

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00083762	2 Total pages filed: 37		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Aaron F.	MI	OFFICE USE ONLY		
	NICKNAME	LAST Reitz	SUFFIX	Date Received ELECTRONICALLY FILED 02/02/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 90487 Austin, TX 78709			Date Hand-delivered or Date Postmarked		
				Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Caitlyn B.	MI			
	NICKNAME	LAST Tortorici	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); P.O. Box 90487 Austin, TX 78709		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (205) 440-2873					
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)					
9 PERIOD COVERED	Month 01/01/2026	Day	Year	Month 01/22/2026	Day	Year
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known) Attorney General		

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**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

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13 C / OH NAME	Reitz, Aaron F. (Mr.)		14 Filer ID (Ethics Commission Filers) 00083762
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 10,315.12
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 128,370.87
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 2,252.73
	4. TOTAL POLITICAL EXPENDITURES		\$ 579,603.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 2,591,963.21
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Aaron F. Reitz

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

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

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18 FILER NAME	19 Filer ID	(Ethics Commission Filers)
Reitz, Aaron F. (Mr.)	00083762	
20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	128,370.87
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	489,613.47
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	83,416.85
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	6,573.35
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/8 Rpt: 4/37
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 01/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANDERSON, RENEE	7 Amount of Contribution (\$) \$1,041.02
	6 Contributor address; City; State; Zip Code JOSHUA, TX 76058	
8 Principal occupation / Job title (See Instructions) CHIEF OPERATING OFFICER		9 Employer (See Instructions) GEMINI HEALTHCARE
Date 01/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANTONELOS, DENNIS	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code MILFORD, CT 06460	
Principal occupation / Job title (See Instructions) CO-FOUNDER		Employer (See Instructions) CORECARE
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLAKE, GARY	Amount of Contribution (\$) \$25,000.00
	Contributor address; City; State; Zip Code FORT WORTH, TX 76109	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) CREATIVE SOLUTIONS IN HEALTHCARE
Date 01/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUTTROSS II, DAVID	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code AUSTIN, TX 78735	
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) SELF EMPLOYED
Date 01/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CASPER, SARA	Amount of Contribution (\$) \$52.05
	Contributor address; City; State; Zip Code DEER PARK, TX 77536	
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: 2/8 Rpt: 5/37
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 01/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CASPER, SARA	7 Amount of Contribution (\$) \$52.05
	6 Contributor address; City; State; Zip Code DEER PARK, TX 77536	
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 01/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CASPER, SARA	Amount of Contribution (\$) \$52.05
	Contributor address; City; State; Zip Code DEER PARK, TX 77536	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLAYTON, JACOB	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code CHICAGO, IL 60654	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) SAGINT
Date 01/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DONALD, JERRY	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code COLLEYVILLE, TX 76034	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEMP, DAVID	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code PLANO, TX 75024	
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: 3/8 Rpt: 6/37
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 01/15/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KEYSTONE CARE PAC 6 Contributor address; City; State; Zip Code SAN ANTONIO, TX 78209	7 Amount of Contribution (\$) \$2,500.00
	8 Principal occupation / Job title (See Instructions) ATTORNEY	9 Employer (See Instructions) STATE OF TEXAS
Date 01/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KINGHORN, AUSTIN Contributor address; City; State; Zip Code TYLER, TX 75703	Amount of Contribution (\$) \$520.51
	Principal occupation / Job title (See Instructions) ATTORNEY	Employer (See Instructions) STATE OF TEXAS
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KUSEK, LORETTA Contributor address; City; State; Zip Code LIVE OAK, TX 78233	Amount of Contribution (\$) \$135.00
	Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions) RETIRED
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LANE, BRITT Contributor address; City; State; Zip Code FORT WORTH, TX 76126	Amount of Contribution (\$) \$25,000.00
	Principal occupation / Job title (See Instructions) EXECUTIVE	Employer (See Instructions) BOBBY COX COMPANIES, INC
Date 01/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEBOUITZ, STANTON Contributor address; City; State; Zip Code YORK, PA 17402	Amount of Contribution (\$) \$20.82
	Principal occupation / Job title (See Instructions) PHYSICIAN	Employer (See Instructions) DERM PARTNERS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/8 Rpt: 7/37
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 01/21/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEBOUITZ, STANTON	7 Amount of Contribution (\$) \$10.41
	6 Contributor address; City; State; Zip Code YORK, PA 17402	
8 Principal occupation / Job title (See Instructions) PHYSICIAN		9 Employer (See Instructions) DERM PARTNERS
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEBOUITZ, STANTON	Amount of Contribution (\$) \$46.03
	Contributor address; City; State; Zip Code YORK, PA 17402	
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) DERM PARTNERS
Date 01/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEBOUITZ, STANTON	Amount of Contribution (\$) \$15.62
	Contributor address; City; State; Zip Code YORK, PA 17402	
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) DERM PARTNERS
Date 01/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEBOUITZ, STANTON	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code YORK, PA 17402	
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) DERM PARTNERS
Date 01/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEBOUITZ, STANTON	Amount of Contribution (\$) \$15.62
	Contributor address; City; State; Zip Code YORK, PA 17402	
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) DERM PARTNERS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/8 Rpt: 8/37
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 01/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEBOUITZ, STANTON	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code YORK, PA 17402	
8 Principal occupation / Job title (See Instructions) PHYSICIAN		9 Employer (See Instructions) DERM PARTNERS
Date 01/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOVELESS, JOHN	Amount of Contribution (\$) \$54.00
	Contributor address; City; State; Zip Code BYNUM, TX 76631	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOVELESS, JOHN	Amount of Contribution (\$) \$52.00
	Contributor address; City; State; Zip Code BYNUM, TX 76631	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOVELESS, JOHN	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code BYNUM, TX 76631	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCDONALD, JOHNNY	Amount of Contribution (\$) \$50,000.00
	Contributor address; City; State; Zip Code LUBBOCK, TX 79408	
Principal occupation / Job title (See Instructions) OIL PRODUCER		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: 6/8 Rpt: 9/37
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 01/21/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORELLO, BREANNA	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code PLANO, TX 75024	
8 Principal occupation / Job title (See Instructions) JOURNALIST		9 Employer (See Instructions) SELF EMPLOYED
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOWAD, FREDA	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code DALLAS, TX 75218	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) QRM
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RIDDLE, MOLLIE	Amount of Contribution (\$) \$1,041.02
	Contributor address; City; State; Zip Code HOUSTON, TX 77055	
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) HOUSTON CRUSHED CONCRETE LLC
Date 01/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEKULAGIBBS, SHELLEY	Amount of Contribution (\$) \$260.25
	Contributor address; City; State; Zip Code THE WOODLANDS, TX 77380	
Principal occupation / Job title (See Instructions) DERMATOLOGIST		Employer (See Instructions) ELITE
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHAFIAIE, MEHRDAD	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code NEW YORK, NY 10022	
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) CORECARE

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/8 Rpt: 10/37
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 01/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SLIMMER, CHRIS	7 Amount of Contribution (\$) \$1,500.00
	6 Contributor address; City; State; Zip Code FORTWORTH, TX 76109	
8 Principal occupation / Job title (See Instructions) HEALTHCARE		9 Employer (See Instructions) LTC ELITE
Date 01/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TAYLOR, KRISTI	Amount of Contribution (\$) \$260.25
	Contributor address; City; State; Zip Code LEAGUE CITY, TX 77573	
Principal occupation / Job title (See Instructions) PILOT		Employer (See Instructions) SELF EMPLOYED
Date 01/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) UNDERHILL, ROBIN	Amount of Contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code COLLEYVILLE, TX 76034	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) CANTEX
Date 01/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEADER, LAUREN	Amount of Contribution (\$) \$1,041.02
	Contributor address; City; State; Zip Code PERKASIE, PA 18944	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 01/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ZEPEDA, JOYCE	Amount of Contribution (\$) \$51.03
	Contributor address; City; State; Zip Code ROUND ROCK, TX 78665	
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: 8/8 Rpt: 11/37
2 FILER NAME Reitz, Aaron F. (Mr.)		3 Filer ID (Ethics Commission Filers) 00083762
4 Date 01/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ZEPEDA, JOYCE 6 Contributor address; City; State; Zip Code ROUND ROCK, TX 78665	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 01/01/2026	Full name of contributor <input type="checkbox"/> 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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/13 Rpt: 12/37	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 01/09/2026	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYROLL FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/14/2026	Payee name ADP	
Amount (\$) \$5,875.30	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SALARIES / PAYROLL TAXES / PAYROLL FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/16/2026	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYROLL FEES
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/13 Rpt: 13/37	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 01/05/2026	5 Payee name ANEDOT	
6 Amount (\$) \$3,441.80	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/12/2026	Payee name ANTHEM MEDIA AND MESSAGE, INC	
Amount (\$) \$7,257.80	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEDIA PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/05/2026	Payee name CHAIN BRIDGE BANK	
Amount (\$) \$7,748.49	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAYMENT OF CREDIT CARD BILL FOR TRAVEL, FOOD / BEVERAGE, PRINTING, ETC.
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/13 Rpt: 14/37	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 01/05/2026	5 Payee name CHAIN BRIDGE BANK	
6 Amount (\$) \$50.00	7 Payee address; City; 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/14/2026	Payee name CHAIN BRIDGE BANK	
Amount (\$) \$50.00	Payee address; City; 1445-A LAUGHLIN AVE MCLEAN, VA 22101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/16/2026	Payee name CHAIN BRIDGE BANK	
Amount (\$) \$25.00	Payee address; City; 1445-A LAUGHLIN AVE MCLEAN, VA 22101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK FEES
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/13 Rpt: 15/37	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 01/20/2026	5 Payee name CHAIN BRIDGE BANK	
6 Amount (\$) \$2.50	7 Payee address; City; 1445-A LAUGHLIN AVE MCLEAN, VA 22101	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense BANK FEES
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/07/2026	Payee name DENTON COUNTY REPUBLICAN PARTY	
Amount (\$) \$750.00	Payee address; City; 2921 COUNTRY CLUB DR DENTON, TX 76210	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SPONSORSHIPS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/20/2026	Payee name DIAZ, ERNESTO	
Amount (\$) \$1,222.20	Payee address; City; 500 CHRIS KELLEY BLVD #1102 HUTTO, TX 78634	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL - MILEAGE
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/13 Rpt: 16/37	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 01/05/2026	5 Payee name FP1 STRATEGIES, LLC	
6 Amount (\$) \$9,950.00	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREATIVE DESIGN SERVICES / MEDIA PRODUCTION
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/05/2026	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Date 01/12/2026	Payee name FP1 STRATEGIES, LLC	
Amount (\$) \$40,000.00	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL ADVERTISING
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/13 Rpt: 17/37	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 01/14/2026	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLITICAL STRATEGY CONSULTING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/14/2026	Payee name FP1 STRATEGIES, LLC	
Amount (\$) \$8,616.37	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREATIVE DESIGN SERVICES / ADVERTISING / SIGNS / PALM CARDS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/16/2026	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/13 Rpt: 18/37	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 01/20/2026	5 Payee name GEN2 SOLUTIONS, LLC	
6 Amount (\$) \$147,883.50	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEDIA PRODUCTION / MEDIA PLACEMENT
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/14/2026	Payee name HARRIS COUNTY PATRIOTS	
Amount (\$) \$15,000.00	Payee address; City; State; Zip Code 650 WEST BOUGH STE 150-170 HOUSTON, TX 77024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINT ADVERTISING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/05/2026	Payee name HSP DIRECT	
Amount (\$) \$1,200.00	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POSTAGE / SHIPPING
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/13 Rpt: 19/37	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 01/16/2026	5 Payee name HSP DIRECT	
6 Amount (\$) \$6,811.06	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) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POSTAGE / SHIPPING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/05/2026	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISING CONSULTING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/05/2026	Payee name MOMAV LLC	
Amount (\$) \$30,000.00	Payee address; City; State; Zip Code PO BOX 523 ROACH, MO 65787	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense DIGITAL MEDIA CONSULTING
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/13 Rpt: 20/37	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 01/08/2026	5 Payee name MONTGOMERY COUNTY REPUBLICAN PARTY	
6 Amount (\$) \$5,353.04	7 Payee address; City; State; Zip Code 18001 HWY 105 W MONTGOMERY, TX 77356	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SPONSORSHIPS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/16/2026	Payee name SIEGEL, JOSH	
Amount (\$) \$11,000.00	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) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MANAGEMENT CONSULTING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/14/2026	Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC	
Amount (\$) \$72,140.34	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISING CONSULTING
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/13 Rpt: 21/37	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 01/14/2026	5 Payee name SOLUTIONS FOR TEXAS IN FUNDRAISING LLC	
6 Amount (\$) \$103.36	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGNS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/05/2026	Payee name TAG LLC	
Amount (\$) \$7,888.95	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISING CONSULTING / DIGITAL MEDIA CONSULTING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/05/2026	Payee name TAG LLC	
Amount (\$) \$3,396.47	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREATIVE DESIGN SERVICES / EMAIL MARKETING / SMS MESSAGING
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/13 Rpt: 22/37	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 01/14/2026	5 Payee name TAG LLC	
6 Amount (\$) \$12,103.77	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FUNDRAISING CONSULTING / DIGITAL MEDIA CONSULTING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/14/2026	Payee name TAG LLC	
Amount (\$) \$8,205.68	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREATIVE DESIGN SERVICES / EMAIL MARKETING / SMS MESSAGING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/05/2026	Payee name THE COEFFICIENT GROUP, LLC	
Amount (\$) \$20,000.00	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense POLLING
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/13 Rpt: 23/37	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4 Date 01/05/2026	5 Payee name THE COEFFICIENT GROUP, LLC	
6 Amount (\$) \$30,656.23	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SMS MESSAGING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/05/2026	Payee name WINRED TECHNICAL SERVICES LLC	
Amount (\$) \$5,024.75	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/06/2026	Payee name WINRED TECHNICAL SERVICES LLC	
Amount (\$) \$1,077.05	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/13 Rpt: 24/37	2 FILER NAME Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762	
4 Date 01/20/2026	5 Payee name WINRED TECHNICAL SERVICES LLC		
6 Amount (\$) \$923.53	7 Payee address; City; 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CREDIT CARD PROCESSING FEES	
9 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME Sch: 1/5 Rpt: 25/37 Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4	TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$	
5 Date 01/16/2026	6 Payee name ANTHEM MEDIA AND MESSAGE, INC	
7 Amount (\$) \$10,632.00	8 Payee address; City; State; Zip Code 6412 SOTER PARKWAY AUSTIN, TX 78735	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 01/19/2026	Payee name DONORBUREAU LLC	
Amount (\$) \$174.43	Payee address; City; State; Zip Code 1900 RESTON METRO PLZ STE 600 RESTON, VA 20190	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RESEARCH 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:	2 FILER NAME Sch: 2/5 Rpt: 26/37 Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4	TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	
5 Date 01/09/2026	6 Payee name FULFILLMENT SOLUTIONS INC.	
7 Amount (\$) \$970.78	8 Payee address; City; State; Zip Code 44970 FALCON PLACE STE 400 STERLING, VA 20166	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PRINTING
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
Date 01/21/2026	Payee name GEN2 SOLUTIONS, LLC	
Amount (\$) \$39,600.00	Payee address; City; State; Zip Code 3001 WASHINGTON BLVD 7TH FLOOR ARLINGTON, VA 22201	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MEDIA PRODUCTION / MEDIA PLACEMENT
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:	2 FILER NAME Sch: 3/5 Rpt: 27/37 Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4	TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	
5 Date 01/09/2026	6 Payee name HSP DIRECT	
7 Amount (\$) \$433.81	8 Payee address; City; State; Zip Code 20130 LAKEVIEW CENTER STE 300 ASHBURN, VA 20147	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 01/20/2026	Payee name HSP DIRECT	
Amount (\$) \$1,725.00	Payee address; City; State; Zip Code 20130 LAKEVIEW CENTER STE 300 ASHBURN, VA 20147	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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:	2 FILER NAME Sch: 4/5 Rpt: 28/37 Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762
4	TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	
5 Date 01/01/2026	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	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 01/02/2026	Payee name ONPOINT DATA STRATEGY LLC	
Amount (\$) \$264.50	Payee address; City; State; Zip Code 20130 LAKEVIEW CENTER PLAZA STE 300 ASHBURN, VA 20147	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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:	2 FILER NAME Sch: 5/5 Rpt: 29/37 Reitz, Aaron F. (Mr.)	3 Filer ID (Ethics Commission Filers) 00083762	
4	TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		
5 Date 01/14/2026	6 Payee name ONPOINT DATA STRATEGY LLC		
7 Amount (\$) \$391.25	8 Payee address; City; State; Zip Code 20130 LAKEVIEW CENTER PLAZA STE 300 ASHBURN, VA 20147		
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 01/22/2026	Payee name THE COEFFICIENT GROUP, LLC		
Amount (\$) \$28,955.08	Payee address; City; State; Zip Code 5100 MAIN ST KANSAS CITY, MO 64112		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 1/7 Rpt: 30/37	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 \$ 1,928.45
6 PAYMENT	(a) Amount Charged \$87.09	(b) Date of Charge 01/01/2026	(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	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description TRAVEL - CAR SERVICE (c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$37.58	(b) Date of Charge 01/02/2026	(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	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description TRAVEL - CAR SERVICE (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$116.36	(b) Date of Charge 01/07/2026	(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	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description TRAVEL - CAR SERVICE (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 2/7 Rpt: 31/37	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 \$ 1,928.45
6 PAYMENT	(a) Amount Charged \$66.54	(b) Date of Charge 01/09/2026	(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 <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$54.77	(b) Date of Charge 01/12/2026	(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 <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$14.77	(b) Date of Charge 01/16/2026	(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 <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel In District		(b) Description TRAVEL - CAR SERVICE
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 3/7 Rpt: 32/37	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 \$ 1,928.45
6 PAYMENT	(a) Amount Charged \$156.80	(b) Date of Charge 01/09/2026	(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 <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description POSTAGE / SHIPPING (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$197.41	(b) Date of Charge 01/11/2026	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name UPS - HQ	(b) Payee address; City, State, Zip Code 55 GLENLAKE PKWY NE ATLANTA, GA 30328	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description POSTAGE / SHIPPING (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$78.78	(b) Date of Charge 01/13/2026	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name UPS - HQ	(b) Payee address; City, State, Zip Code 55 GLENLAKE PKWY NE ATLANTA, GA 30328	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description POSTAGE / SHIPPING (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 4/7 Rpt: 33/37	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 \$ 1,928.45
6 PAYMENT	(a) Amount Charged \$399.05	(b) Date of Charge 01/20/2026	(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 <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description POSTAGE / SHIPPING
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$48.34	(b) Date of Charge 01/22/2026	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name UPS - HQ		(b) Payee address; City, State, Zip Code 55 GLENLAKE PKWY NE ATLANTA, GA 30328
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description POSTAGE / SHIPPING
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$430.84	(b) Date of Charge 01/07/2026	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name WALMART - HQ		(b) Payee address; City, State, Zip Code 702 SW 8TH ST BENTONVILLE, AR 72716
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description SUPPLIES
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 5/7 Rpt: 34/37	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 \$ 1,928.45
6 PAYMENT	(a) Amount Charged \$263.91	(b) Date of Charge 01/21/2026	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name WILLIAMSON COUNTY		(b) Payee address; City, State, Zip Code 716 S ROCK ST GEORGETOWN, TX 78626
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> 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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$769.97	(b) Date of Charge 01/10/2026	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name ALOFT - HQ		(b) Payee address; City, State, Zip Code 83 COLUMBIA ST STE 305 SEATTLE, WA 98104
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - LODGING
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$35.00	(b) Date of Charge 01/08/2026	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name AMERICAN AIRLINES - HQ		(b) Payee address; City, State, Zip Code 1 SKYVIEW DR FORT WORTH, TX 76155
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - PARKING
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 6/7 Rpt: 35/37	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 \$ 1,928.45
6 PAYMENT	(a) Amount Charged \$327.49	(b) Date of Charge 01/08/2026	(c) Date(s) Credit Card Issuer Paid
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	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description TRAVEL - AIRFARE (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$360.51	(b) Date of Charge 01/20/2026	(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	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL (b) Description TRAVEL - LODGING (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$262.08	(b) Date of Charge 01/16/2026	(c) Date(s) Credit Card Issuer Paid
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	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		(b) Description TRAVEL - LODGING
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 7/7 Rpt: 36/37	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 \$ 1,928.45
6 PAYMENT	(a) Amount Charged \$239.32	(b) Date of Charge 01/17/2026	(c) Date(s) Credit Card Issuer Paid
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 <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - LODGING
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$325.27	(b) Date of Charge 01/07/2026	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name NATIONAL CAR RENTAL - HQ		(b) Payee address; City, State, Zip Code 600 CORPORATE PARK DR ST LOUIS, MO 63105
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - RENTAL CAR
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$373.02	(b) Date of Charge 01/01/2026	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name RENAISSANCE BY MARRIOTT -		(b) Payee address; City, State, Zip Code 7750 WISCONSIN AVE BETHESDA, MD 20814
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER TRAVEL		(b) Description TRAVEL - LODGING
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

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

SCHEDULE T

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule T: Sch: 1/1 Rpt: 37/37</p>												
<p>2 FILER NAME Reitz, Aaron F. (Mr.)</p>		<p>3 Filer ID (Ethics Commission Filers) 00083762</p>												
<p>4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee UBER - HQ</p>														
<p>5 Contribution / Expenditure reported on:</p> <table> <tr> <td><input type="checkbox"/> Schedule A2</td> <td><input type="checkbox"/> Schedule B</td> <td><input type="checkbox"/> Schedule B(J)</td> <td><input type="checkbox"/> Schedule C2</td> <td><input type="checkbox"/> Schedule D</td> <td><input type="checkbox"/> Schedule F1</td> </tr> <tr> <td><input type="checkbox"/> Schedule F2</td> <td><input checked="" type="checkbox"/> Schedule F4</td> <td><input type="checkbox"/> Schedule G</td> <td><input type="checkbox"/> Schedule H</td> <td><input type="checkbox"/> Schedule COH-UC</td> <td></td> </tr> </table>			<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2	<input checked="" type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	
<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1									
<input type="checkbox"/> Schedule F2	<input checked="" type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC										
<p>6 Dates of Travel 01/01/2026 01/01/2026</p>	<p>7 Name of person(s) traveling REITZ, AARON</p>													
	<p>8 Departure city or name of departure location LAS VEGAS, NV</p>													
	<p>9 Destination city or name of destination location LAS VEGAS, NV</p>													
<p>10 Means of transportation Commercial Automobile</p>	<p>11 Purpose of travel (including name of conference, seminar, or other event) CAMPAIGN MEETINGS</p>													