

LAST NAME	FIRST	MI	OFFICE PHONE
Freiheit, CPA, MS			
DATE IMAGE	CITY, STATE, ZIP CODE		NICKNAME
NO PO BOX (PLEASE); APT / SUITE #;	STREET ADDRESS		
	7 CAMPAIGN TREASURER		

8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION

PERIOD COVERED	Start	End
	1 / 1 / 20	6 / 30 / 20
	THROUGH	

Arlington ISD Board of Trustees Dist- 2	GO TO PAGE 2	Revised 9/8/2015
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WIMANJATI VINA AZLI

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL

POLITICAL EXPENDITURES MADE

CONTRIBUTOR 51

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking

Event Expense
Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense