Contributor address; City; State; Zip Code FORT WORTH, TX 76114	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/24/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) TRUITT, BELINDA Contributor address; City; State; Zip Code FORT WORTH, TX 76114	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/03/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) TRUONG, THUY TRINH Contributor address; City; State; Zip Code MANSFIELD, TX 76063	Amount of Contribution (\$) \$5.21
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 150/168 Rpt: 153/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 09/03/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) ULMER, DEBBIE 6 Contributor address; City; State; Zip Code WEATHERFORD, TX 76086	7 Amount of Contribution (\$) \$10.41
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 10/24/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) UNDERWOOD, WILLIAM Contributor address; City; State; Zip Code MIDLAND, TX 79710	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/20/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) VALE, ROBERT Contributor address; City; State; Zip Code MCALLEN, TX 78504	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) VICE PRESIDENT		Employer (See Instructions) STARR-CAMARGO BRIDGE CO.
Date 10/30/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) VALE, S F Contributor address; City; State; Zip Code RIO GRANDE CITY, TX 78582	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) VALENTI, PETER Contributor address; City; State; Zip Code GEORGETOWN, TX 78633	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) SCHOOL BUS DRIVER		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 151/168 Rpt: 154/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/15/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) VAN EMAN, RICK 6 Contributor address; City; State; Zip Code HOUSTON, TX 77017	7 Amount of Contribution (\$) \$26.03
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 12/31/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) VAN LARE, JAMES Contributor address; City; State; Zip Code DALLAS, TX 75230	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions) JVL VENTURES
Date 10/24/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) VANDERMEYDEN, DIRK Contributor address; City; State; Zip Code HOUSTON, TX 77069	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) VAY, NICOLAS Contributor address; City; State; Zip Code SMITHVILLE, TX 78957	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) VELAYOS, EDWARD Contributor address; City; State; Zip Code FORT WORTH, TX 76132	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 152/168 Rpt: 155/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/25/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) VENINGA, FRANCIS 6 Contributor address; City; State; Zip Code DALLAS, TX 75230	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) VIANA, ROBERT Contributor address; City; State; Zip Code MURCHISON, TX 75778	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) VICKERS, VICKI Contributor address; City; State; Zip Code YOAKUM, TX 77995	Amount of Contribution (\$) \$260.25
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/07/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) VILLARREAL, JOHN Contributor address; City; State; Zip Code LAREDO, TX 78045	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) BANKER		Employer (See Instructions) IBC BANK
Date 09/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) VOLK, BEVERLY Contributor address; City; State; Zip Code ALLENTOWN, PA 18104	Amount of Contribution (\$) \$12.49
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 153/168 Rpt: 156/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 07/25/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) VOTH, DUANE 6 Contributor address; City; State; Zip Code AUSTIN, TX 78708	7 Amount of Contribution (\$) \$26.03
8 Principal occupation / Job title (See Instructions) ENGINEER		9 Employer (See Instructions) SELF EMPLOYED
Date 08/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) VOTH, DUANE Contributor address; City; State; Zip Code AUSTIN, TX 78708	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) VU, TUAN Contributor address; City; State; Zip Code LIVE OAK, TX 78233	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WADE, HAROLD Contributor address; City; State; Zip Code MEXIA, TX 76667	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WAGNER, JADON Contributor address; City; State; Zip Code RIVERTON, UT 84065	Amount of Contribution (\$) \$25,000.00
Principal occupation / Job title (See Instructions) ENTREPRENEUR		Employer (See Instructions) SELF EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 154/168 Rpt: 157/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 12/31/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) WAGNER, JADON 6 Contributor address; City; State; Zip Code RIVERTON, UT 84065	7 Amount of Contribution (\$) \$25,000.00
8 Principal occupation / Job title (See Instructions) ENTREPRENEUR		9 Employer (See Instructions) SELF EMPLOYED
Date 12/06/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WAHL, ROBERT Contributor address; City; State; Zip Code MACEDON, NY 14502	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/06/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WAHL, ROBERT Contributor address; City; State; Zip Code MACEDON, NY 14502	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/30/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WAHL, ROBERT Contributor address; City; State; Zip Code MACEDON, NY 14502	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/08/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WAHL, ROBERT Contributor address; City; State; Zip Code MACEDON, NY 14502	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 155/168 Rpt: 158/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/06/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) WAHL, ROBERT 6 Contributor address; City; State; Zip Code MACEDON, NY 14502	7 Amount of Contribution (\$) \$26.03
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 11/06/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WAHL, ROBERT Contributor address; City; State; Zip Code MACEDON, NY 14502	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/05/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WAHL, ROBERT Contributor address; City; State; Zip Code MACEDON, NY 14502	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/31/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WAHL, ROBERT Contributor address; City; State; Zip Code MACEDON, NY 14502	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WAHL, ROBERT Contributor address; City; State; Zip Code MACEDON, NY 14502	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 156/168 Rpt: 159/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/19/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) WAIT, HAROLD 6 Contributor address; City; State; Zip Code FREDERICKSBURG, TX 78624	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 12/04/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WAITE, SHARON Contributor address; City; State; Zip Code MISSION, TX 78572	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WALCZAK, RICHARD Contributor address; City; State; Zip Code CANTON, MI 48188	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WALCZAK, RICHARD Contributor address; City; State; Zip Code CANTON, MI 48188	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 10/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WALCZAK, RICHARD Contributor address; City; State; Zip Code CANTON, MI 48188	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 157/168 Rpt: 160/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 10/26/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) WALCZAK, RICHARD 6 Contributor address; City; State; Zip Code CANTON, MI 48188	7 Amount of Contribution (\$) \$36.44
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 10/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WALCZAK, RICHARD Contributor address; City; State; Zip Code CANTON, MI 48188	Amount of Contribution (\$) \$36.44
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WALKER, JIMMY Contributor address; City; State; Zip Code EL PASO, TX 79936	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/12/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WALLACE, JACK Contributor address; City; State; Zip Code EDINBURG, TX 78539	Amount of Contribution (\$) \$520.51
Principal occupation / Job title (See Instructions) FARMER		Employer (See Instructions) SELF EMPLOYED
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WALLEY, RANDOLPH Contributor address; City; State; Zip Code AUBREY, TX 76227	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 158/168 Rpt: 161/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/03/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) WALSH, BILL 6 Contributor address; City; State; Zip Code BARRINGTON, IL 60010	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) SELF EMPLOYED
Date 10/20/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WARREN, LAURA Contributor address; City; State; Zip Code MCALLEN, TX 78503	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WARREN, THOMAS Contributor address; City; State; Zip Code LYNBROOK, NY 11563	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/29/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WARREN, THOMAS Contributor address; City; State; Zip Code LYNBROOK, NY 11563	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/29/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WARREN, THOMAS Contributor address; City; State; Zip Code LYNBROOK, NY 11563	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 159/168 Rpt: 162/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 12/18/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) WARREN, THOMAS 6 Contributor address; City; State; Zip Code LYNBROOK, NY 11563	7 Amount of Contribution (\$) \$26.03
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 12/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WARREN, THOMAS Contributor address; City; State; Zip Code LYNBROOK, NY 11563	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/12/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WARREN, THOMAS Contributor address; City; State; Zip Code LYNBROOK, NY 11563	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WARREN, WAYNE Contributor address; City; State; Zip Code FORNEY, TX 75126	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WATSON, BRIAN Contributor address; City; State; Zip Code VICTORIA, TX 77904	Amount of Contribution (\$) \$260.25
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) VICTORIA COUNTY

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 160/168 Rpt: 163/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/18/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) WEBB, GERALD 6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78239	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WEINACHT, DON Contributor address; City; State; Zip Code BALMORHEA, TX 79718	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WELLS, BOYCE Contributor address; City; State; Zip Code ATLANTA, TX 75551	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WEMKEN, JOHNNIE Contributor address; City; State; Zip Code SNYDER, TX 79549	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WETCH, STEPHEN Contributor address; City; State; Zip Code SUGAR LAND, TX 77479	Amount of Contribution (\$) \$50.00
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: Sch: 161/168 Rpt: 164/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/19/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) WHALEY, JOHANNA 6 Contributor address; City; State; Zip Code HUNTSVILLE, TX 77320	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/27/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WHAN, Y Contributor address; City; State; Zip Code SOUTHLAKE, TX 76092	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) SELF EMPLOYED
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WHITE, ELIJAH Contributor address; City; State; Zip Code EL PASO, TX 79924	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 07/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WHITTAKER, JANE Contributor address; City; State; Zip Code CYPRESS, TX 77433	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/21/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WILLIAMS, JAMIE Contributor address; City; State; Zip Code BOERNE, TX 78006	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 162/168 Rpt: 165/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/19/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) WILLIAMS, LARRY 6 Contributor address; City; State; Zip Code DALLAS, TX 75216	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 08/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WILLS, BETTY Contributor address; City; State; Zip Code HOUSTON, TX 77090	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WILLS, SHELBE Contributor address; City; State; Zip Code MIDLOTHIAN, TX 76065	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WILSON, ANNA Contributor address; City; State; Zip Code MANSFIELD, TX 76063	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WILSON, BRAD Contributor address; City; State; Zip Code HILTON HEAD ISLAND, SC 29926	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) COR

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 163/168 Rpt: 166/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 10/31/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) WILSON, BRAD 6 Contributor address; City; State; Zip Code HILTON HEAD ISLAND, SC 29926	7 Amount of Contribution (\$) \$26.03
8 Principal occupation / Job title (See Instructions) SALES		9 Employer (See Instructions) COR
Date 10/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WILSON, BRAD Contributor address; City; State; Zip Code HILTON HEAD ISLAND, SC 29926	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) COR
Date 10/24/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WILSON, BRAD Contributor address; City; State; Zip Code HILTON HEAD ISLAND, SC 29926	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) COR
Date 10/24/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WILSON, BRAD Contributor address; City; State; Zip Code HILTON HEAD ISLAND, SC 29926	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) COR
Date 10/24/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WILSON, BRAD Contributor address; City; State; Zip Code HILTON HEAD ISLAND, SC 29926	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) COR

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 164/168 Rpt: 167/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 09/18/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) WILSON, CYNTHIA 6 Contributor address; City; State; Zip Code HOUSTON, TX 77059	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions) OWNER		9 Employer (See Instructions) ARMOR PLATE, INC.
Date 10/24/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WINFREE, JAMES Contributor address; City; State; Zip Code KILGORE, TX 75662	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) TREE FARMER		Employer (See Instructions) SELF EMPLOYED
Date 11/05/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WINFREE, JAMES Contributor address; City; State; Zip Code KILGORE, TX 75662	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) TREE FARMER		Employer (See Instructions) SELF EMPLOYED
Date 08/14/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WISEMAN, PHILIP Contributor address; City; State; Zip Code CARROLLTON, TX 75007	Amount of Contribution (\$) \$260.25
Principal occupation / Job title (See Instructions) VICE PRESIDENT OF LEGAL AFFAIRS		Employer (See Instructions) JPMORGAN CHASE CO.
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WITTE, MARVIN Contributor address; City; State; Zip Code KARNES CITY, TX 78118	Amount of Contribution (\$) \$50.00
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: Sch: 165/168 Rpt: 168/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 10/27/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) WITTEN, G RONALD 6 Contributor address; City; State; Zip Code DALLAS, TX 75225	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WOELFEL, STANLEY Contributor address; City; State; Zip Code KINGSVILLE, TX 78363	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) REAL ESTATE INSPECTION		Employer (See Instructions) SELF EMPLOYED
Date 08/26/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WOJCIECHOWSKI, DANIEL Contributor address; City; State; Zip Code SAN ANTONIO, TX 78258	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 07/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WOLAK, TODD Contributor address; City; State; Zip Code THE COLONY, TX 75056	Amount of Contribution (\$) \$1,041.02
Principal occupation / Job title (See Instructions) REGIONAL VP		Employer (See Instructions) TRANSAMERICA CAPITAL
Date 08/14/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WOODHOUSE, MARILYN Contributor address; City; State; Zip Code HOUSTON, TX 77079	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 166/168 Rpt: 169/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 07/21/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) WOODHOUSE, MARILYN 6 Contributor address; City; State; Zip Code HOUSTON, TX 77079	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 09/29/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WOODWARD, MICHAEL Contributor address; City; State; Zip Code DRIPPING SPRINGS, TX 78620	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) HANCE SCARBOROUGH LLP
Date 08/19/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WRAPE, GEORGE Contributor address; City; State; Zip Code NEW BRAUNFELS, TX 78130	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WRIGHT, JOSHUA Contributor address; City; State; Zip Code MC LEAN, VA 22101	Amount of Contribution (\$) \$1,041.02
Principal occupation / Job title (See Instructions) LAWYER		Employer (See Instructions) LODESTAR LAW & ECONOMICS
Date 08/27/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) WRIGHT, MIKE Contributor address; City; State; Zip Code YELLVILLE, AR 72687	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 167/168 Rpt: 170/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 12/19/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) YANG, XUEMEI 6 Contributor address; City; State; Zip Code KATY, TX 77494	7 Amount of Contribution (\$) \$312.30
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/25/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) YOUNG, EMILY Contributor address; City; State; Zip Code LAMPASAS, TX 76550	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/31/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ZEPEDA, JOYCE Contributor address; City; State; Zip Code ROUND ROCK, TX 78665	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ZEPEDA, JOYCE Contributor address; City; State; Zip Code ROUND ROCK, TX 78665	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ZEPEDA, JOYCE Contributor address; City; State; Zip Code ROUND ROCK, TX 78665	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 168/168 Rpt: 171/356
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 12/12/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) ZEPEDA, JOYCE 6 Contributor address; City; State; Zip Code ROUND ROCK, TX 78665	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 12/12/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ZEPEDA, JOYCE Contributor address; City; State; Zip Code ROUND ROCK, TX 78665	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/12/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ZEPEDA, JOYCE Contributor address; City; State; Zip Code ROUND ROCK, TX 78665	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 12/01/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) ZEPEDA, JOYCE Contributor address; City; State; Zip Code ROUND ROCK, TX 78665	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 172/356	
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/16/2025	6 Full name of contributor ☐ out-of-state PAC (ID#: _____) DAVID COOK FOR TEXAS CAMPAIGN 7 Contributor address; City; State; Zip Code MANSFIELD, TX 76063	8 Amount of contribution (\$) \$656.21	9 In-kind contribution description FACILITY RENTAL
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 09/20/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) FROST Jr., HOLLOWAY Contributor address; City; State; Zip Code HOUSTON, TX 77024	Amount of contribution (\$) \$1,000.00	In-kind contribution description PRIVATE TRAVEL
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) INVESTOR		Employer (FOR NON-JUDICIAL) (See instructions) SELF EMPLOYED	
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)			

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 173/356

2 FILER NAME
Reitz, Aaron F. (Mr.)

3 Filer ID (Ethics Commission Filers)
00083762

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

12/31/2025

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)
MCDONALD, JOHNNY

7 Pledgor Address; City; State; Zip Code

LUBBOCK, TX 79408

8 Amount of
pledge (\$)

\$50,000.00

9 In-kind description
(If applicable)

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)
OIL PRODUCER

11 Employer (See Instructions)
SELF EMPLOYED

POLITICAL EXPENDITURES 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: Sch: 1/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/01/2025	5 Payee name ADP	
6 Amount (\$) \$62.53	7 Payee address; City; State; Zip Code 912 N MAIN ST STE 100 ANN ARBOR, MI 48104	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYROLL FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/08/2025	Payee name ADP	
Amount (\$) \$62.53	Payee address; City; State; Zip Code 912 N MAIN ST STE 100 ANN ARBOR, MI 48104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYROLL FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/05/2025	Payee name ADP	
Amount (\$) \$78.53	Payee address; City; State; Zip Code 912 N MAIN ST STE 100 ANN ARBOR, MI 48104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYROLL FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 2/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 09/19/2025	5 Payee name ADP	
6 Amount (\$) \$78.53	7 Payee address; City; State; Zip Code 912 N MAIN ST STE 100 ANN ARBOR, MI 48104	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYROLL FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2025	Payee name ADP	
Amount (\$) \$78.53	Payee address; City; State; Zip Code 912 N MAIN ST STE 100 ANN ARBOR, MI 48104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYROLL FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/24/2025	Payee name ADP	
Amount (\$) \$80.91	Payee address; City; State; Zip Code 912 N MAIN ST STE 100 ANN ARBOR, MI 48104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYROLL FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 3/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/07/2025	5 Payee name ADP	
6 Amount (\$) \$16.00	7 Payee address; City; State; Zip Code 912 N MAIN ST STE 100 ANN ARBOR, MI 48104	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYROLL FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/21/2025	Payee name ADP	
Amount (\$) \$16.00	Payee address; City; State; Zip Code 912 N MAIN ST STE 100 ANN ARBOR, MI 48104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYROLL FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/05/2025	Payee name ADP	
Amount (\$) \$16.00	Payee address; City; State; Zip Code 912 N MAIN ST STE 100 ANN ARBOR, MI 48104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYROLL FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 4/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 12/19/2025	5 Payee name ADP	
6 Amount (\$) \$16.00	7 Payee address; City; State; Zip Code 912 N MAIN ST STE 100 ANN ARBOR, MI 48104	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYROLL FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/14/2025	Payee name ADP	
Amount (\$) \$2,427.92	Payee address; City; State; Zip Code 912 N MAIN ST STE 100 ANN ARBOR, MI 48104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYROLL TAXES / PAYROLL FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/15/2025	Payee name ADP	
Amount (\$) \$6,300.98	Payee address; City; State; Zip Code 912 N MAIN ST STE 100 ANN ARBOR, MI 48104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SALARIES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 5/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 07/21/2025	5 Payee name ADP	
6 Amount (\$) \$6,102.25	7 Payee address; City; State; Zip Code 912 N MAIN ST STE 100 ANN ARBOR, MI 48104	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SALARIES / PAYROLL TAXES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/31/2025	Payee name ADP	
Amount (\$) \$3,650.55	Payee address; City; State; Zip Code 912 N MAIN ST STE 100 ANN ARBOR, MI 48104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SALARIES / PAYROLL TAXES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/15/2025	Payee name ADP	
Amount (\$) \$5,988.68	Payee address; City; State; Zip Code 912 N MAIN ST STE 100 ANN ARBOR, MI 48104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SALARIES / PAYROLL TAXES / PAYROLL FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 6/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/28/2025	5 Payee name ADP	
6 Amount (\$) \$5,982.24	7 Payee address; City; State; Zip Code 912 N MAIN ST STE 100 ANN ARBOR, MI 48104	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SALARIES / PAYROLL TAXES / PAYROLL FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/12/2025	Payee name ADP	
Amount (\$) \$5,944.40	Payee address; City; State; Zip Code 912 N MAIN ST STE 100 ANN ARBOR, MI 48104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SALARIES / PAYROLL TAXES / PAYROLL FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2025	Payee name ADP	
Amount (\$) \$5,944.40	Payee address; City; State; Zip Code 912 N MAIN ST STE 100 ANN ARBOR, MI 48104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SALARIES / PAYROLL TAXES / PAYROLL FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 7/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 10/30/2025	5 Payee name ADP	
6 Amount (\$) \$8,728.90	7 Payee address; City; State; Zip Code 912 N MAIN ST STE 100 ANN ARBOR, MI 48104	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SALARIES / PAYROLL TAXES / PAYROLL FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/13/2025	Payee name ADP	
Amount (\$) \$8,725.90	Payee address; City; State; Zip Code 912 N MAIN ST STE 100 ANN ARBOR, MI 48104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SALARIES / PAYROLL TAXES / PAYROLL FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/28/2025	Payee name ADP	
Amount (\$) \$8,686.90	Payee address; City; State; Zip Code 912 N MAIN ST STE 100 ANN ARBOR, MI 48104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SALARIES / PAYROLL TAXES / PAYROLL FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 8/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 12/12/2025	5 Payee name ADP	
6 Amount (\$) \$8,646.40	7 Payee address; City; State; Zip Code 912 N MAIN ST STE 100 ANN ARBOR, MI 48104	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SALARIES / PAYROLL TAXES / PAYROLL FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/30/2025	Payee name ADP	
Amount (\$) \$8,646.40	Payee address; City; State; Zip Code 912 N MAIN ST STE 100 ANN ARBOR, MI 48104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SALARIES / PAYROLL TAXES / PAYROLL FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2025	Payee name ANCHOR CITY STRATEGIES	
Amount (\$) \$2,860.00	Payee address; City; State; Zip Code 102 KIMBOROUGH ST GREENVILLE, SC 29607	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense LIST RENTAL
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 9/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 07/01/2025	5 Payee name ANEDOT	
6 Amount (\$) \$500.30	7 Payee address; City; State; Zip Code 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/08/2025	Payee name ANEDOT	
Amount (\$) \$3,000.90	Payee address; City; State; Zip Code 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/25/2025	Payee name ANEDOT	
Amount (\$) \$4.30	Payee address; City; State; Zip Code 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 10/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 09/01/2025	5 Payee name ANEDOT	
6 Amount (\$) \$400.60	7 Payee address; City; State; Zip Code 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/22/2025	Payee name ANEDOT	
Amount (\$) \$200.30	Payee address; City; State; Zip Code 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/29/2025	Payee name ANEDOT	
Amount (\$) \$4.30	Payee address; City; State; Zip Code 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 11/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 10/27/2025	5 Payee name ANEDOT	
6 Amount (\$) \$1,000.30	7 Payee address; City; State; Zip Code 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/08/2025	Payee name ANEDOT	
Amount (\$) \$60.60	Payee address; City; State; Zip Code 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/22/2025	Payee name ANEDOT	
Amount (\$) \$40.30	Payee address; City; State; Zip Code 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 12/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 12/29/2025	5 Payee name ANEDOT	
6 Amount (\$) \$200.60	7 Payee address; City; State; Zip Code 1340 POYDRAS ST STE 1770 NEW ORLEANS, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2025	Payee name ANTHEM MEDIA AND MESSAGE, INC	
Amount (\$) \$11,891.00	Payee address; City; State; Zip Code 6412 SOTER PARKWAY AUSTIN, TX 78735	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense MEDIA PRODUCTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/20/2025	Payee name ANTHEM MEDIA AND MESSAGE, INC	
Amount (\$) \$13,858.00	Payee address; City; State; Zip Code 6412 SOTER PARKWAY AUSTIN, TX 78735	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense MEDIA PRODUCTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 13/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 10/03/2025	5 Payee name BEST BUY	
6 Amount (\$) \$151.54	7 Payee address; City; State; Zip Code 3201 S I-35 ROUND ROCK, TX 78664	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense AUDIO VISUAL EQUIPMENT
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/13/2025	Payee name BUILDRED LLC	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 1108 LAVACA ST STE 110-316 AUSTIN, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense STAFFING SERVICE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/03/2025	Payee name BUILDRED LLC	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 1108 LAVACA ST STE 110-316 AUSTIN, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense STAFFING SERVICE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 14/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 07/30/2025	5 Payee name CHAIN BRIDGE BANK	
6 Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 1445-A LAUGHLIN AVE MCLEAN, VA 22101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense BANK FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/24/2025	Candidate/Officeholder name Office sought Office held	
Payee name CHAIN BRIDGE BANK		
Amount (\$) \$25.00	Payee address; City; State; Zip Code 1445-A LAUGHLIN AVE MCLEAN, VA 22101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense BANK FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/03/2025	Candidate/Officeholder name Office sought Office held	
Payee name CHAIN BRIDGE BANK		
Amount (\$) \$2.50	Payee address; City; State; Zip Code 1445-A LAUGHLIN AVE MCLEAN, VA 22101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense BANK FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES 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: Sch: 15/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 12/26/2025	5 Payee name CHAIN BRIDGE BANK	
6 Amount (\$) \$12.00	7 Payee address; City; State; Zip Code 1445-A LAUGHLIN AVE MCLEAN, VA 22101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense BANK FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/20/2025	Payee name CHAIN BRIDGE BANK	
Amount (\$) \$568.27	Payee address; City; State; Zip Code 1445-A LAUGHLIN AVE MCLEAN, VA 22101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT OF CREDIT CARD BILL FOR BANK FEES, SPONSORSHIPS, FOOD / BEVERAGE,
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2025	Payee name CHAIN BRIDGE BANK	
Amount (\$) \$18,950.49	Payee address; City; State; Zip Code 1445-A LAUGHLIN AVE MCLEAN, VA 22101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT OF CREDIT CARD BILL FOR TRAVEL, FOOD / BEVERAGE, ADVERTISING, ETC.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 16/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 09/08/2025	5 Payee name CHAIN BRIDGE BANK	
6 Amount (\$) \$9,256.19	7 Payee address; City; State; Zip Code 1445-A LAUGHLIN AVE MCLEAN, VA 22101	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT OF CREDIT CARD BILL FOR TRAVEL, FOOD / BEVERAGE, PO BOX, PRINTING, ETC.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/01/2025	Payee name CHAIN BRIDGE BANK	
Amount (\$) \$11,272.30	Payee address; City; State; Zip Code 1445-A LAUGHLIN AVE MCLEAN, VA 22101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT OF CREDIT CARD BILL FOR TRAVEL, FOOD / BEVERAGE, PRINTING, ETC.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/22/2025	Payee name CHAIN BRIDGE BANK	
Amount (\$) \$12,327.67	Payee address; City; State; Zip Code 1445-A LAUGHLIN AVE MCLEAN, VA 22101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT OF CREDIT CARD BILL FOR TRAVEL, FOOD / BEVERAGE, PRINTING, ETC.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 17/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/19/2025	5 Payee name COMBINED LAW ENFORCEMENT AGENCIES OF TX	
6 Amount (\$) \$3,300.00	7 Payee address; City; State; Zip Code ATTN: KRISTI HILL 400 W 14TH ST AUSTIN, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SPONSORSHIPS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2025	Payee name CROSBY OTTENHOFF GROUP, LLC	
Amount (\$) \$6,756.25	Payee address; City; State; Zip Code 421 OFFICE PARK DR MOUNTAIN BROOK, AL 35223	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/02/2025	Payee name CROSBY OTTENHOFF GROUP, LLC	
Amount (\$) \$5,896.25	Payee address; City; State; Zip Code 421 OFFICE PARK DR MOUNTAIN BROOK, AL 35223	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 18/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 09/23/2025	5 Payee name CROSBY OTTENHOFF GROUP, LLC	
6 Amount (\$) \$3,842.50	7 Payee address; City; State; Zip Code 421 OFFICE PARK DR MOUNTAIN BROOK, AL 35223	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/23/2025	Candidate/Officeholder name Office sought Office held	
Payee name CROSBY OTTENHOFF GROUP, LLC		
Amount (\$) \$4,902.50	Payee address; City; State; Zip Code 421 OFFICE PARK DR MOUNTAIN BROOK, AL 35223	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/25/2025	Candidate/Officeholder name Office sought Office held	
Payee name CROSBY OTTENHOFF GROUP, LLC		
Amount (\$) \$4,703.75	Payee address; City; State; Zip Code 421 OFFICE PARK DR MOUNTAIN BROOK, AL 35223	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES 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: Sch: 19/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 12/17/2025	5 Payee name CROSBY OTTENHOFF GROUP, LLC	
6 Amount (\$) \$3,710.00	7 Payee address; City; State; Zip Code 421 OFFICE PARK DR MOUNTAIN BROOK, AL 35223	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense COMPLIANCE CONSULTING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/21/2025	Payee name CYPRESS REPUBLICANS	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 13419 HARTFORD BAY TRAIL CYPRESS, TX 77429	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SPONSORSHIPS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2025	Payee name DAVID COOK FOR TEXAS CAMPAIGN	
Amount (\$) \$656.21	Payee address; City; State; Zip Code 309 EAST BROAD ST MANSFIELD, TX 76063	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense IN KIND OFFSET: FACILITY RENTAL
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 20/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/12/2025	5 Payee name DIAZ, ERNESTO	
6 Amount (\$) \$575.40	7 Payee address; City; State; Zip Code 500 CHRIS KELLEY BLVD #1102 HUTTO, TX 78634	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense TRAVEL - MILEAGE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/02/2025	Payee name DICKINSON WRIGHT PLLC	
Amount (\$) \$7,499.00	Payee address; City; State; Zip Code 1825 EYE STREET NW STE 900 WASHINGTON, DC 20006	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense LEGAL CONSULTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/13/2025	Payee name DICKINSON WRIGHT PLLC	
Amount (\$) \$4,923.00	Payee address; City; State; Zip Code 1825 EYE STREET NW STE 900 WASHINGTON, DC 20006	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense LEGAL CONSULTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 21/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/03/2025	5 Payee name DICKINSON WRIGHT PLLC	
6 Amount (\$) \$500.50	7 Payee address; City; State; Zip Code 1825 EYE STREET NW STE 900 WASHINGTON, DC 20006	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense LEGAL CONSULTING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2025	Payee name DICKINSON WRIGHT PLLC	
Amount (\$) \$942.00	Payee address; City; State; Zip Code 1825 EYE STREET NW STE 900 WASHINGTON, DC 20006	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense LEGAL CONSULTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/30/2025	Payee name DIRECT MAIL FUNDRAISING, LLC	
Amount (\$) \$10,000.00	Payee address; City; State; Zip Code 20130 LAKEVIEW CENTER PLAZA STE 300 ASHBURN, VA 20147	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense POSTAGE / SHIPPING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 22/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/06/2025	5 Payee name DIRECT MAIL FUNDRAISING, LLC	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 20130 LAKEVIEW CENTER PLAZA STE 300 ASHBURN, VA 20147	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense POSTAGE / SHIPPING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/13/2025	Payee name DIRECT MAIL FUNDRAISING, LLC	
Amount (\$) \$13,668.23	Payee address; City; State; Zip Code 20130 LAKEVIEW CENTER PLAZA STE 300 ASHBURN, VA 20147	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense POSTAGE / SHIPPING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/20/2025	Payee name DIRECT MAIL FUNDRAISING, LLC	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 20130 LAKEVIEW CENTER PLAZA STE 300 ASHBURN, VA 20147	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense POSTAGE / SHIPPING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 23/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 10/31/2025	5 Payee name EL PASO COUNTY REPUBLICAN PARTY	
6 Amount (\$) \$3,000.00	7 Payee address; City; State; Zip Code 7717 LOCKHEED DR STE D EL PASO, TX 79925	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SPONSORSHIPS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/02/2025	Payee name ELITE CARD PROCESSING LLC	
Amount (\$) \$154.68	Payee address; City; State; Zip Code 13701 MAUGANSVILLE RD STE 5 HAGERSTOWN, MD 21740	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2025	Payee name ELITE CARD PROCESSING LLC	
Amount (\$) \$76.92	Payee address; City; State; Zip Code 13701 MAUGANSVILLE RD STE 5 HAGERSTOWN, MD 21740	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 24/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/03/2025	5 Payee name ELITE CARD PROCESSING LLC	
6 Amount (\$) \$243.10	7 Payee address; City; State; Zip Code 13701 MAUGANSVILLE RD STE 5 HAGERSTOWN, MD 21740	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/02/2025	Payee name ELITE CARD PROCESSING LLC	
Amount (\$) \$158.77	Payee address; City; State; Zip Code 13701 MAUGANSVILLE RD STE 5 HAGERSTOWN, MD 21740	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2025	Payee name ENTERPRISE RENT-A-CAR - HQ	
Amount (\$) \$118.35	Payee address; City; State; Zip Code 600 CORPORATE PARK DR ST. LOUIS, MO 63105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense TRAVEL - RENTAL CAR
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 25/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/20/2025	5 Payee name ENTERPRISE RENT-A-CAR - HQ	
6 Amount (\$) \$165.07	7 Payee address; City; State; Zip Code 600 CORPORATE PARK DR ST. LOUIS, MO 63105	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense TRAVEL - RENTAL CAR
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2025	Payee name ENTERPRISE RENT-A-CAR - HQ	
Amount (\$) \$243.52	Payee address; City; State; Zip Code 600 CORPORATE PARK DR ST. LOUIS, MO 63105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense TRAVEL - RENTAL CAR
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/04/2025	Payee name ENTERPRISE RENT-A-CAR - HQ	
Amount (\$) \$79.70	Payee address; City; State; Zip Code 600 CORPORATE PARK DR ST. LOUIS, MO 63105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense TRAVEL - RENTAL CAR
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 26/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/29/2025	5 Payee name ENTERPRISE RENT-A-CAR - HQ	
6 Amount (\$) \$13.56	7 Payee address; City; State; Zip Code 600 CORPORATE PARK DR ST. LOUIS, MO 63105	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense TRAVEL - TOLLS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/16/2025	Candidate/Officeholder name Office sought Office held	
Payee name ENTERPRISE RENT-A-CAR - HQ		
Amount (\$) \$13.30	Payee address; City; State; Zip Code 600 CORPORATE PARK DR ST. LOUIS, MO 63105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense TRAVEL - TOLLS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/16/2025	Candidate/Officeholder name Office sought Office held	
Payee name ENTERPRISE RENT-A-CAR - HQ		
Amount (\$) \$14.80	Payee address; City; State; Zip Code 600 CORPORATE PARK DR ST. LOUIS, MO 63105	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense TRAVEL - TOLLS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES 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: Sch: 27/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 07/30/2025	5 Payee name FP1 STRATEGIES, LLC	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 3001 WASHINGTON BLVD 7TH FLOOR ARLINGTON, VA 22201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ADVERTISING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/23/2025	Payee name FP1 STRATEGIES, LLC	
Amount (\$) \$17,635.00	Payee address; City; State; Zip Code 3001 WASHINGTON BLVD 7TH FLOOR ARLINGTON, VA 22201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ADVERTISING / CREATIVE DESIGN SERVICES / EMAIL MARKETING / SMS MESSAGING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/12/2025	Payee name FP1 STRATEGIES, LLC	
Amount (\$) \$6,050.00	Payee address; City; State; Zip Code 3001 WASHINGTON BLVD 7TH FLOOR ARLINGTON, VA 22201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ADVERTISING / CREATIVE DESIGN SERVICES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 28/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/25/2025	5 Payee name FP1 STRATEGIES, LLC	
6 Amount (\$) \$4,170.00	7 Payee address; City; State; Zip Code 3001 WASHINGTON BLVD 7TH FLOOR ARLINGTON, VA 22201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ADVERTISING / CREATIVE DESIGN SERVICES / DIGITAL ADVERTISING / EMAIL MARKETING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/13/2025	Payee name FP1 STRATEGIES, LLC	
Amount (\$) \$6,000.00	Payee address; City; State; Zip Code 3001 WASHINGTON BLVD 7TH FLOOR ARLINGTON, VA 22201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense DIGITAL ADVERTISING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/03/2025	Payee name FP1 STRATEGIES, LLC	
Amount (\$) \$7,000.00	Payee address; City; State; Zip Code 3001 WASHINGTON BLVD 7TH FLOOR ARLINGTON, VA 22201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense DIGITAL ADVERTISING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 29/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 09/23/2025	5 Payee name FP1 STRATEGIES, LLC	
6 Amount (\$) \$131.03	7 Payee address; City; State; Zip Code 3001 WASHINGTON BLVD 7TH FLOOR ARLINGTON, VA 22201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense FOOD / BEVERAGE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2025	Payee name FP1 STRATEGIES, LLC	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 3001 WASHINGTON BLVD 7TH FLOOR ARLINGTON, VA 22201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense POLITICAL STRATEGY CONSULTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/23/2025	Payee name FP1 STRATEGIES, LLC	
Amount (\$) \$10,000.00	Payee address; City; State; Zip Code 3001 WASHINGTON BLVD 7TH FLOOR ARLINGTON, VA 22201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense POLITICAL STRATEGY CONSULTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 30/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/12/2025	5 Payee name FP1 STRATEGIES, LLC	
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 3001 WASHINGTON BLVD 7TH FLOOR ARLINGTON, VA 22201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense POLITICAL STRATEGY CONSULTING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/25/2025	Payee name FP1 STRATEGIES, LLC	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 3001 WASHINGTON BLVD 7TH FLOOR ARLINGTON, VA 22201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense POLITICAL STRATEGY CONSULTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/23/2025	Payee name FP1 STRATEGIES, LLC	
Amount (\$) \$10,644.00	Payee address; City; State; Zip Code 3001 WASHINGTON BLVD 7TH FLOOR ARLINGTON, VA 22201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense POSTAGE / SHIPPING / WEBSITE DEVELOPMENT / WEBSITE HOSTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 31/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/25/2025	5 Payee name FP1 STRATEGIES, LLC	
6 Amount (\$) \$5,623.00	7 Payee address; City; State; Zip Code 3001 WASHINGTON BLVD 7TH FLOOR ARLINGTON, VA 22201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense WEB DOMAINS / WEBSITE DEVELOPMENT / WEBSITE HOSTING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/23/2025	Payee name FP1 STRATEGIES, LLC	
Amount (\$) \$315.28	Payee address; City; State; Zip Code 3001 WASHINGTON BLVD 7TH FLOOR ARLINGTON, VA 22201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense TRAVEL - CAR SERVICE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/23/2025	Payee name FP1 STRATEGIES, LLC	
Amount (\$) \$4.50	Payee address; City; State; Zip Code 3001 WASHINGTON BLVD 7TH FLOOR ARLINGTON, VA 22201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense TRAVEL - PARKING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 32/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 09/20/2025	5 Payee name FROST Jr., HOLLOWAY	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 602 PINEHAVEN DR HOUSTON, TX 77024	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense IN KIND OFFSET: PRIVATE TRAVEL
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2025	Payee name FULFILLMENT SOLUTIONS INC.	
Amount (\$) \$8,000.00	Payee address; City; State; Zip Code 44970 FALCON PLACE STE 400 STERLING, VA 20166	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense POSTAGE / SHIPPING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/13/2025	Payee name FULFILLMENT SOLUTIONS INC.	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 44970 FALCON PLACE STE 400 STERLING, VA 20166	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PRINTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 33/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 12/04/2025	5 Payee name FULFILLMENT SOLUTIONS INC.	
6 Amount (\$) \$3,000.00	7 Payee address; City; State; Zip Code 44970 FALCON PLACE STE 400 STERLING, VA 20166	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PRINTING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/18/2025	Payee name FULFILLMENT SOLUTIONS INC.	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 44970 FALCON PLACE STE 400 STERLING, VA 20166	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PRINTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/21/2025	Payee name HARRIS COUNTY MAGA PAC	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 13121 LOUETTA RD #1555 CYPRESS, TX 77429	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense DONATIONS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 34/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 09/12/2025	5 Payee name HSP DIRECT	
6 Amount (\$) \$2,300.00	7 Payee address; City; State; Zip Code 20130 LAKEVIEW CENTER STE 300 ASHBURN, VA 20147	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREATIVE DESIGN SERVICES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2025	Payee name HSP DIRECT	
Amount (\$) \$8,061.98	Payee address; City; State; Zip Code 20130 LAKEVIEW CENTER STE 300 ASHBURN, VA 20147	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense POSTAGE / SHIPPING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/30/2025	Payee name MAILTRACK SOLUTIONS LLC	
Amount (\$) \$2,158.80	Payee address; City; State; Zip Code 213 N MARKET ST #1018 WILIMINGTON, DE 19801	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CAGING AND ESCROW
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 35/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 12/04/2025	5 Payee name MAILTRACK SOLUTIONS LLC	
6 Amount (\$) \$591.00	7 Payee address; City; State; Zip Code 213 N MARKET ST #1018 WILIMINGTON, DE 19801	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CAGING AND ESCROW
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/30/2025	Payee name MAILTRACK SOLUTIONS LLC	
Amount (\$) \$163.20	Payee address; City; State; Zip Code 213 N MARKET ST #1018 WILIMINGTON, DE 19801	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense POSTAGE / SHIPPING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/04/2025	Payee name MAILTRACK SOLUTIONS LLC	
Amount (\$) \$244.80	Payee address; City; State; Zip Code 213 N MARKET ST #1018 WILIMINGTON, DE 19801	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense POSTAGE / SHIPPING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 36/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 10/17/2025	5 Payee name MDI IMAGING & MAIL	
6 Amount (\$) \$3,154.48	7 Payee address; City; State; Zip Code 21955 CASCADES PKWY DULLES, VA 20166	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense POSTAGE / SHIPPING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/04/2025	Payee name MDI IMAGING & MAIL	
Amount (\$) \$4,289.00	Payee address; City; State; Zip Code 21955 CASCADES PKWY DULLES, VA 20166	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PRINTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/18/2025	Payee name MINUTEMEN PRESS	
Amount (\$) \$496.77	Payee address; City; State; Zip Code 3007 LONGHORN BLVD STE 110 AUSTIN, TX 78758	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ADVERTISING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 37/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 09/02/2025	5 Payee name MO STRATEGIES, INC.	
6 Amount (\$) \$11,250.00	7 Payee address; City; State; Zip Code 501 PENNSYLVANIA PKWY STE 165 CARMEL, IN 46280	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense FUNDRAISING CONSULTING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/12/2025	Candidate/Officeholder name Office sought Office held	
Payee name MO STRATEGIES, INC.		
Amount (\$) \$15,000.00	Payee address; City; State; Zip Code 501 PENNSYLVANIA PKWY STE 165 CARMEL, IN 46280	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense FUNDRAISING CONSULTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/24/2025	Candidate/Officeholder name Office sought Office held	
Payee name MONTAGUE COUNTY REPUBLICAN PARTY		
Amount (\$) \$450.00	Payee address; City; State; Zip Code 530 FRONTIER ST BOWIE, TX 76230	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SPONSORSHIPS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES 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: Sch: 38/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 09/12/2025	5 Payee name ONPOINT DATA STRATEGY LLC	
6 Amount (\$) \$1,894.82	7 Payee address; City; State; Zip Code 20130 LAKEVIEW CENTER PLAZA STE 300 ASHBURN, VA 20147	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense LIST RENTAL
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/13/2025	Payee name ONPOINT DATA STRATEGY LLC	
Amount (\$) \$625.05	Payee address; City; State; Zip Code 20130 LAKEVIEW CENTER PLAZA STE 300 ASHBURN, VA 20147	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense LIST RENTAL
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/04/2025	Payee name ONPOINT DATA STRATEGY LLC	
Amount (\$) \$310.00	Payee address; City; State; Zip Code 20130 LAKEVIEW CENTER PLAZA STE 300 ASHBURN, VA 20147	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense MAIL LIST PROCESSING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 39/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 12/04/2025	5 Payee name POSTAGE FOR DIRECT MAIL FUNDRAISING, LLC	
6 Amount (\$) \$1,484.48	7 Payee address; City; State; Zip Code 20130 LAKEVIEW CENTER PLAZA STE 300 ASHBURN, VA 20147	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense POSTAGE / SHIPPING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/29/2025	Payee name QUIKTRIP - HQ	
Amount (\$) \$23.19	Payee address; City; State; Zip Code 4705 S 129TH E AVE TULSA, OK 74134	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense FOOD / BEVERAGE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/19/2025	Payee name QUIKTRIP - HQ	
Amount (\$) \$82.18	Payee address; City; State; Zip Code 4705 S 129TH E AVE TULSA, OK 74134	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense TRAVEL - GAS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 40/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 10/05/2025	5 Payee name QUIKTRIP - HQ	
6 Amount (\$) \$15.00	7 Payee address; City; State; Zip Code 4705 S 129TH E AVE TULSA, OK 74134	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense TRAVEL - GAS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/09/2025	Payee name REITZ, AARON	
Amount (\$) \$123.27	Payee address; City; State; Zip Code 11224 BASTOGNE LOOP AUSTIN, TX 78739	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense REIMBURSEMENT: POSTAGE / SHIPPING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/28/2025	Payee name REITZ, AARON	
Amount (\$) \$1,378.47	Payee address; City; State; Zip Code 11224 BASTOGNE LOOP AUSTIN, TX 78739	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense REIMBURSEMENT: TRAVEL, FOOD / BEVERAGE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 41/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 07/03/2025	5 Payee name REITZ, AARON	
6 Amount (\$) \$445.00	7 Payee address; City; State; Zip Code 11224 BASTOGNE LOOP AUSTIN, TX 78739	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense REIMBURSEMENT: TRAVEL
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2025	Payee name REPUBLICAN PARTY OF TEXAS	
Amount (\$) \$3,750.00	Payee address; City; State; Zip Code PO BOX 2206 AUSTIN, TX 78768	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense FILING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/29/2025	Payee name SERVISFIRST BANK	
Amount (\$) \$28.54	Payee address; City; State; Zip Code PO BOX 1508 BIRMINGHAM, AL 35201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense BANK FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 42/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 09/30/2025	5 Payee name SERVISFIRST BANK	
6 Amount (\$) \$32.00	7 Payee address; City; State; Zip Code PO BOX 1508 BIRMINGHAM, AL 35201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense BANK FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/28/2025	Candidate/Officeholder name Office sought Office held	
Payee name SERVISFIRST BANK		
Amount (\$) \$43.00	Payee address; City; State; Zip Code PO BOX 1508 BIRMINGHAM, AL 35201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense BANK FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/31/2025	Candidate/Officeholder name Office sought Office held	
Payee name SERVISFIRST BANK		
Amount (\$) \$20.00	Payee address; City; State; Zip Code PO BOX 1508 BIRMINGHAM, AL 35201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense BANK FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES 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: Sch: 43/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 10/13/2025	5 Payee name SIEGEL, JOSH	
6 Amount (\$) \$394.10	7 Payee address; City; State; Zip Code 5600 WILLIAM HOLLAND AVE APT A AUSTIN, TX 78756	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense TRAVEL - MILEAGE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/18/2025	Payee name SIEGEL, JOSH	
Amount (\$) \$837.90	Payee address; City; State; Zip Code 5600 WILLIAM HOLLAND AVE APT A AUSTIN, TX 78756	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense TRAVEL - MILEAGE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/02/2025	Payee name SIEGEL, JOSH	
Amount (\$) \$704.13	Payee address; City; State; Zip Code 5600 WILLIAM HOLLAND AVE APT A AUSTIN, TX 78756	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense TRAVEL - MILEAGE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 44/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/07/2025	5 Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC	
6 Amount (\$) \$900.97	7 Payee address; City; State; Zip Code 4238 LOMO ALTO CT DALLAS, TX 75219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense TRAVEL - AIRFARE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/19/2025	Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC	
Amount (\$) \$756.96	Payee address; City; State; Zip Code 4238 LOMO ALTO CT DALLAS, TX 75219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense TRAVEL - AIRFARE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2025	Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC	
Amount (\$) \$210,101.56	Payee address; City; State; Zip Code 4238 LOMO ALTO CT DALLAS, TX 75219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense FUNDRAISING CONSULTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 45/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/28/2025	5 Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC	
6 Amount (\$) \$3,711.22	7 Payee address; City; State; Zip Code 4238 LOMO ALTO CT DALLAS, TX 75219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense FUNDRAISING CONSULTING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/23/2025	Candidate/Officeholder name Office sought Office held	
Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC		
Amount (\$) \$5,465.74	Payee address; City; State; Zip Code 4238 LOMO ALTO CT DALLAS, TX 75219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense FUNDRAISING CONSULTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/24/2025	Candidate/Officeholder name Office sought Office held	
Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC		
Amount (\$) \$34,526.01	Payee address; City; State; Zip Code 4238 LOMO ALTO CT DALLAS, TX 75219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense FUNDRAISING CONSULTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES 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: Sch: 46/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/07/2025	5 Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC	
6 Amount (\$) \$19,844.63	7 Payee address; City; State; Zip Code 4238 LOMO ALTO CT DALLAS, TX 75219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense FUNDRAISING CONSULTING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/19/2025	Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC	
Amount (\$) \$16,525.13	Payee address; City; State; Zip Code 4238 LOMO ALTO CT DALLAS, TX 75219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense FUNDRAISING CONSULTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/28/2025	Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC	
Amount (\$) \$202.80	Payee address; City; State; Zip Code 4238 LOMO ALTO CT DALLAS, TX 75219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense POSTAGE / SHIPPING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 47/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/07/2025	5 Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC	
6 Amount (\$) \$91.40	7 Payee address; City; State; Zip Code 4238 LOMO ALTO CT DALLAS, TX 75219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense POSTAGE / SHIPPING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/19/2025	Candidate/Officeholder name Office sought Office held	
Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC		
Amount (\$) \$88.21	Payee address; City; State; Zip Code 4238 LOMO ALTO CT DALLAS, TX 75219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense POSTAGE / SHIPPING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/24/2025	Candidate/Officeholder name Office sought Office held	
Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC		
Amount (\$) \$94.71	Payee address; City; State; Zip Code 4238 LOMO ALTO CT DALLAS, TX 75219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SIGNS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES 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: Sch: 48/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/07/2025	5 Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC	
6 Amount (\$) \$114.00	7 Payee address; City; State; Zip Code 4238 LOMO ALTO CT DALLAS, TX 75219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SIGNS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/28/2025	Candidate/Officeholder name Office sought Office held	
Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC		
Amount (\$) \$27.76	Payee address; City; State; Zip Code 4238 LOMO ALTO CT DALLAS, TX 75219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SUPPLIES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/07/2025	Candidate/Officeholder name Office sought Office held	
Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC		
Amount (\$) \$112.82	Payee address; City; State; Zip Code 4238 LOMO ALTO CT DALLAS, TX 75219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense TRAVEL - LODGING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES 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: Sch: 49/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/28/2025	5 Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC	
6 Amount (\$) \$387.80	7 Payee address; City; State; Zip Code 4238 LOMO ALTO CT DALLAS, TX 75219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense TRAVEL - MILEAGE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/24/2025	Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC	
Amount (\$) \$253.40	Payee address; City; State; Zip Code 4238 LOMO ALTO CT DALLAS, TX 75219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense TRAVEL - MILEAGE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/07/2025	Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC	
Amount (\$) \$281.40	Payee address; City; State; Zip Code 4238 LOMO ALTO CT DALLAS, TX 75219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense TRAVEL - MILEAGE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 50/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 07/30/2025	5 Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC	
6 Amount (\$) \$14.62	7 Payee address; City; State; Zip Code 4238 LOMO ALTO CT DALLAS, TX 75219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense TRAVEL - TOLLS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/13/2025	Payee name TAG LLC	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code PO BOX 1243 ALEXANDRIA, VA 22313	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense DIGITAL ADVERTISING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/21/2025	Payee name TAG LLC	
Amount (\$) \$16,404.81	Payee address; City; State; Zip Code PO BOX 1243 ALEXANDRIA, VA 22313	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense DIGITAL ADVERTISING / EMAIL MARKETING / SMS MESSAGING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 51/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/21/2025	5 Payee name TAG LLC	
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code PO BOX 1243 ALEXANDRIA, VA 22313	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense DIGITAL MEDIA CONSULTING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/13/2025	Payee name TAG LLC	
Amount (\$) \$3,209.17	Payee address; City; State; Zip Code PO BOX 1243 ALEXANDRIA, VA 22313	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense FUNDRAISING CONSULTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/05/2025	Payee name TEXAS GUN RIGHTS	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 214 SANTA FE DR WEATHERFORD, TX 70686	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SPONSORSHIPS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 52/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 07/15/2025	5 Payee name TEXAS REPUBLICAN COUNTY CHAIRMAN'S ASSN	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code TRCCA C/O JENNY GRIFFIN 801 S HWY 183 #1143 LEANDER, TX 78641	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SPONSORSHIPS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/22/2025	Payee name TFRW CONVENTION 2025 PAC	
Amount (\$) \$10,000.00	Payee address; City; State; Zip Code C/O LILLE GOUGH 1301 VISTA DEL MONTE SAN ANTONIO, TX 78216	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SPONSORSHIPS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/02/2025	Payee name THE COEFFICIENT GROUP, LLC	
Amount (\$) \$4,500.00	Payee address; City; State; Zip Code 5100 MAIN ST KANSAS CITY, MO 64112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense POLLING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 53/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 09/02/2025	5 Payee name THE COEFFICIENT GROUP, LLC	
6 Amount (\$) \$1,307.76	7 Payee address; City; State; Zip Code 5100 MAIN ST KANSAS CITY, MO 64112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SMS MESSAGING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/01/2025	Candidate/Officeholder name Office sought Office held	
Payee name THE COEFFICIENT GROUP, LLC		
Amount (\$) \$250.00	Payee address; City; State; Zip Code 5100 MAIN ST KANSAS CITY, MO 64112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SMS MESSAGING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/13/2025	Candidate/Officeholder name Office sought Office held	
Payee name THE COEFFICIENT GROUP, LLC		
Amount (\$) \$396.56	Payee address; City; State; Zip Code 5100 MAIN ST KANSAS CITY, MO 64112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SMS MESSAGING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES 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: Sch: 54/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/12/2025	5 Payee name THE COEFFICIENT GROUP, LLC	
6 Amount (\$) \$3,931.04	7 Payee address; City; State; Zip Code 5100 MAIN ST KANSAS CITY, MO 64112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SMS MESSAGING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2025	Payee name UBER - HQ	
Amount (\$) \$7.94	Payee address; City; State; Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense TRAVEL - CAR SERVICE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2025	Payee name UBER - HQ	
Amount (\$) \$15.66	Payee address; City; State; Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense TRAVEL - CAR SERVICE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 55/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/20/2025	5 Payee name UBER - HQ	
6 Amount (\$) \$7.97	7 Payee address; City; State; Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense TRAVEL - CAR SERVICE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/10/2025	Payee name UNITED AIRLINES HQ	
Amount (\$) \$317.57	Payee address; City; State; Zip Code 233 S WACKER DR CHICAGO, IL 60606	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense TRAVEL - AIRFARE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/11/2025	Payee name UNITED STATES POSTAL SERVICE - HQ	
Amount (\$) \$94.00	Payee address; City; State; Zip Code 475 L'ENFANT PLAZA SW WASHINGTON, DC 20260	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PO BOX
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 56/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 07/11/2025	5 Payee name UNITED STATES POSTAL SERVICE - HQ	
6 Amount (\$) \$148.55	7 Payee address; City; State; Zip Code 475 L'ENFANT PLAZA SW WASHINGTON, DC 20260	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense POSTAGE / SHIPPING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/07/2025	Payee name WINRED TECHNICAL SERVICES LLC	
Amount (\$) \$8,077.68	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/14/2025	Payee name WINRED TECHNICAL SERVICES LLC	
Amount (\$) \$267.54	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 57/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 07/21/2025	5 Payee name WINRED TECHNICAL SERVICES LLC	
6 Amount (\$) \$195.88	7 Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/28/2025	Payee name WINRED TECHNICAL SERVICES LLC	
Amount (\$) \$125.06	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/04/2025	Payee name WINRED TECHNICAL SERVICES LLC	
Amount (\$) \$19.32	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 58/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 08/11/2025	5 Payee name WINRED TECHNICAL SERVICES LLC	
6 Amount (\$) \$98.74	7 Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/18/2025	Candidate/Officeholder name Office sought Office held	
Payee name WINRED TECHNICAL SERVICES LLC		
Amount (\$) \$30.28	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/25/2025	Candidate/Officeholder name Office sought Office held	
Payee name WINRED TECHNICAL SERVICES LLC		
Amount (\$) \$117.73	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES 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: Sch: 59/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 09/02/2025	5 Payee name WINRED TECHNICAL SERVICES LLC	
6 Amount (\$) \$211.19	7 Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/08/2025	Payee name WINRED TECHNICAL SERVICES LLC	
Amount (\$) \$184.42	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/15/2025	Payee name WINRED TECHNICAL SERVICES LLC	
Amount (\$) \$116.59	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 60/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 09/22/2025	5 Payee name WINRED TECHNICAL SERVICES LLC	
6 Amount (\$) \$2,769.72	7 Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/29/2025	Payee name WINRED TECHNICAL SERVICES LLC	
Amount (\$) \$716.58	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/06/2025	Payee name WINRED TECHNICAL SERVICES LLC	
Amount (\$) \$284.11	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 61/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 10/14/2025	5 Payee name WINRED TECHNICAL SERVICES LLC	
6 Amount (\$) \$460.89	7 Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2025	Payee name WINRED TECHNICAL SERVICES LLC	
Amount (\$) \$433.85	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/27/2025	Payee name WINRED TECHNICAL SERVICES LLC	
Amount (\$) \$2,832.44	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 62/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/03/2025	5 Payee name WINRED TECHNICAL SERVICES LLC	
6 Amount (\$) \$7,096.91	7 Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/10/2025	Payee name WINRED TECHNICAL SERVICES LLC	
Amount (\$) \$843.65	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/17/2025	Payee name WINRED TECHNICAL SERVICES LLC	
Amount (\$) \$3,480.54	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 63/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 11/24/2025	5 Payee name WINRED TECHNICAL SERVICES LLC	
6 Amount (\$) \$3,540.14	7 Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2025	Payee name WINRED TECHNICAL SERVICES LLC	
Amount (\$) \$4,448.88	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/08/2025	Payee name WINRED TECHNICAL SERVICES LLC	
Amount (\$) \$5,759.71	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 64/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 12/15/2025	5 Payee name WINRED TECHNICAL SERVICES LLC	
6 Amount (\$) \$3,371.33	7 Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/22/2025	Payee name WINRED TECHNICAL SERVICES LLC	
Amount (\$) \$954.44	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2025	Payee name WINRED TECHNICAL SERVICES LLC	
Amount (\$) \$745.79	Payee address; City; State; Zip Code 1776 WILSON BLVD STE 530 ARLINGTON, VA 22219	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES 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: Sch: 65/65 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 10/31/2025	5 Payee name YOUNG REPUBLICANS OF TEXAS	
6 Amount (\$) \$1,800.00	7 Payee address; City; State; Zip Code 135 E MAIN ST #222 FREDERICKSBURG, TX 78624	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SPONSORSHIPS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 1/14 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 12/31/2025	6 Payee name CHAIN BRIDGE BANK	
7 Amount (\$) \$7,748.49	8 Payee address; City; State; Zip Code 1445-A LAUGHLIN AVE MCLEAN, VA 22101	
9 TYPE OF EXPENDITURE	☐ Political ☐ Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PAYMENT OF CREDIT CARD BILL FOR TRAVEL, FOOD / BEVERAGE, SPONSORSHIPS, ETC.
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/13/2025	Payee name DONORBUREAU LLC	
Amount (\$) \$199.95	Payee address; City; State; Zip Code 1900 RESTON METRO PLZ STE 600 RESTON, VA 20190	
TYPE OF EXPENDITURE	☐ Political ☐ Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense POLLING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 2/14 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$

5 Date 12/04/2025	6 Payee name FP1 STRATEGIES, LLC

7 Amount (\$) \$1,200.00	8 Payee address; City; State; Zip Code 3001 WASHINGTON BLVD 7TH FLOOR ARLINGTON, VA 22201

9 TYPE OF EXPENDITURE	☐ Political ☐ Non-Political

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREATIVE DESIGN SERVICES

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date 12/11/2025	Payee name FP1 STRATEGIES, LLC

Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 3001 WASHINGTON BLVD 7TH FLOOR ARLINGTON, VA 22201

TYPE OF EXPENDITURE	☐ Political ☐ Non-Political

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense POLITICAL STRATEGY CONSULTING

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 3/14 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 12/16/2025	6 Payee name FP1 STRATEGIES, LLC	
7 Amount (\$) \$8,750.00	8 Payee address; City; State; Zip Code 3001 WASHINGTON BLVD 7TH FLOOR ARLINGTON, VA 22201	
9 TYPE OF EXPENDITURE	☐ Political ☐ Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense MEDIA PRODUCTION
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2025	Payee name FULFILLMENT SOLUTIONS INC.	
Amount (\$) \$18,416.06	Payee address; City; State; Zip Code 44970 FALCON PLACE STE 400 STERLING, VA 20166	
TYPE OF EXPENDITURE	☐ Political ☐ Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PRINTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 4/14 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 12/29/2025	6 Payee name HSP DIRECT	
7 Amount (\$) \$1,200.00	8 Payee address; City; State; Zip Code 20130 LAKEVIEW CENTER STE 300 ASHBURN, VA 20147	
9 TYPE OF EXPENDITURE	☐ Political ☐ Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense POSTAGE / SHIPPING
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2025	Payee name HSP DIRECT	
Amount (\$) \$9,200.00	Payee address; City; State; Zip Code 20130 LAKEVIEW CENTER STE 300 ASHBURN, VA 20147	
TYPE OF EXPENDITURE	☐ Political ☐ Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREATIVE DESIGN SERVICES / MEDIA PRODUCTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 5/14 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 10/21/2025	6 Payee name HSP DIRECT	
7 Amount (\$) \$2,300.00	8 Payee address; City; State; Zip Code 20130 LAKEVIEW CENTER STE 300 ASHBURN, VA 20147	
9 TYPE OF EXPENDITURE	☐ Political ☐ Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREATIVE DESIGN SERVICES / MEDIA PRODUCTION
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2025	Payee name MAILTRACK SOLUTIONS LLC	
Amount (\$) \$988.05	Payee address; City; State; Zip Code 213 N MARKET ST #1018 WILIMINGTON, DE 19801	
TYPE OF EXPENDITURE	☐ Political ☐ Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CAGING AND ESCROW
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 6/14 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 12/31/2025	6 Payee name MAILTRACK SOLUTIONS LLC	
7 Amount (\$) \$335.45	8 Payee address; City; State; Zip Code 213 N MARKET ST #1018 WILIMINGTON, DE 19801	
9 TYPE OF EXPENDITURE	☐ Political ☐ Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CAGING AND ESCROW
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/21/2025	Payee name MDI IMAGING & MAIL	
Amount (\$) \$4,667.00	Payee address; City; State; Zip Code 21955 CASCADES PKWY DULLES, VA 20166	
TYPE OF EXPENDITURE	☐ Political ☐ Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense PRINTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 7/14 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 12/01/2025	6 Payee name MO STRATEGIES, INC.	
7 Amount (\$) \$7,500.00	8 Payee address; City; State; Zip Code 501 PENNSYLVANIA PKWY STE 165 CARMEL, IN 46280	
9 TYPE OF EXPENDITURE	☐ Political ☐ Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense FUNDRAISING CONSULTING
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/10/2025	Payee name MOMAV LLC	
Amount (\$) \$30,000.00	Payee address; City; State; Zip Code PO BOX 523 ROACH, MO 65787	
TYPE OF EXPENDITURE	☐ Political ☐ Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense DIGITAL MEDIA CONSULTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 8/14 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 08/31/2025	6 Payee name ONPOINT DATA STRATEGY LLC	
7 Amount (\$) \$200.00	8 Payee address; City; State; Zip Code 20130 LAKEVIEW CENTER PLAZA STE 300 ASHBURN, VA 20147	
9 TYPE OF EXPENDITURE	☐ Political ☐ Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense LIST RENTAL / DONOR MANAGEMENT
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/19/2025	Payee name ONPOINT DATA STRATEGY LLC	
Amount (\$) \$947.10	Payee address; City; State; Zip Code 20130 LAKEVIEW CENTER PLAZA STE 300 ASHBURN, VA 20147	
TYPE OF EXPENDITURE	☐ Political ☐ Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense LIST RENTAL / DONOR MANAGEMENT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 9/14 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 09/26/2025	6 Payee name ONPOINT DATA STRATEGY LLC	
7 Amount (\$) \$7,091.13	8 Payee address; City; State; Zip Code 20130 LAKEVIEW CENTER PLAZA STE 300 ASHBURN, VA 20147	
9 TYPE OF EXPENDITURE	☐ Political ☐ Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense LIST RENTAL / DONOR MANAGEMENT
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2025	Payee name ONPOINT DATA STRATEGY LLC	
Amount (\$) \$270.00	Payee address; City; State; Zip Code 20130 LAKEVIEW CENTER PLAZA STE 300 ASHBURN, VA 20147	
TYPE OF EXPENDITURE	☐ Political ☐ Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense LIST RENTAL / DONOR MANAGEMENT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 10/14 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$

5 Date 10/14/2025	6 Payee name ONPOINT DATA STRATEGY LLC

7 Amount (\$) \$405.00	8 Payee address; City; State; Zip Code 20130 LAKEVIEW CENTER PLAZA STE 300 ASHBURN, VA 20147

9 TYPE OF EXPENDITURE	☐ Political ☐ Non-Political

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense LIST RENTAL / DONOR MANAGEMENT

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date 10/21/2025	Payee name ONPOINT DATA STRATEGY LLC

Amount (\$) \$1,635.73	Payee address; City; State; Zip Code 20130 LAKEVIEW CENTER PLAZA STE 300 ASHBURN, VA 20147

TYPE OF EXPENDITURE	☐ Political ☐ Non-Political

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense LIST RENTAL / DONOR MANAGEMENT

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 11/14 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 10/31/2025	6 Payee name ONPOINT DATA STRATEGY LLC	
7 Amount (\$) \$270.00	8 Payee address; City; State; Zip Code 20130 LAKEVIEW CENTER PLAZA STE 300 ASHBURN, VA 20147	
9 TYPE OF EXPENDITURE	☐ Political ☐ Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense LIST RENTAL / DONOR MANAGEMENT
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/30/2025	Payee name ONPOINT DATA STRATEGY LLC	
Amount (\$) \$270.00	Payee address; City; State; Zip Code 20130 LAKEVIEW CENTER PLAZA STE 300 ASHBURN, VA 20147	
TYPE OF EXPENDITURE	☐ Political ☐ Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense LIST RENTAL / DONOR MANAGEMENT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 12/14 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 12/16/2025	6 Payee name TAG LLC	
7 Amount (\$) \$3,396.47	8 Payee address; City; State; Zip Code PO BOX 1243 ALEXANDRIA, VA 22313	
9 TYPE OF EXPENDITURE	☐ Political ☐ Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense EMAILS / SMS MESSAGING / CREATIVE DESIGN SERVICES
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/16/2025	Payee name TAG LLC	
Amount (\$) \$7,888.95	Payee address; City; State; Zip Code PO BOX 1243 ALEXANDRIA, VA 22313	
TYPE OF EXPENDITURE	☐ Political ☐ Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense FUNDRAISING CONSULTING / DIGITAL MEDIA CONSULTING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 13/14 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 11/24/2025	6 Payee name THE COEFFICIENT GROUP, LLC	
7 Amount (\$) \$13,274.03	8 Payee address; City; State; Zip Code 5100 MAIN ST KANSAS CITY, MO 64112	
9 TYPE OF EXPENDITURE	☐ Political ☐ Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SMS MESSAGING
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/26/2025	Payee name THE COEFFICIENT GROUP, LLC	
Amount (\$) \$545.76	Payee address; City; State; Zip Code 5100 MAIN ST KANSAS CITY, MO 64112	
TYPE OF EXPENDITURE	☐ Political ☐ Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SMS MESSAGING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 14/14 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 12/04/2025	6 Payee name THE COEFFICIENT GROUP, LLC	
7 Amount (\$) \$16,836.44	8 Payee address; City; State; Zip Code 5100 MAIN ST KANSAS CITY, MO 64112	
9 TYPE OF EXPENDITURE	☐ Political ☐ Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense SMS MESSAGING
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/04/2025	Payee name THE COEFFICIENT GROUP, LLC	
Amount (\$) \$20,000.00	Payee address; City; State; Zip Code 5100 MAIN ST KANSAS CITY, MO 64112	
TYPE OF EXPENDITURE	☐ Political ☐ Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense POLLING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 1/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution CHAIN BRIDGE BANK		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$277.09	(b) Date of Charge 09/12/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025
7 PAYEE	(a) Payee name AMERICAN AIRLINES - HQ		(b) Payee address; City, State, Zip Code 1 SKYVIEW DR FORT WORTH, TX 76155
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - AIRFARE
	(c) ☒ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$165.93	(b) Date of Charge 10/13/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name AMERICAN AIRLINES - HQ		(b) Payee address; City, State, Zip Code 1 SKYVIEW DR FORT WORTH, TX 76155
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - AIRFARE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$317.48	(b) Date of Charge 10/20/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name AMERICAN AIRLINES - HQ		(b) Payee address; City, State, Zip Code 1 SKYVIEW DR FORT WORTH, TX 76155
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - AIRFARE
	(c) ☒ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 2/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$224.12	(b) Date of Charge 10/20/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
7 PAYEE	(a) Payee name AMERICAN AIRLINES - HQ		(b) Payee address; City, State, Zip Code 1 SKYVIEW DR FORT WORTH, TX 76155
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - AIRFARE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$323.20	(b) Date of Charge 11/03/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
PAYEE	(a) Payee name AMERICAN AIRLINES - HQ		(b) Payee address; City, State, Zip Code 1 SKYVIEW DR FORT WORTH, TX 76155
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description TRAVEL - AIRFARE
	(c) ☒ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$458.52	(b) Date of Charge 11/08/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
PAYEE	(a) Payee name AMERICAN AIRLINES - HQ		(b) Payee address; City, State, Zip Code 1 SKYVIEW DR FORT WORTH, TX 76155
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - AIRFARE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 3/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$680.43	(b) Date of Charge 11/10/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
7 PAYEE	(a) Payee name AMERICAN AIRLINES - HQ		(b) Payee address; City, State, Zip Code 1 SKYVIEW DR FORT WORTH, TX 76155
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - AIRFARE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$608.52	(b) Date of Charge 11/13/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
PAYEE	(a) Payee name AMERICAN AIRLINES - HQ		(b) Payee address; City, State, Zip Code 1 SKYVIEW DR FORT WORTH, TX 76155
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - AIRFARE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$20.00	(b) Date of Charge 09/10/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025
PAYEE	(a) Payee name AMERICAN AIRLINES - HQ		(b) Payee address; City, State, Zip Code 1 SKYVIEW DR FORT WORTH, TX 76155
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - INFLIGHT WI-FI
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 4/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$20.00	(b) Date of Charge 11/08/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
7 PAYEE	(a) Payee name AMERICAN AIRLINES - HQ		(b) Payee address; City, State, Zip Code 1 SKYVIEW DR FORT WORTH, TX 76155
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - INFLIGHT WI-FI
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$12.00	(b) Date of Charge 11/10/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
PAYEE	(a) Payee name AMERICAN AIRLINES - HQ		(b) Payee address; City, State, Zip Code 1 SKYVIEW DR FORT WORTH, TX 76155
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - INFLIGHT WI-FI
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$103.00	(b) Date of Charge 12/07/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name AUSTIN BERGSTROM		(b) Payee address; City, State, Zip Code 3600 PRESIDENTIAL BLVD AUSTIN, TX 78719
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - AIRFARE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 5/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$27.76	(b) Date of Charge 12/30/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name AUSTIN BERGSTROM		(b) Payee address; City, State, Zip Code 3600 PRESIDENTIAL BLVD AUSTIN, TX 78719
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - AIRFARE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$19.24	(b) Date of Charge 08/02/2025	(c) Date(s) Credit Card Issuer Paid 09/08/2025
PAYEE	(a) Payee name AUSTIN BERGSTROM		(b) Payee address; City, State, Zip Code 3600 PRESIDENTIAL BLVD AUSTIN, TX 78719
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description FOOD / BEVERAGE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$12.71	(b) Date of Charge 08/20/2025	(c) Date(s) Credit Card Issuer Paid 09/08/2025
PAYEE	(a) Payee name AUSTIN BERGSTROM		(b) Payee address; City, State, Zip Code 3600 PRESIDENTIAL BLVD AUSTIN, TX 78719
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description FOOD / BEVERAGE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 6/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$78.00	(b) Date of Charge 10/11/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
7 PAYEE	(a) Payee name AUSTIN BERGSTROM		(b) Payee address; City, State, Zip Code 3600 PRESIDENTIAL BLVD AUSTIN, TX 78719
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - PARKING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$12.71	(b) Date of Charge 11/05/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
PAYEE	(a) Payee name AUSTIN BERGSTROM		(b) Payee address; City, State, Zip Code 3600 PRESIDENTIAL BLVD AUSTIN, TX 78719
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - PARKING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$140.00	(b) Date of Charge 11/09/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
PAYEE	(a) Payee name AUSTIN BERGSTROM		(b) Payee address; City, State, Zip Code 3600 PRESIDENTIAL BLVD AUSTIN, TX 78719
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - PARKING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 7/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$388.84	(b) Date of Charge 08/20/2025	(c) Date(s) Credit Card Issuer Paid 09/08/2025
7 PAYEE	(a) Payee name AVIS CAR RENTAL - HQ		(b) Payee address; City, State, Zip Code 6 SYLVAN WAY PARSIPPANY, NJ 07054
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - RENTAL CAR
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$218.44	(b) Date of Charge 09/19/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025
PAYEE	(a) Payee name AVIS CAR RENTAL - HQ		(b) Payee address; City, State, Zip Code 6 SYLVAN WAY PARSIPPANY, NJ 07054
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - RENTAL CAR
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$116.18	(b) Date of Charge 09/28/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025
PAYEE	(a) Payee name AVIS CAR RENTAL - HQ		(b) Payee address; City, State, Zip Code 6 SYLVAN WAY PARSIPPANY, NJ 07054
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - RENTAL CAR
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 8/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$8.66	(b) Date of Charge 10/06/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
7 PAYEE	(a) Payee name AVIS CAR RENTAL - HQ		(b) Payee address; City, State, Zip Code 6 SYLVAN WAY PARSIPPANY, NJ 07054
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - TOLLS
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$259.47	(b) Date of Charge 10/10/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name BELLINO'S RESTAURANT		(b) Payee address; City, State, Zip Code 3815 S ALAMEDA ST CORPUS CHRISTI, TX 78411
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description FOOD / BEVERAGE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$162.34	(b) Date of Charge 11/12/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
PAYEE	(a) Payee name BEST BUY		(b) Payee address; City, State, Zip Code 3201 S I-35 ROUND ROCK, TX 78664
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description SUPPLIES
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 9/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$521.39	(b) Date of Charge 10/01/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
7 PAYEE	(a) Payee name CANOPY		(b) Payee address; City, State, Zip Code 2950 CITYPLACE W BLVD DALLAS, TX 75204
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - LODGING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$35.00	(b) Date of Charge 07/18/2025	(c) Date(s) Credit Card Issuer Paid 08/20/2025
PAYEE	(a) Payee name CHAIN BRIDGE BANK		(b) Payee address; City, State, Zip Code 1445-A LAUGHLIN AVE MCLEAN, VA 22101
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description BANK FEES
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$35.00	(b) Date of Charge 07/20/2025	(c) Date(s) Credit Card Issuer Paid 08/20/2025
PAYEE	(a) Payee name CHAIN BRIDGE BANK		(b) Payee address; City, State, Zip Code 1445-A LAUGHLIN AVE MCLEAN, VA 22101
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description BANK FEES
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 10/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$10.97	(b) Date of Charge 09/28/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025
7 PAYEE	(a) Payee name CIRCLE K - HQ		(b) Payee address; City, State, Zip Code 17319 SAN PEDRO AVE BLDG 4, STE 400 SAN ANTONIO, TX 78232
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description FOOD / BEVERAGE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$14.13	(b) Date of Charge 11/20/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
PAYEE	(a) Payee name CIRCLE K - HQ		(b) Payee address; City, State, Zip Code 17319 SAN PEDRO AVE BLDG 4, STE 400 SAN ANTONIO, TX 78232
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description FOOD / BEVERAGE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$27.26	(b) Date of Charge 07/26/2025	(c) Date(s) Credit Card Issuer Paid 08/20/2025
PAYEE	(a) Payee name CIRCLE K - HQ		(b) Payee address; City, State, Zip Code 17319 SAN PEDRO AVE BLDG 4, STE 400 SAN ANTONIO, TX 78232
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - GAS
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 11/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$31.00	(b) Date of Charge 10/12/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
7 PAYEE	(a) Payee name CIRCLE K - HQ		(b) Payee address; City, State, Zip Code 17319 SAN PEDRO AVE BLDG 4, STE 400 SAN ANTONIO, TX 78232
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - GAS
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$28.00	(b) Date of Charge 10/31/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
PAYEE	(a) Payee name CIRCLE K - HQ		(b) Payee address; City, State, Zip Code 17319 SAN PEDRO AVE BLDG 4, STE 400 SAN ANTONIO, TX 78232
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - GAS
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$21.57	(b) Date of Charge 11/11/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
PAYEE	(a) Payee name CIRCLE K - HQ		(b) Payee address; City, State, Zip Code 17319 SAN PEDRO AVE BLDG 4, STE 400 SAN ANTONIO, TX 78232
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - GAS
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 12/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$22.99	(b) Date of Charge 11/14/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
7 PAYEE	(a) Payee name CIRCLE K - HQ		(b) Payee address; City, State, Zip Code 17319 SAN PEDRO AVE BLDG 4, STE 400 SAN ANTONIO, TX 78232
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - GAS
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$53.55	(b) Date of Charge 11/20/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
PAYEE	(a) Payee name CIRCLE K - HQ		(b) Payee address; City, State, Zip Code 17319 SAN PEDRO AVE BLDG 4, STE 400 SAN ANTONIO, TX 78232
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - GAS
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$11.00	(b) Date of Charge 12/10/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name CIRCLE K - HQ		(b) Payee address; City, State, Zip Code 17319 SAN PEDRO AVE BLDG 4, STE 400 SAN ANTONIO, TX 78232
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - GAS
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 13/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$282.61	(b) Date of Charge 09/04/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025
7 PAYEE	(a) Payee name COUNTRY OMELETTE		(b) Payee address; City, State, Zip Code 3420 N 10TH ST MCALLEN, TX 78501
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description FOOD / BEVERAGE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$133.34	(b) Date of Charge 10/03/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name COURTYARD BY MARRIOTT -		(b) Payee address; City, State, Zip Code 7750 WISCONSIN AVE BETHESDA, MD 20814
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - LODGING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$151.44	(b) Date of Charge 10/04/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name COURTYARD BY MARRIOTT -		(b) Payee address; City, State, Zip Code 7750 WISCONSIN AVE BETHESDA, MD 20814
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - LODGING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 14/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$198.43	(b) Date of Charge 10/21/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
7 PAYEE	(a) Payee name COURTYARD BY MARRIOTT -		(b) Payee address; City, State, Zip Code 7750 WISCONSIN AVE BETHESDA, MD 20814
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - LODGING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$572.38	(b) Date of Charge 12/03/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name COURTYARD BY MARRIOTT -		(b) Payee address; City, State, Zip Code 7750 WISCONSIN AVE BETHESDA, MD 20814
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - LODGING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$192.42	(b) Date of Charge 12/09/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name COURTYARD BY MARRIOTT -		(b) Payee address; City, State, Zip Code 7750 WISCONSIN AVE BETHESDA, MD 20814
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - LODGING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 15/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$183.33	(b) Date of Charge 12/31/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name COURTYARD BY MARRIOTT -		(b) Payee address; City, State, Zip Code 7750 WISCONSIN AVE BETHESDA, MD 20814
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - LODGING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$557.00	(b) Date of Charge 09/20/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025
PAYEE	(a) Payee name DALLAS BLACK CAR AND LIMO		(b) Payee address; City, State, Zip Code 14606 DALLAS PKWY #1059 DALLAS, TX 75254
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$178.49	(b) Date of Charge 09/01/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025
PAYEE	(a) Payee name DELTA AIRLINES		(b) Payee address; City, State, Zip Code 1030 DELTA BLVD ATLANTA, GA 30354
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - AIRFARE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 16/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$89.99	(b) Date of Charge 09/04/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025
7 PAYEE	(a) Payee name DELTA AIRLINES		(b) Payee address; City, State, Zip Code 1030 DELTA BLVD ATLANTA, GA 30354
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - AIRFARE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$193.47	(b) Date of Charge 10/14/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name DELTA AIRLINES		(b) Payee address; City, State, Zip Code 1030 DELTA BLVD ATLANTA, GA 30354
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - AIRFARE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$528.19	(b) Date of Charge 10/25/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name DELTA AIRLINES		(b) Payee address; City, State, Zip Code 1030 DELTA BLVD ATLANTA, GA 30354
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description TRAVEL - AIRFARE
	(c) ☒ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 17/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$267.86	(b) Date of Charge 08/28/2025	(c) Date(s) Credit Card Issuer Paid 09/08/2025
7 PAYEE	(a) Payee name ENTERPRISE RENT-A-CAR -		(b) Payee address; City, State, Zip Code 600 CORPORATE PARK DR ST. LOUIS, MO 63105
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - RENTAL CAR
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$396.48	(b) Date of Charge 09/06/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025
PAYEE	(a) Payee name ENTERPRISE RENT-A-CAR -		(b) Payee address; City, State, Zip Code 600 CORPORATE PARK DR ST. LOUIS, MO 63105
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - RENTAL CAR
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$175.99	(b) Date of Charge 09/09/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025
PAYEE	(a) Payee name ENTERPRISE RENT-A-CAR -		(b) Payee address; City, State, Zip Code 600 CORPORATE PARK DR ST. LOUIS, MO 63105
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - RENTAL CAR
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 18/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$146.94	(b) Date of Charge 10/10/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
7 PAYEE	(a) Payee name ENTERPRISE RENT-A-CAR -		(b) Payee address; City, State, Zip Code 600 CORPORATE PARK DR ST. LOUIS, MO 63105
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - RENTAL CAR
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$98.48	(b) Date of Charge 10/11/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name ENTERPRISE RENT-A-CAR -		(b) Payee address; City, State, Zip Code 600 CORPORATE PARK DR ST. LOUIS, MO 63105
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - RENTAL CAR
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$144.96	(b) Date of Charge 10/14/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name ENTERPRISE RENT-A-CAR -		(b) Payee address; City, State, Zip Code 600 CORPORATE PARK DR ST. LOUIS, MO 63105
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - RENTAL CAR
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 19/91 Rpt:		2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67	
6 PAYMENT		(a) Amount Charged \$258.00	(b) Date of Charge 10/24/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025	
7 PAYEE		(a) Payee name ENTERPRISE RENT-A-CAR -		(b) Payee address; City, State, Zip Code 600 CORPORATE PARK DR ST. LOUIS, MO 63105	
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - RENTAL CAR	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	
PAYMENT		(a) Amount Charged \$152.85	(b) Date of Charge 10/26/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025	
PAYEE		(a) Payee name ENTERPRISE RENT-A-CAR -		(b) Payee address; City, State, Zip Code 600 CORPORATE PARK DR ST. LOUIS, MO 63105	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - RENTAL CAR	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	
PAYMENT		(a) Amount Charged \$245.22	(b) Date of Charge 10/28/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025	
PAYEE		(a) Payee name ENTERPRISE RENT-A-CAR -		(b) Payee address; City, State, Zip Code 600 CORPORATE PARK DR ST. LOUIS, MO 63105	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - RENTAL CAR	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 20/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$182.31	(b) Date of Charge 10/31/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
7 PAYEE	(a) Payee name ENTERPRISE RENT-A-CAR -		(b) Payee address; City, State, Zip Code 600 CORPORATE PARK DR ST. LOUIS, MO 63105
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - RENTAL CAR
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$335.37	(b) Date of Charge 11/12/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
PAYEE	(a) Payee name ENTERPRISE RENT-A-CAR -		(b) Payee address; City, State, Zip Code 600 CORPORATE PARK DR ST. LOUIS, MO 63105
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - RENTAL CAR
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$344.56	(b) Date of Charge 11/14/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
PAYEE	(a) Payee name ENTERPRISE RENT-A-CAR -		(b) Payee address; City, State, Zip Code 600 CORPORATE PARK DR ST. LOUIS, MO 63105
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - RENTAL CAR
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 21/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$112.31	(b) Date of Charge 12/01/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name ENTERPRISE RENT-A-CAR -		(b) Payee address; City, State, Zip Code 600 CORPORATE PARK DR ST. LOUIS, MO 63105
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - RENTAL CAR
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$86.98	(b) Date of Charge 12/10/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name ENTERPRISE RENT-A-CAR -		(b) Payee address; City, State, Zip Code 600 CORPORATE PARK DR ST. LOUIS, MO 63105
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - RENTAL CAR
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$47.28	(b) Date of Charge 09/04/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025
PAYEE	(a) Payee name ENTERPRISE RENT-A-CAR -		(b) Payee address; City, State, Zip Code 600 CORPORATE PARK DR ST. LOUIS, MO 63105
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - TOLLS
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 22/91 Rpt:		2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67	
6 PAYMENT		(a) Amount Charged \$39.04	(b) Date of Charge 10/19/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025	
7 PAYEE		(a) Payee name ENTERPRISE RENT-A-CAR -		(b) Payee address; City, State, Zip Code 600 CORPORATE PARK DR ST. LOUIS, MO 63105	
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - TOLLS	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$22.82	(b) Date of Charge 10/22/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025	
PAYEE		(a) Payee name ENTERPRISE RENT-A-CAR -		(b) Payee address; City, State, Zip Code 600 CORPORATE PARK DR ST. LOUIS, MO 63105	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - TOLLS	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$6.03	(b) Date of Charge 10/24/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025	
PAYEE		(a) Payee name ENTERPRISE RENT-A-CAR -		(b) Payee address; City, State, Zip Code 600 CORPORATE PARK DR ST. LOUIS, MO 63105	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - TOLLS	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 23/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$8.25	(b) Date of Charge 10/27/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
7 PAYEE	(a) Payee name ENTERPRISE RENT-A-CAR -		(b) Payee address; City, State, Zip Code 600 CORPORATE PARK DR ST. LOUIS, MO 63105
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - TOLLS
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$699.16	(b) Date of Charge 08/23/2025	(c) Date(s) Credit Card Issuer Paid 09/08/2025
PAYEE	(a) Payee name FAIRFIELD INN & SUITES - HQ		(b) Payee address; City, State, Zip Code 23000 INDIAN CREEK DR STERLING, VA 20166
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - LODGING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$143.25	(b) Date of Charge 08/24/2025	(c) Date(s) Credit Card Issuer Paid 09/08/2025
PAYEE	(a) Payee name FAIRFIELD INN & SUITES - HQ		(b) Payee address; City, State, Zip Code 23000 INDIAN CREEK DR STERLING, VA 20166
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - LODGING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 24/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$314.14	(b) Date of Charge 09/17/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025
7 PAYEE	(a) Payee name FAIRFIELD INN & SUITES - HQ		(b) Payee address; City, State, Zip Code 23000 INDIAN CREEK DR STERLING, VA 20166
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - LODGING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$175.56	(b) Date of Charge 10/17/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name FAIRFIELD INN & SUITES - HQ		(b) Payee address; City, State, Zip Code 23000 INDIAN CREEK DR STERLING, VA 20166
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - LODGING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$813.42	(b) Date of Charge 11/08/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
PAYEE	(a) Payee name FAIRFIELD INN & SUITES - HQ		(b) Payee address; City, State, Zip Code 23000 INDIAN CREEK DR STERLING, VA 20166
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - LODGING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 25/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$13.75	(b) Date of Charge 09/02/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025
7 PAYEE	(a) Payee name FEDEX -HQ		(b) Payee address; City, State, Zip Code 942 SOUTH SHADY GROVE RD MEMPHIS, TN 38120
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description POSTAGE / SHIPPING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$21.90	(b) Date of Charge 09/12/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025
PAYEE	(a) Payee name FEDEX -HQ		(b) Payee address; City, State, Zip Code 942 SOUTH SHADY GROVE RD MEMPHIS, TN 38120
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description POSTAGE / SHIPPING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$10.95	(b) Date of Charge 09/19/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025
PAYEE	(a) Payee name FEDEX -HQ		(b) Payee address; City, State, Zip Code 942 SOUTH SHADY GROVE RD MEMPHIS, TN 38120
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description POSTAGE / SHIPPING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 26/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$29.70	(b) Date of Charge 09/24/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025
7 PAYEE	(a) Payee name FEDEX -HQ		(b) Payee address; City, State, Zip Code 942 SOUTH SHADY GROVE RD MEMPHIS, TN 38120
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description POSTAGE / SHIPPING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$24.14	(b) Date of Charge 10/02/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name FEDEX -HQ		(b) Payee address; City, State, Zip Code 942 SOUTH SHADY GROVE RD MEMPHIS, TN 38120
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description POSTAGE / SHIPPING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$48.37	(b) Date of Charge 10/08/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name FEDEX -HQ		(b) Payee address; City, State, Zip Code 942 SOUTH SHADY GROVE RD MEMPHIS, TN 38120
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description POSTAGE / SHIPPING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 27/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$10.95	(b) Date of Charge 12/02/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name FEDEX -HQ		(b) Payee address; City, State, Zip Code 942 SOUTH SHADY GROVE RD MEMPHIS, TN 38120
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description POSTAGE / SHIPPING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$10.95	(b) Date of Charge 12/05/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name FEDEX -HQ		(b) Payee address; City, State, Zip Code 942 SOUTH SHADY GROVE RD MEMPHIS, TN 38120
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description POSTAGE / SHIPPING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$23.90	(b) Date of Charge 08/14/2025	(c) Date(s) Credit Card Issuer Paid 09/08/2025
PAYEE	(a) Payee name FEDEX -HQ		(b) Payee address; City, State, Zip Code 942 SOUTH SHADY GROVE RD MEMPHIS, TN 38120
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description PRINTING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 28/91 Rpt:		2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67	
6 PAYMENT		(a) Amount Charged \$13.75	(b) Date of Charge 08/21/2025	(c) Date(s) Credit Card Issuer Paid 09/08/2025	
7 PAYEE		(a) Payee name FEDEX -HQ		(b) Payee address; City, State, Zip Code 942 SOUTH SHADY GROVE RD MEMPHIS, TN 38120	
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description PRINTING	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	
PAYMENT		(a) Amount Charged \$149.81	(b) Date of Charge 09/16/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025	
PAYEE		(a) Payee name FEDEX -HQ		(b) Payee address; City, State, Zip Code 942 SOUTH SHADY GROVE RD MEMPHIS, TN 38120	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description PRINTING	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	
PAYMENT		(a) Amount Charged \$670.70	(b) Date of Charge 09/29/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025	
PAYEE		(a) Payee name FEDEX -HQ		(b) Payee address; City, State, Zip Code 942 SOUTH SHADY GROVE RD MEMPHIS, TN 38120	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description PRINTING	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 29/91 Rpt:		2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67	
6 PAYMENT		(a) Amount Charged \$227.31	(b) Date of Charge 07/25/2025	(c) Date(s) Credit Card Issuer Paid 08/20/2025	
7 PAYEE		(a) Payee name FEDEX -HQ		(b) Payee address; City, State, Zip Code 942 SOUTH SHADY GROVE RD MEMPHIS, TN 38120	
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description SIGNS	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$1,030.88	(b) Date of Charge 08/01/2025	(c) Date(s) Credit Card Issuer Paid 09/08/2025	
PAYEE		(a) Payee name GRASSROOTS AMERICA WE		(b) Payee address; City, State, Zip Code PO BOX 130012 TYLER, TX 75713	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description TABLE SPONSORSHIP	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$675.00	(b) Date of Charge 10/20/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025	
PAYEE		(a) Payee name HARRIS COUNTY REPUBLICAN		(b) Payee address; City, State, Zip Code 8588 KATY FWY #445 SPRING VALLEY VILLAGE, TX 77024	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description TICKETS	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 30/91 Rpt:		2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67	
6 PAYMENT		(a) Amount Charged \$371.66	(b) Date of Charge 10/29/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025	
7 PAYEE		(a) Payee name HOTEL WASHINGTON		(b) Payee address; City, State, Zip Code 515 15TH ST NW WASHINGTON, DC 20004	
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - LODGING	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$91.20	(b) Date of Charge 09/12/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025	
PAYEE		(a) Payee name HYATT - HQ		(b) Payee address; City, State, Zip Code 150 N RIVERSIDE PLZ CHICAGO, IL 60606	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description FOOD / BEVERAGE	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$159.50	(b) Date of Charge 08/03/2025	(c) Date(s) Credit Card Issuer Paid 09/08/2025	
PAYEE		(a) Payee name HYATT - HQ		(b) Payee address; City, State, Zip Code 150 N RIVERSIDE PLZ CHICAGO, IL 60606	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - LODGING	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 31/91 Rpt:		2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67	
6 PAYMENT		(a) Amount Charged \$603.06	(b) Date of Charge 09/08/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025	
7 PAYEE		(a) Payee name HYATT - HQ		(b) Payee address; City, State, Zip Code 150 N RIVERSIDE PLZ CHICAGO, IL 60606	
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - LODGING	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	
PAYMENT		(a) Amount Charged \$240.11	(b) Date of Charge 09/16/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025	
PAYEE		(a) Payee name HYATT - HQ		(b) Payee address; City, State, Zip Code 150 N RIVERSIDE PLZ CHICAGO, IL 60606	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - LODGING	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	
PAYMENT		(a) Amount Charged \$42.55	(b) Date of Charge 12/20/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name HYATT - HQ		(b) Payee address; City, State, Zip Code 150 N RIVERSIDE PLZ CHICAGO, IL 60606	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - LODGING	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 32/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$1,293.75	(b) Date of Charge 10/01/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
7 PAYEE	(a) Payee name LUX MEDIA		(b) Payee address; City, State, Zip Code 6157 CRESTMONT DR DALLAS, TX 75214
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description ADVERTISING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$152.37	(b) Date of Charge 11/15/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
PAYEE	(a) Payee name MARRIOTT - HQ		(b) Payee address; City, State, Zip Code 7750 WISCONSIN AVE BETHESDA, MD 20814
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - LODGING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$298.05	(b) Date of Charge 12/16/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name MARRIOTT - HQ		(b) Payee address; City, State, Zip Code 7750 WISCONSIN AVE BETHESDA, MD 20814
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - LODGING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 33/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$445.63	(b) Date of Charge 12/15/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name MASTROS		(b) Payee address; City, State, Zip Code 8112 E COAST HWY NEWPORT BEACH, CA 92657
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description FOOD / BEVERAGE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$75.87	(b) Date of Charge 12/16/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name MASTROS		(b) Payee address; City, State, Zip Code 8112 E COAST HWY NEWPORT BEACH, CA 92657
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description FOOD / BEVERAGE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$320.40	(b) Date of Charge 07/31/2025	(c) Date(s) Credit Card Issuer Paid 09/08/2025
PAYEE	(a) Payee name MINUTEMEN PRESS		(b) Payee address; City, State, Zip Code 3007 LONGHORN BLVD STE 110 AUSTIN, TX 78758
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description PRINTING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 34/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$152.19	(b) Date of Charge 08/14/2025	(c) Date(s) Credit Card Issuer Paid 09/08/2025
7 PAYEE	(a) Payee name MINUTEMEN PRESS		(b) Payee address; City, State, Zip Code 3007 LONGHORN BLVD STE 110 AUSTIN, TX 78758
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description PRINTING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$116.49	(b) Date of Charge 10/06/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name MINUTEMEN PRESS		(b) Payee address; City, State, Zip Code 3007 LONGHORN BLVD STE 110 AUSTIN, TX 78758
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description PRINTING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$134.98	(b) Date of Charge 11/17/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
PAYEE	(a) Payee name MINUTEMEN PRESS		(b) Payee address; City, State, Zip Code 3007 LONGHORN BLVD STE 110 AUSTIN, TX 78758
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description PRINTING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 35/91 Rpt:		2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67	
6 PAYMENT		(a) Amount Charged \$500.00	(b) Date of Charge 10/20/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025	
7 PAYEE		(a) Payee name MONTGOMERY COUNTY TEA		(b) Payee address; City, State, Zip Code 9002 NAVIGATION CIR MONTGOMERY, TX 77316	
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description SPONSORSHIPS	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	
PAYMENT		(a) Amount Charged \$600.00	(b) Date of Charge 10/20/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025	
PAYEE		(a) Payee name MY GOD VOTES		(b) Payee address; City, State, Zip Code 11611 CHAMPION FOREST DR HOUSTON, TX 77066	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description DONATIONS	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	
PAYMENT		(a) Amount Charged \$23.79	(b) Date of Charge 10/22/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025	
PAYEE		(a) Payee name P.F. CHANG'S CHINA BISTRO -		(b) Payee address; City, State, Zip Code 8377 E HARTFORD DR 2ND FLOOR SCOTTSDALE, AZ 85255	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description FOOD / BEVERAGE	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 36/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$177.61	(b) Date of Charge 12/21/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name P.F. CHANG'S CHINA BISTRO -		(b) Payee address; City, State, Zip Code 8377 E HARTFORD DR 2ND FLOOR SCOTTSDALE, AZ 85255
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description FOOD / BEVERAGE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$469.94	(b) Date of Charge 08/02/2025	(c) Date(s) Credit Card Issuer Paid 09/08/2025
PAYEE	(a) Payee name PAPPAS BRO. STEAKHOUSE		(b) Payee address; City, State, Zip Code 5839 WESTHEIMER RD HOUSTON, TX 77057
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description FOOD / BEVERAGE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$364.19	(b) Date of Charge 07/30/2025	(c) Date(s) Credit Card Issuer Paid 09/08/2025
PAYEE	(a) Payee name PERRY'S STEAKHOUSE &		(b) Payee address; City, State, Zip Code 114 W 7TH ST AUSTIN, TX 78701
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description FOOD / BEVERAGE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 37/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$330.72	(b) Date of Charge 11/17/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
7 PAYEE	(a) Payee name PERRY'S STEAKHOUSE &		(b) Payee address; City, State, Zip Code 114 W 7TH ST AUSTIN, TX 78701
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description FOOD / BEVERAGE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$12.05	(b) Date of Charge 07/25/2025	(c) Date(s) Credit Card Issuer Paid 08/20/2025
PAYEE	(a) Payee name QUIKTRIP - HQ		(b) Payee address; City, State, Zip Code 4705 S 129TH E AVE TULSA, OK 74134
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description FOOD / BEVERAGE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$2.91	(b) Date of Charge 11/08/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
PAYEE	(a) Payee name QUIKTRIP - HQ		(b) Payee address; City, State, Zip Code 4705 S 129TH E AVE TULSA, OK 74134
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description FOOD / BEVERAGE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 38/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$48.03	(b) Date of Charge 09/26/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025
7 PAYEE	(a) Payee name QUIKTRIP - HQ		(b) Payee address; City, State, Zip Code 4705 S 129TH E AVE TULSA, OK 74134
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - GAS
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$54.29	(b) Date of Charge 10/05/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name QUIKTRIP - HQ		(b) Payee address; City, State, Zip Code 4705 S 129TH E AVE TULSA, OK 74134
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - GAS
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$22.38	(b) Date of Charge 10/08/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name QUIKTRIP - HQ		(b) Payee address; City, State, Zip Code 4705 S 129TH E AVE TULSA, OK 74134
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - GAS
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 39/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$40.00	(b) Date of Charge 10/23/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
7 PAYEE	(a) Payee name QUIKTRIP - HQ		(b) Payee address; City, State, Zip Code 4705 S 129TH E AVE TULSA, OK 74134
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - GAS
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$16.57	(b) Date of Charge 10/23/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name QUIKTRIP - HQ		(b) Payee address; City, State, Zip Code 4705 S 129TH E AVE TULSA, OK 74134
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - GAS
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$71.38	(b) Date of Charge 11/01/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
PAYEE	(a) Payee name QUIKTRIP - HQ		(b) Payee address; City, State, Zip Code 4705 S 129TH E AVE TULSA, OK 74134
PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - GAS
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 40/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$15.84	(b) Date of Charge 11/08/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
7 PAYEE	(a) Payee name QUIKTRIP - HQ		(b) Payee address; City, State, Zip Code 4705 S 129TH E AVE TULSA, OK 74134
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - GAS
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$248.40	(b) Date of Charge 12/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name RAMADA INN BY WYNDHAM -		(b) Payee address; City, State, Zip Code 22 SYLVAN WAY PARSIPPANY, NJ 07054
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - LODGING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$236.41	(b) Date of Charge 11/13/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
PAYEE	(a) Payee name RAOS BAKERY - BEAUMONT		(b) Payee address; City, State, Zip Code 4440 DOWLEN RD BEAUMONT, TX 77706
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description CATERING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 41/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$285.40	(b) Date of Charge 12/19/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name RENAISSANCE BY MARRIOTT -		(b) Payee address; City, State, Zip Code 7750 WISCONSIN AVE BETHESDA, MD 20814
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - LODGING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$245.15	(b) Date of Charge 10/09/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name RESIDENCE INN BY MARRIOTT		(b) Payee address; City, State, Zip Code 7750 WISCONSIN AVE BETHESDA, MD 20814
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - LODGING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$245.17	(b) Date of Charge 10/11/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name RESIDENCE INN BY MARRIOTT		(b) Payee address; City, State, Zip Code 7750 WISCONSIN AVE BETHESDA, MD 20814
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - LODGING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 42/91 Rpt:		2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67	
6 PAYMENT		(a) Amount Charged \$462.14	(b) Date of Charge 11/21/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025	
7 PAYEE		(a) Payee name RESIDENCE INN BY MARRIOTT		(b) Payee address; City, State, Zip Code 7750 WISCONSIN AVE BETHESDA, MD 20814	
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - LODGING	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$517.00	(b) Date of Charge 11/21/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025	
PAYEE		(a) Payee name ROBSON RANCH REPUBLICAN		(b) Payee address; City, State, Zip Code 9813 LINDENWOOD TRL DENTON, TX 76207	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description EVENT SPONSORSHIP	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$23.00	(b) Date of Charge 07/25/2025	(c) Date(s) Credit Card Issuer Paid 08/20/2025	
PAYEE		(a) Payee name SHERATON BY MARRIOTT - HQ		(b) Payee address; City, State, Zip Code 7750 WISCONSIN AVE BETHESDA, MD 20814	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description FOOD / BEVERAGE	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 43/91 Rpt:		2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67	
6 PAYMENT		(a) Amount Charged \$236.50	(b) Date of Charge 11/02/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025	
7 PAYEE		(a) Payee name SHERATON BY MARRIOTT - HQ		(b) Payee address; City, State, Zip Code 7750 WISCONSIN AVE BETHESDA, MD 20814	
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - LODGING	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$135.31	(b) Date of Charge 11/11/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025	
PAYEE		(a) Payee name SHERATON BY MARRIOTT - HQ		(b) Payee address; City, State, Zip Code 7750 WISCONSIN AVE BETHESDA, MD 20814	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - LODGING	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$286.48	(b) Date of Charge 07/30/2025	(c) Date(s) Credit Card Issuer Paid 09/08/2025	
PAYEE		(a) Payee name SOUTHWEST AIRLINES - HQ		(b) Payee address; City, State, Zip Code 2702 LOVE FIELD DR DALLAS, TX 75235	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description TRAVEL - AIRFARE	
		(c) ☒ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 44/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$318.30	(b) Date of Charge 08/15/2025	(c) Date(s) Credit Card Issuer Paid 09/08/2025
7 PAYEE	(a) Payee name SOUTHWEST AIRLINES - HQ		(b) Payee address; City, State, Zip Code 2702 LOVE FIELD DR DALLAS, TX 75235
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - AIRFARE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$327.18	(b) Date of Charge 08/19/2025	(c) Date(s) Credit Card Issuer Paid 09/08/2025
PAYEE	(a) Payee name SOUTHWEST AIRLINES - HQ		(b) Payee address; City, State, Zip Code 2702 LOVE FIELD DR DALLAS, TX 75235
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - AIRFARE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$134.49	(b) Date of Charge 08/28/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025
PAYEE	(a) Payee name SOUTHWEST AIRLINES - HQ		(b) Payee address; City, State, Zip Code 2702 LOVE FIELD DR DALLAS, TX 75235
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - AIRFARE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 45/91 Rpt:		2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67	
6 PAYMENT		(a) Amount Charged \$139.48	(b) Date of Charge 08/29/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025	
7 PAYEE		(a) Payee name SOUTHWEST AIRLINES - HQ		(b) Payee address; City, State, Zip Code 2702 LOVE FIELD DR DALLAS, TX 75235	
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - AIRFARE	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$35.00	(b) Date of Charge 09/03/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025	
PAYEE		(a) Payee name SOUTHWEST AIRLINES - HQ		(b) Payee address; City, State, Zip Code 2702 LOVE FIELD DR DALLAS, TX 75235	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - AIRFARE	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$296.48	(b) Date of Charge 10/08/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025	
PAYEE		(a) Payee name SOUTHWEST AIRLINES - HQ		(b) Payee address; City, State, Zip Code 2702 LOVE FIELD DR DALLAS, TX 75235	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - AIRFARE	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 46/91 Rpt:		2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67	
6 PAYMENT		(a) Amount Charged \$168.18	(b) Date of Charge 10/17/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025	
7 PAYEE		(a) Payee name SOUTHWEST AIRLINES - HQ		(b) Payee address; City, State, Zip Code 2702 LOVE FIELD DR DALLAS, TX 75235	
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - AIRFARE	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	
PAYMENT		(a) Amount Charged \$223.48	(b) Date of Charge 11/03/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025	
PAYEE		(a) Payee name SOUTHWEST AIRLINES - HQ		(b) Payee address; City, State, Zip Code 2702 LOVE FIELD DR DALLAS, TX 75235	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description TRAVEL - AIRFARE	
		(c) ☒ Check if travel outside of Texas. Complete Schedule T.		☐ 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	
PAYMENT		(a) Amount Charged \$424.48	(b) Date of Charge 11/05/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025	
PAYEE		(a) Payee name SOUTHWEST AIRLINES - HQ		(b) Payee address; City, State, Zip Code 2702 LOVE FIELD DR DALLAS, TX 75235	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description TRAVEL - AIRFARE	
		(c) ☒ Check if travel outside of Texas. Complete Schedule T.		☐ 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	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 47/91 Rpt:		2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67	
6 PAYMENT		(a) Amount Charged \$283.48	(b) Date of Charge 11/06/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025	
7 PAYEE		(a) Payee name SOUTHWEST AIRLINES - HQ		(b) Payee address; City, State, Zip Code 2702 LOVE FIELD DR DALLAS, TX 75235	
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - AIRFARE	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	
PAYMENT		(a) Amount Charged \$290.48	(b) Date of Charge 11/13/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025	
PAYEE		(a) Payee name SOUTHWEST AIRLINES - HQ		(b) Payee address; City, State, Zip Code 2702 LOVE FIELD DR DALLAS, TX 75235	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - AIRFARE	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	
PAYMENT		(a) Amount Charged \$311.48	(b) Date of Charge 11/17/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025	
PAYEE		(a) Payee name SOUTHWEST AIRLINES - HQ		(b) Payee address; City, State, Zip Code 2702 LOVE FIELD DR DALLAS, TX 75235	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - AIRFARE	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 48/91 Rpt:		2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67	
6 PAYMENT		(a) Amount Charged \$343.48	(b) Date of Charge 11/19/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025	
7 PAYEE		(a) Payee name SOUTHWEST AIRLINES - HQ		(b) Payee address; City, State, Zip Code 2702 LOVE FIELD DR DALLAS, TX 75235	
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - AIRFARE	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	
PAYMENT		(a) Amount Charged \$311.48	(b) Date of Charge 12/02/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name SOUTHWEST AIRLINES - HQ		(b) Payee address; City, State, Zip Code 2702 LOVE FIELD DR DALLAS, TX 75235	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - AIRFARE	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	
PAYMENT		(a) Amount Charged \$363.48	(b) Date of Charge 12/09/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name SOUTHWEST AIRLINES - HQ		(b) Payee address; City, State, Zip Code 2702 LOVE FIELD DR DALLAS, TX 75235	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - AIRFARE	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 49/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$400.48	(b) Date of Charge 12/19/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name SOUTHWEST AIRLINES - HQ		(b) Payee address; City, State, Zip Code 2702 LOVE FIELD DR DALLAS, TX 75235
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - AIRFARE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$731.48	(b) Date of Charge 12/30/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name SOUTHWEST AIRLINES - HQ		(b) Payee address; City, State, Zip Code 2702 LOVE FIELD DR DALLAS, TX 75235
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description TRAVEL - AIRFARE
	(c) ☒ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$731.56	(b) Date of Charge 12/31/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name SOUTHWEST AIRLINES - HQ		(b) Payee address; City, State, Zip Code 2702 LOVE FIELD DR DALLAS, TX 75235
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description TRAVEL - AIRFARE
	(c) ☒ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 50/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$4.00	(b) Date of Charge 09/03/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025
7 PAYEE	(a) Payee name SOUTHWEST AIRLINES - HQ		(b) Payee address; City, State, Zip Code 2702 LOVE FIELD DR DALLAS, TX 75235
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - INFLIGHT WI-FI
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$930.80	(b) Date of Charge 09/06/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025
PAYEE	(a) Payee name SPRINGHILL SUITES BY		(b) Payee address; City, State, Zip Code 7750 WISCONSIN AVE BETHESDA, MD 20814
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - LODGING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$211.21	(b) Date of Charge 10/07/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name SPRINGHILL SUITES BY		(b) Payee address; City, State, Zip Code 7750 WISCONSIN AVE BETHESDA, MD 20814
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - LODGING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 51/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$177.56	(b) Date of Charge 10/23/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
7 PAYEE	(a) Payee name SPRINGHILL SUITES BY		(b) Payee address; City, State, Zip Code 7750 WISCONSIN AVE BETHESDA, MD 20814
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - LODGING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$203.91	(b) Date of Charge 12/21/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name SPRINGHILL SUITES BY		(b) Payee address; City, State, Zip Code 7750 WISCONSIN AVE BETHESDA, MD 20814
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - LODGING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$144.60	(b) Date of Charge 12/06/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name ST REGIS - HQ		(b) Payee address; City, State, Zip Code 2 E 55TH ST NEW YORK, NY 10022
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description FOOD / BEVERAGE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 52/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$8.20	(b) Date of Charge 12/07/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name ST REGIS - HQ		(b) Payee address; City, State, Zip Code 2 E 55TH ST NEW YORK, NY 10022
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description FOOD / BEVERAGE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$305.49	(b) Date of Charge 09/27/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025
PAYEE	(a) Payee name ST REGIS - HQ		(b) Payee address; City, State, Zip Code 2 E 55TH ST NEW YORK, NY 10022
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - LODGING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$717.31	(b) Date of Charge 09/03/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025
PAYEE	(a) Payee name STEFANO'S BROOKLYN PIZZA		(b) Payee address; City, State, Zip Code 4201 US-83 N BUS HARLINGEN, TX 78552
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description FOOD / BEVERAGE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 53/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$260.73	(b) Date of Charge 12/23/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name TEXAS FEDERATION OF		(b) Payee address; City, State, Zip Code PO BOX 141588 AUSTIN, TX 78714
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description EVENT SPONSORSHIP
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$750.00	(b) Date of Charge 09/01/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025
PAYEE	(a) Payee name TEXAS YOUNG REPUBLICANS		(b) Payee address; City, State, Zip Code 2633 MCKINNEY AVE STE 130-532 DALLAS, TX 75204
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description SPONSORSHIPS
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$261.09	(b) Date of Charge 08/18/2025	(c) Date(s) Credit Card Issuer Paid 09/08/2025
PAYEE	(a) Payee name THE SALT LICK		(b) Payee address; City, State, Zip Code 3350 E PALM VALLEY BLVD ROUND ROCK, TX 78665
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description FOOD / BEVERAGE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 54/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$377.20	(b) Date of Charge 10/23/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
7 PAYEE	(a) Payee name TOWNEPLACE SUITES BY		(b) Payee address; City, State, Zip Code 7750 WISCONSIN AVE BETHESDA, MD 20814
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - LODGING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$154.72	(b) Date of Charge 12/04/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name TOWNEPLACE SUITES BY		(b) Payee address; City, State, Zip Code 7750 WISCONSIN AVE BETHESDA, MD 20814
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - LODGING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$154.72	(b) Date of Charge 12/05/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name TOWNEPLACE SUITES BY		(b) Payee address; City, State, Zip Code 7750 WISCONSIN AVE BETHESDA, MD 20814
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - LODGING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 55/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$63.51	(b) Date of Charge 08/01/2025	(c) Date(s) Credit Card Issuer Paid 09/08/2025
7 PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$230.48	(b) Date of Charge 08/03/2025	(c) Date(s) Credit Card Issuer Paid 09/08/2025
PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description TRAVEL - CAR SERVICE
	(c) ☒ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$52.06	(b) Date of Charge 08/08/2025	(c) Date(s) Credit Card Issuer Paid 09/08/2025
PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 56/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$59.25	(b) Date of Charge 08/14/2025	(c) Date(s) Credit Card Issuer Paid 09/08/2025
7 PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$96.96	(b) Date of Charge 08/15/2025	(c) Date(s) Credit Card Issuer Paid 09/08/2025
PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$74.63	(b) Date of Charge 08/16/2025	(c) Date(s) Credit Card Issuer Paid 09/08/2025
PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 57/91 Rpt:		2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67	
6 PAYMENT		(a) Amount Charged \$34.64	(b) Date of Charge 08/19/2025	(c) Date(s) Credit Card Issuer Paid 09/08/2025	
7 PAYEE		(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158	
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$53.32	(b) Date of Charge 08/20/2025	(c) Date(s) Credit Card Issuer Paid 09/08/2025	
PAYEE		(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$64.39	(b) Date of Charge 08/24/2025	(c) Date(s) Credit Card Issuer Paid 09/08/2025	
PAYEE		(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 58/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$66.15	(b) Date of Charge 08/25/2025	(c) Date(s) Credit Card Issuer Paid 09/08/2025
7 PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$11.87	(b) Date of Charge 08/26/2025	(c) Date(s) Credit Card Issuer Paid 09/08/2025
PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$93.42	(b) Date of Charge 08/28/2025	(c) Date(s) Credit Card Issuer Paid 09/08/2025
PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 59/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$59.25	(b) Date of Charge 08/29/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025
7 PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$33.33	(b) Date of Charge 09/02/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025
PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$48.16	(b) Date of Charge 09/03/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025
PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 60/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$117.53	(b) Date of Charge 09/04/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025
7 PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$39.88	(b) Date of Charge 09/05/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025
PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$19.11	(b) Date of Charge 09/06/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025
PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 61/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$41.25	(b) Date of Charge 09/07/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025
7 PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$5.06	(b) Date of Charge 09/10/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025
PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description TRAVEL - CAR SERVICE
	(c) ☒ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$44.27	(b) Date of Charge 09/11/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025
PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description TRAVEL - CAR SERVICE
	(c) ☒ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 62/91 Rpt:		2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67	
6 PAYMENT		(a) Amount Charged \$144.48	(b) Date of Charge 09/12/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025	
7 PAYEE		(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158	
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description TRAVEL - CAR SERVICE	
		(c) ☒ Check if travel outside of Texas. Complete Schedule T.		☐ 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	
PAYMENT		(a) Amount Charged \$102.15	(b) Date of Charge 09/13/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025	
PAYEE		(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	
PAYMENT		(a) Amount Charged \$57.19	(b) Date of Charge 09/16/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025	
PAYEE		(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 63/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$31.72	(b) Date of Charge 09/27/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025
7 PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$32.45	(b) Date of Charge 09/28/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025
PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$39.64	(b) Date of Charge 09/29/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025
PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 64/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$11.35	(b) Date of Charge 09/30/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
7 PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$175.81	(b) Date of Charge 10/01/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$107.03	(b) Date of Charge 10/03/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 65/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$230.15	(b) Date of Charge 10/04/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
7 PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$42.07	(b) Date of Charge 10/05/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$68.56	(b) Date of Charge 10/08/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 66/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$191.29	(b) Date of Charge 10/10/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
7 PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$36.38	(b) Date of Charge 10/11/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$62.44	(b) Date of Charge 10/12/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 67/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$24.75	(b) Date of Charge 10/15/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
7 PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$95.01	(b) Date of Charge 10/16/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$163.58	(b) Date of Charge 10/17/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 68/91 Rpt:		2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67	
6 PAYMENT		(a) Amount Charged \$149.99	(b) Date of Charge 10/18/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025	
7 PAYEE		(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158	
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	
PAYMENT		(a) Amount Charged \$153.10	(b) Date of Charge 10/22/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025	
PAYEE		(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	
PAYMENT		(a) Amount Charged \$268.59	(b) Date of Charge 10/23/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025	
PAYEE		(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 69/91 Rpt:		2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67	
6 PAYMENT		(a) Amount Charged \$18.29	(b) Date of Charge 10/24/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025	
7 PAYEE		(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158	
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	
PAYMENT		(a) Amount Charged \$29.23	(b) Date of Charge 10/28/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025	
PAYEE		(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description TRAVEL - CAR SERVICE	
		(c) ☒ Check if travel outside of Texas. Complete Schedule T.		☐ 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	
PAYMENT		(a) Amount Charged \$26.18	(b) Date of Charge 10/29/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025	
PAYEE		(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description TRAVEL - CAR SERVICE	
		(c) ☒ Check if travel outside of Texas. Complete Schedule T.		☐ 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	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 70/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$110.42	(b) Date of Charge 10/30/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
7 PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$19.95	(b) Date of Charge 11/01/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$121.34	(b) Date of Charge 11/06/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description TRAVEL - CAR SERVICE
	(c) ☒ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 71/91 Rpt:		2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67	
6 PAYMENT		(a) Amount Charged \$66.92	(b) Date of Charge 11/07/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025	
7 PAYEE		(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158	
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description TRAVEL - CAR SERVICE	
		(c) ☒ Check if travel outside of Texas. Complete Schedule T.		☐ 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	
PAYMENT		(a) Amount Charged \$78.36	(b) Date of Charge 11/08/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025	
PAYEE		(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description TRAVEL - CAR SERVICE	
		(c) ☒ Check if travel outside of Texas. Complete Schedule T.		☐ 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	
PAYMENT		(a) Amount Charged \$59.49	(b) Date of Charge 11/08/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025	
PAYEE		(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 72/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$24.75	(b) Date of Charge 11/09/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
7 PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$45.49	(b) Date of Charge 11/11/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$229.24	(b) Date of Charge 11/12/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 73/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$45.46	(b) Date of Charge 11/13/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
7 PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$70.80	(b) Date of Charge 11/14/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$85.42	(b) Date of Charge 11/16/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 74/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$36.22	(b) Date of Charge 11/17/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
7 PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$15.33	(b) Date of Charge 11/19/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$116.61	(b) Date of Charge 11/20/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 75/91 Rpt:		2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67	
6 PAYMENT		(a) Amount Charged \$7.19	(b) Date of Charge 11/21/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025	
7 PAYEE		(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158	
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$48.90	(b) Date of Charge 11/27/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025	
PAYEE		(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$97.56	(b) Date of Charge 12/10/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 76/91 Rpt:		2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67	
6 PAYMENT		(a) Amount Charged \$65.26	(b) Date of Charge 12/16/2025	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE		(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158	
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$65.34	(b) Date of Charge 12/17/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$94.28	(b) Date of Charge 12/18/2025	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 77/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$111.35	(b) Date of Charge 12/19/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$104.29	(b) Date of Charge 12/20/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description TRAVEL - CAR SERVICE
	(c) ☒ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$95.12	(b) Date of Charge 12/21/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description TRAVEL - CAR SERVICE
	(c) ☒ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 78/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$20.37	(b) Date of Charge 12/22/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description TRAVEL - CAR SERVICE
	(c) ☒ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$112.07	(b) Date of Charge 12/31/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name UBER - HQ		(b) Payee address; City, State, Zip Code 1725 THIRD ST SAN FRANCISCO, CA 94158
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description TRAVEL - CAR SERVICE
	(c) ☒ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$289.73	(b) Date of Charge 08/28/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025
PAYEE	(a) Payee name UNITED AIRLINES HQ		(b) Payee address; City, State, Zip Code 233 S WACKER DR CHICAGO, IL 60606
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - AIRFARE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 79/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$224.48	(b) Date of Charge 09/08/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025
7 PAYEE	(a) Payee name UNITED AIRLINES HQ		(b) Payee address; City, State, Zip Code 233 S WACKER DR CHICAGO, IL 60606
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description TRAVEL - AIRFARE
	(c) ☒ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$308.97	(b) Date of Charge 10/01/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name UNITED AIRLINES HQ		(b) Payee address; City, State, Zip Code 233 S WACKER DR CHICAGO, IL 60606
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - AIRFARE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$380.73	(b) Date of Charge 10/07/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name UNITED AIRLINES HQ		(b) Payee address; City, State, Zip Code 233 S WACKER DR CHICAGO, IL 60606
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - AIRFARE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 80/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$148.18	(b) Date of Charge 10/15/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
7 PAYEE	(a) Payee name UNITED AIRLINES HQ		(b) Payee address; City, State, Zip Code 233 S WACKER DR CHICAGO, IL 60606
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - AIRFARE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$899.49	(b) Date of Charge 11/09/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
PAYEE	(a) Payee name UNITED AIRLINES HQ		(b) Payee address; City, State, Zip Code 233 S WACKER DR CHICAGO, IL 60606
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - AIRFARE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$374.73	(b) Date of Charge 11/13/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
PAYEE	(a) Payee name UNITED AIRLINES HQ		(b) Payee address; City, State, Zip Code 233 S WACKER DR CHICAGO, IL 60606
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - AIRFARE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 81/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$287.48	(b) Date of Charge 12/16/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name UNITED AIRLINES HQ		(b) Payee address; City, State, Zip Code 233 S WACKER DR CHICAGO, IL 60606
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description TRAVEL - AIRFARE
	(c) ☒ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$430.48	(b) Date of Charge 12/21/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name UNITED AIRLINES HQ		(b) Payee address; City, State, Zip Code 233 S WACKER DR CHICAGO, IL 60606
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description TRAVEL - AIRFARE
	(c) ☒ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$8.00	(b) Date of Charge 11/15/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
PAYEE	(a) Payee name UNITED AIRLINES HQ		(b) Payee address; City, State, Zip Code 233 S WACKER DR CHICAGO, IL 60606
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - INFLIGHT WI-FI
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 82/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$113.00	(b) Date of Charge 08/21/2025	(c) Date(s) Credit Card Issuer Paid 09/08/2025
7 PAYEE	(a) Payee name UNITED STATES POSTAL		(b) Payee address; City, State, Zip Code 475 L'ENFANT PLAZA SW WASHINGTON, DC 20260
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description PO BOX
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$94.00	(b) Date of Charge 12/11/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name UNITED STATES POSTAL		(b) Payee address; City, State, Zip Code 475 L'ENFANT PLAZA SW WASHINGTON, DC 20260
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description PO BOX
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$6.96	(b) Date of Charge 07/31/2025	(c) Date(s) Credit Card Issuer Paid 09/08/2025
PAYEE	(a) Payee name UNITED STATES POSTAL		(b) Payee address; City, State, Zip Code 475 L'ENFANT PLAZA SW WASHINGTON, DC 20260
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description POSTAGE / SHIPPING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 83/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$35.49	(b) Date of Charge 12/31/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name UNITED STATES POSTAL		(b) Payee address; City, State, Zip Code 475 L'ENFANT PLAZA SW WASHINGTON, DC 20260
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description POSTAGE / SHIPPING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$15.69	(b) Date of Charge 10/13/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name UPS - HQ		(b) Payee address; City, State, Zip Code 55 GLENLAKE PKWY NE ATLANTA, GA 30328
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description POSTAGE / SHIPPING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$48.84	(b) Date of Charge 11/08/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
PAYEE	(a) Payee name UPS - HQ		(b) Payee address; City, State, Zip Code 55 GLENLAKE PKWY NE ATLANTA, GA 30328
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description POSTAGE / SHIPPING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 84/91 Rpt:		2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67	
6 PAYMENT		(a) Amount Charged \$127.06	(b) Date of Charge 11/11/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025	
7 PAYEE		(a) Payee name UPS - HQ		(b) Payee address; City, State, Zip Code 55 GLENLAKE PKWY NE ATLANTA, GA 30328	
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description POSTAGE / SHIPPING	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	
PAYMENT		(a) Amount Charged \$17.60	(b) Date of Charge 11/15/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025	
PAYEE		(a) Payee name UPS - HQ		(b) Payee address; City, State, Zip Code 55 GLENLAKE PKWY NE ATLANTA, GA 30328	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description POSTAGE / SHIPPING	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	
PAYMENT		(a) Amount Charged \$152.33	(b) Date of Charge 11/17/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025	
PAYEE		(a) Payee name UPS - HQ		(b) Payee address; City, State, Zip Code 55 GLENLAKE PKWY NE ATLANTA, GA 30328	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description POSTAGE / SHIPPING	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 85/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$36.65	(b) Date of Charge 11/28/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name UPS - HQ		(b) Payee address; City, State, Zip Code 55 GLENLAKE PKWY NE ATLANTA, GA 30328
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description POSTAGE / SHIPPING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$145.00	(b) Date of Charge 08/12/2025	(c) Date(s) Credit Card Issuer Paid 09/08/2025
PAYEE	(a) Payee name VONLANE - HQ		(b) Payee address; City, State, Zip Code 3300 W MOCKINGBIRD LN DALLAS, TX 75235
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CHARTER SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$145.00	(b) Date of Charge 08/28/2025	(c) Date(s) Credit Card Issuer Paid 09/08/2025
PAYEE	(a) Payee name VONLANE - HQ		(b) Payee address; City, State, Zip Code 3300 W MOCKINGBIRD LN DALLAS, TX 75235
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CHARTER SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 86/91 Rpt:		2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762	
4 CREDIT CARD ISSUER		Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67	
6 PAYMENT		(a) Amount Charged \$147.00	(b) Date of Charge 09/26/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025	
7 PAYEE		(a) Payee name VONLANE - HQ		(b) Payee address; City, State, Zip Code 3300 W MOCKINGBIRD LN DALLAS, TX 75235	
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CHARTER SERVICE	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	
PAYMENT		(a) Amount Charged \$147.00	(b) Date of Charge 09/28/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025	
PAYEE		(a) Payee name VONLANE - HQ		(b) Payee address; City, State, Zip Code 3300 W MOCKINGBIRD LN DALLAS, TX 75235	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CHARTER SERVICE	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	
PAYMENT		(a) Amount Charged \$147.00	(b) Date of Charge 09/30/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025	
PAYEE		(a) Payee name VONLANE - HQ		(b) Payee address; City, State, Zip Code 3300 W MOCKINGBIRD LN DALLAS, TX 75235	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political		(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CHARTER SERVICE	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ 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	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 87/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$147.00	(b) Date of Charge 10/01/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
7 PAYEE	(a) Payee name VONLANE - HQ		(b) Payee address; City, State, Zip Code 3300 W MOCKINGBIRD LN DALLAS, TX 75235
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CHARTER SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$147.00	(b) Date of Charge 10/04/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name VONLANE - HQ		(b) Payee address; City, State, Zip Code 3300 W MOCKINGBIRD LN DALLAS, TX 75235
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CHARTER SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$147.00	(b) Date of Charge 10/20/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name VONLANE - HQ		(b) Payee address; City, State, Zip Code 3300 W MOCKINGBIRD LN DALLAS, TX 75235
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CHARTER SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 88/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$147.00	(b) Date of Charge 12/08/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name VONLANE - HQ		(b) Payee address; City, State, Zip Code 3300 W MOCKINGBIRD LN DALLAS, TX 75235
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CHARTER SERVICE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$258.73	(b) Date of Charge 10/16/2025	(c) Date(s) Credit Card Issuer Paid 11/12/2025
PAYEE	(a) Payee name WYNDHAM - HQ		(b) Payee address; City, State, Zip Code 22 SYLVAN WAY PARSIPPANY, NJ 07054
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - LODGING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$204.18	(b) Date of Charge 11/13/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
PAYEE	(a) Payee name WYNDHAM - HQ		(b) Payee address; City, State, Zip Code 22 SYLVAN WAY PARSIPPANY, NJ 07054
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - LODGING
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 89/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$19.87	(b) Date of Charge 11/13/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
7 PAYEE	(a) Payee name WYNDHAM - HQ		(b) Payee address; City, State, Zip Code 22 SYLVAN WAY PARSIPPANY, NJ 07054
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description FOOD / BEVERAGE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$230.99	(b) Date of Charge 08/18/2025	(c) Date(s) Credit Card Issuer Paid 09/08/2025
PAYEE	(a) Payee name 410 DINER		(b) Payee address; City, State, Zip Code 8315 BROADWAY SAN ANTONIO, TX 78209
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description FOOD / BEVERAGE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$500.00	(b) Date of Charge 11/07/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
PAYEE	(a) Payee name ADVANTAGE		(b) Payee address; City, State, Zip Code 9420 BONITA BEACH RD SE STE 200 BONITA SPRINGS, FL 34135
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description SUPPLIES
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 90/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$290.03	(b) Date of Charge 11/15/2025	(c) Date(s) Credit Card Issuer Paid 12/22/2025
7 PAYEE	(a) Payee name AMAZON - HQ		(b) Payee address; City, State, Zip Code 410 TERRY AVE N SEATTLE, WA 98108
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description SUPPLIES
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$398.20	(b) Date of Charge 08/13/2025	(c) Date(s) Credit Card Issuer Paid 09/08/2025
PAYEE	(a) Payee name AMERICAN AIRLINES - HQ		(b) Payee address; City, State, Zip Code 1 SKYVIEW DR FORT WORTH, TX 76155
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - AIRFARE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		
PAYMENT	(a) Amount Charged \$363.48	(b) Date of Charge 08/27/2025	(c) Date(s) Credit Card Issuer Paid 09/08/2025
PAYEE	(a) Payee name AMERICAN AIRLINES - HQ		(b) Payee address; City, State, Zip Code 1 SKYVIEW DR FORT WORTH, TX 76155
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - AIRFARE
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 91/91 Rpt:	2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 11,087.67
6 PAYMENT	(a) Amount Charged \$287.48	(b) Date of Charge 09/01/2025	(c) Date(s) Credit Card Issuer Paid 10/01/2025
7 PAYEE	(a) Payee name AMERICAN AIRLINES - HQ		(b) Payee address; City, State, Zip Code 1 SKYVIEW DR FORT WORTH, TX 76155
8 PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - AIRFARE
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 1/4 Rpt: 344/356	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 07/21/2025	5 Payee name COURTYARD BY MARRIOTT - HQ	
6 Amount (\$) \$517.43 ☒ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 7750 WISCONSIN AVE BETHESDA, MD 20814	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense TRAVEL - LODGING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/27/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$21.85 ☒ Reimbursement from political contributions intended	Payee name EXXON - HQ Payee address; City; State; Zip Code 22777 SPRINGWOODS VILLAGE PKWY SPRING, TX 77389	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER TRAVEL	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense TRAVEL - GAS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/24/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$30.00 ☒ Reimbursement from political contributions intended	Payee name EXXON - HQ Payee address; City; State; Zip Code 22777 SPRINGWOODS VILLAGE PKWY SPRING, TX 77389	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER TRAVEL	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense TRAVEL - GAS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 2/4 Rpt: 345/356	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 07/22/2025	5 Payee name P.F. CHANG'S CHINA BISTRO - HQ	
6 Amount (\$) \$52.66 ☒ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 8377 E HARTFORD DR 2ND FLOOR SCOTTSDALE, AZ 85255	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense FOOD / BEVERAGE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/28/2025	Payee name THE HERTZ CORPORATION	
Amount (\$) \$443.34 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO BOX 26120 OKLAHOMA CITY, OK 73126	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER TRAVEL	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense TRAVEL - RENTAL CAR
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/21/2025	Payee name UBER - HQ	
Amount (\$) \$18.59 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 55 GLENLAKE PKWY NE ATLANTA, GA 30328	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense TRAVEL - CAR SERVICE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 3/4 Rpt: 346/356	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 07/26/2025	5 Payee name UBER - HQ	
6 Amount (\$) \$108.92 ☒ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 55 GLENLAKE PKWY NE ATLANTA, GA 30328	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense TRAVEL - CAR SERVICE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/28/2025	Payee name UBER - HQ	
Amount (\$) \$12.51 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 55 GLENLAKE PKWY NE ATLANTA, GA 30328	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In District	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense TRAVEL - CAR SERVICE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/02/2025	Payee name UPS - HQ	
Amount (\$) \$61.83 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 55 GLENLAKE PKWY NE ATLANTA, GA 30328	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense POSTAGE / SHIPPING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 4/4 Rpt: 347/356	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 07/09/2025	5 Payee name UPS - HQ	
6 Amount (\$) \$61.44 ☒ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 55 GLENLAKE PKWY NE ATLANTA, GA 30328	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense POSTAGE / SHIPPING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: Sch: 1/9 Rpt: 348/356												
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762												
4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee AMERICAN AIRLINES - HQ														
5 Contribution / Expenditure reported on: <table><tr><td>☐ Schedule A2</td><td>☐ Schedule B</td><td>☐ Schedule B(J)</td><td>☐ Schedule C2</td><td>☐ Schedule D</td><td>☐ Schedule F1</td></tr><tr><td>☐ Schedule F2</td><td>☒ Schedule F4</td><td>☐ Schedule G</td><td>☐ Schedule H</td><td>☐ Schedule COH-UC</td><td></td></tr></table>			☐ Schedule A2	☐ Schedule B	☐ Schedule B(J)	☐ Schedule C2	☐ Schedule D	☐ Schedule F1	☐ Schedule F2	☒ Schedule F4	☐ Schedule G	☐ Schedule H	☐ Schedule COH-UC	
☐ Schedule A2	☐ Schedule B	☐ Schedule B(J)	☐ Schedule C2	☐ Schedule D	☐ Schedule F1									
☐ Schedule F2	☒ Schedule F4	☐ Schedule G	☐ Schedule H	☐ Schedule COH-UC										
6 Dates of Travel 09/12/2025 09/12/2025	7 Name of person(s) traveling REITZ, AARON													
	8 Departure city or name of departure location MIAMI, FL													
	9 Destination city or name of destination location AUSTIN, TX													
10 Means of transportation Commercial Airplane		11 Purpose of travel (including name of conference, seminar, or other event) CAMPAIGN MEETINGS												
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee AMERICAN AIRLINES - HQ														
Contribution / Expenditure reported on: <table><tr><td>☐ Schedule A2</td><td>☐ Schedule B</td><td>☐ Schedule B(J)</td><td>☐ Schedule C2</td><td>☐ Schedule D</td><td>☐ Schedule F1</td></tr><tr><td>☐ Schedule F2</td><td>☒ Schedule F4</td><td>☐ Schedule G</td><td>☐ Schedule H</td><td>☐ Schedule COH-UC</td><td></td></tr></table>			☐ Schedule A2	☐ Schedule B	☐ Schedule B(J)	☐ Schedule C2	☐ Schedule D	☐ Schedule F1	☐ Schedule F2	☒ Schedule F4	☐ Schedule G	☐ Schedule H	☐ Schedule COH-UC	
☐ Schedule A2	☐ Schedule B	☐ Schedule B(J)	☐ Schedule C2	☐ Schedule D	☐ Schedule F1									
☐ Schedule F2	☒ Schedule F4	☐ Schedule G	☐ Schedule H	☐ Schedule COH-UC										
Dates of Travel 10/28/2025 10/28/2025	Name of person(s) traveling REITZ, AARON													
	Departure city or name of departure location DALLAS, TX													
	Destination city or name of destination location ARLINGTON, VA													
Means of transportation Commercial Airplane		Purpose of travel (including name of conference, seminar, or other event) CAMPAIGN MEETINGS												
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee AMERICAN AIRLINES - HQ														
Contribution / Expenditure reported on: <table><tr><td>☐ Schedule A2</td><td>☐ Schedule B</td><td>☐ Schedule B(J)</td><td>☐ Schedule C2</td><td>☐ Schedule D</td><td>☐ Schedule F1</td></tr><tr><td>☐ Schedule F2</td><td>☒ Schedule F4</td><td>☐ Schedule G</td><td>☐ Schedule H</td><td>☐ Schedule COH-UC</td><td></td></tr></table>			☐ Schedule A2	☐ Schedule B	☐ Schedule B(J)	☐ Schedule C2	☐ Schedule D	☐ Schedule F1	☐ Schedule F2	☒ Schedule F4	☐ Schedule G	☐ Schedule H	☐ Schedule COH-UC	
☐ Schedule A2	☐ Schedule B	☐ Schedule B(J)	☐ Schedule C2	☐ Schedule D	☐ Schedule F1									
☐ Schedule F2	☒ Schedule F4	☐ Schedule G	☐ Schedule H	☐ Schedule COH-UC										
Dates of Travel 11/08/2025 11/08/2025	Name of person(s) traveling REITZ, AARON													
	Departure city or name of departure location DALLAS, TX													
	Destination city or name of destination location FORT LAUDERDALE, FL													
Means of transportation Commercial Airplane		Purpose of travel (including name of conference, seminar, or other event) CAMPAIGN MEETINGS												

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
DELTA AIRLINES

5 Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☒ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

6 Dates of Travel

7 Name of person(s) traveling

REITZ, AARON

10/29/2025

8 Departure city or name of departure location

ARLINGTON, VA

10/29/2025

9 Destination city or name of destination location

DALLAS, TX

10 Means of transportation

Commercial Airplane

11 Purpose of travel (including name of conference, seminar, or other event)

CAMPAIGN MEETINGS

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
SOUTHWEST AIRLINES - HQ

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☒ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

Dates of Travel

Name of person(s) traveling

REITZ, AARON

08/03/2025

Departure city or name of departure location

HOUSTON, TX

08/03/2025

Destination city or name of destination location

WEST HARRISON, NY

Means of transportation

Commercial Airplane

Purpose of travel (including name of conference, seminar, or other event)

CAMPAIGN MEETINGS

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
SOUTHWEST AIRLINES - HQ

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☒ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

Dates of Travel

Name of person(s) traveling

REITZ, AARON

11/08/2025

Departure city or name of departure location

AUSTIN, TX

11/08/2025

Destination city or name of destination location

FORT LAUDERDALE, FL

Means of transportation

Commercial Airplane

Purpose of travel (including name of conference, seminar, or other event)

CAMPAIGN MEETINGS

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
SOUTHWEST AIRLINES - HQ

5 Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☒ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

6 Dates of Travel

11/08/2025

11/08/2025

7 Name of person(s) traveling

REITZ, AARON

8 Departure city or name of departure location

FORT LAUDERDALE, FL

9 Destination city or name of destination location

AUSTIN, TX

10 Means of transportation

Commercial Airplane

11 Purpose of travel (including name of conference, seminar, or other event)

CAMPAIGN MEETINGS

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
SOUTHWEST AIRLINES - HQ

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☒ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

Dates of Travel

12/31/2025

12/31/2025

Name of person(s) traveling

REITZ, AARON

Departure city or name of departure location

ASPEN, CO

Destination city or name of destination location

LAS VEGAS, NV

Means of transportation

Commercial Airplane

Purpose of travel (including name of conference, seminar, or other event)

CAMPAIGN MEETINGS

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
SOUTHWEST AIRLINES - HQ

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☒ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

Dates of Travel

01/01/2026

01/01/2026

Name of person(s) traveling

REITZ, AARON

Departure city or name of departure location

LAS VEGAS, NV

Destination city or name of destination location

AUSTIN, TX

Means of transportation

Commercial Airplane

Purpose of travel (including name of conference, seminar, or other event)

CAMPAIGN MEETINGS

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee

UBER - HQ

5 Contribution / Expenditure reported on:

☐

Schedule A2

☐

Schedule B

☐

Schedule B(J)

☐

Schedule C2

☐

Schedule D

☐

Schedule F1

☐

Schedule F2

☒

Schedule F4

☐

Schedule G

☐

Schedule H

☐

Schedule COH-UC

6 Dates of Travel

08/03/2025

08/03/2025

7 Name of person(s) traveling

REITZ, AARON

8 Departure city or name of departure location

WEST HARRISON, NY

9 Destination city or name of destination location

WEST HARRISON, NY

10 Means of transportation

Commercial Automobile

11 Purpose of travel (including name of conference, seminar, or other event)

CAMPAIGN MEETINGS

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee

UBER - HQ

Contribution / Expenditure reported on:

☐

Schedule A2

☐

Schedule B

☐

Schedule B(J)

☐

Schedule C2

☐

Schedule D

☐

Schedule F1

☐

Schedule F2

☒

Schedule F4

☐

Schedule G

☐

Schedule H

☐

Schedule COH-UC

Dates of Travel

09/10/2025

09/10/2025

Name of person(s) traveling

REITZ, AARON

Departure city or name of departure location

MIAMI, FL

Destination city or name of destination location

MIAMI, FL

Means of transportation

Commercial Automobile

Purpose of travel (including name of conference, seminar, or other event)

CAMPAIGN MEETINGS

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee

UBER - HQ

Contribution / Expenditure reported on:

☐

Schedule A2

☐

Schedule B

☐

Schedule B(J)

☐

Schedule C2

☐

Schedule D

☐

Schedule F1

☐

Schedule F2

☒

Schedule F4

☐

Schedule G

☐

Schedule H

☐

Schedule COH-UC

Dates of Travel

09/11/2025

09/11/2025

Name of person(s) traveling

REITZ, AARON

Departure city or name of departure location

MIAMI, FL

Destination city or name of destination location

MIAMI, FL

Means of transportation

Commercial Automobile

Purpose of travel (including name of conference, seminar, or other event)

CAMPAIGN MEETINGS

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
UBER - HQ

5 Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☒ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

6 Dates of Travel

09/12/2025

09/12/2025

7 Name of person(s) traveling

REITZ, AARON

8 Departure city or name of departure location

MIAMI, FL

9 Destination city or name of destination location

MIAMI, FL

10 Means of transportation

Commercial Automobile

11 Purpose of travel (including name of conference, seminar, or other event)

CAMPAIGN MEETINGS

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
UBER - HQ

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☒ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

Dates of Travel

10/28/2025

10/28/2025

Name of person(s) traveling

REITZ, AARON

Departure city or name of departure location

ARLINGTON, VA

Destination city or name of destination location

ARLINGTON, VA

Means of transportation

Commercial Automobile

Purpose of travel (including name of conference, seminar, or other event)

CAMPAIGN MEETINGS

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
UBER - HQ

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☒ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

Dates of Travel

10/29/2025

10/29/2025

Name of person(s) traveling

REITZ, AARON

Departure city or name of departure location

ARLINGTON, VA

Destination city or name of destination location

ARLINGTON, VA

Means of transportation

Commercial Automobile

Purpose of travel (including name of conference, seminar, or other event)

CAMPAIGN MEETINGS

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
UBER - HQ

5 Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☒ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

6 Dates of Travel

7 Name of person(s) traveling

REITZ, AARON

11/06/2025

8 Departure city or name of departure location

FORT LAUDERDALE, FL

11/06/2025

9 Destination city or name of destination location

FORT LAUDERDALE, FL

10 Means of transportation

Commercial Automobile

11 Purpose of travel (including name of conference, seminar, or other event)

CAMPAIGN MEETINGS

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
UBER - HQ

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☒ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

Dates of Travel

Name of person(s) traveling

REITZ, AARON

11/07/2025

Departure city or name of departure location

FORT LAUDERDALE, FL

11/07/2025

Destination city or name of destination location

FORT LAUDERDALE, FL

Means of transportation

Commercial Automobile

Purpose of travel (including name of conference, seminar, or other event)

CAMPAIGN MEETINGS

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
UBER - HQ

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☒ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

Dates of Travel

Name of person(s) traveling

REITZ, AARON

11/08/2025

Departure city or name of departure location

FORT LAUDERDALE, FL

11/08/2025

Destination city or name of destination location

FORT LAUDERDALE, FL

Means of transportation

Commercial Automobile

Purpose of travel (including name of conference, seminar, or other event)

CAMPAIGN MEETINGS

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
UBER - HQ

5 Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☒ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

6 Dates of Travel

7 Name of person(s) traveling

REITZ, AARON

12/20/2025

8 Departure city or name of departure location

PHOENIX, AZ

12/20/2025

9 Destination city or name of destination location

PHOENIX, AZ

10 Means of transportation

Commercial Automobile

11 Purpose of travel (including name of conference, seminar, or other event)

CAMPAIGN MEETINGS

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
UBER - HQ

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☒ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

Dates of Travel

Name of person(s) traveling

REITZ, AARON

12/21/2025

Departure city or name of departure location

ASPEN, CO

12/21/2025

Destination city or name of destination location

ASPEN, CO

Means of transportation

Commercial Automobile

Purpose of travel (including name of conference, seminar, or other event)

CAMPAIGN MEETINGS

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
UBER - HQ

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☒ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

Dates of Travel

Name of person(s) traveling

REITZ, AARON

12/22/2025

Departure city or name of departure location

ASPEN, CO

12/22/2025

Destination city or name of destination location

ASPEN, CO

Means of transportation

Commercial Automobile

Purpose of travel (including name of conference, seminar, or other event)

CAMPAIGN MEETINGS

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
UBER - HQ

5 Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☒ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

6 Dates of Travel

7 Name of person(s) traveling

REITZ, AARON

12/31/2025

8 Departure city or name of departure location

ASPEN, CO

12/31/2025

9 Destination city or name of destination location

ASPEN, CO

10 Means of transportation

Commercial Automobile

11 Purpose of travel (including name of conference, seminar, or other event)

CAMPAIGN MEETINGS

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
UNITED AIRLINES HQ

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☒ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

Dates of Travel

Name of person(s) traveling

REITZ, AARON

09/10/2025

Departure city or name of departure location

AUSTIN, TX

09/10/2025

Destination city or name of destination location

MIAMI, FL

Means of transportation

Commercial Airplane

Purpose of travel (including name of conference, seminar, or other event)

CAMPAIGN MEETINGS

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
UNITED AIRLINES HQ

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☒ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

Dates of Travel

Name of person(s) traveling

REITZ, AARON

12/20/2025

Departure city or name of departure location

AUSTIN, TX

12/20/2025

Destination city or name of destination location

PHOENIX, AZ

Means of transportation

Commercial Airplane

Purpose of travel (including name of conference, seminar, or other event)

CAMPAIGN MEETINGS

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
UNITED AIRLINES HQ

5 Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1
☐ Schedule F2 ☒ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC

6 Dates of Travel

01/01/2026

01/01/2026

7 Name of person(s) traveling

REITZ, AARON

8 Departure city or name of departure location

ASPEN, CO

9 Destination city or name of destination location

AUSTIN, TX

10 Means of transportation

Commercial Airplane

11 Purpose of travel (including name of conference, seminar, or other event)

CAMPAIGN MEETINGS