

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed.

6

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Andrew

NICKNAME

LAST

SUFFIX

Yeager

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

P.O. Box 93914

Southlake, TX 76092

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 940 )

252-4583

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

1402 Vino Rosso Ct., Southlake TX 76092

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 312 )

561-6065

9 REPORT TYPE



January 15



30th day before election



Runoff



15th day after campaign  
treasurer appointment  
(Officeholder Only)



July 15



8th day before election



Exceeded Modified  
Reporting Limit



Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

01

01

24

THROUGH

Month

Day

Year

06

30

24

11 ELECTION

ELECTION DATE

Month

Day

Year

/

/

ELECTION TYPE

Primary

Runoff

Other  
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

CISD School Board Place 7

13 OFFICE SOUGHT (if known)

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

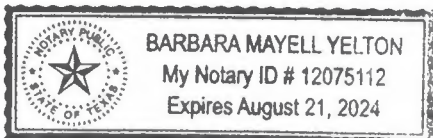
|                                   |                                                                                                                                       |                                        |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 15 C/OH NAME <u>Andrew Yeager</u> |                                                                                                                                       | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS            | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00                                |
|                                   | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                                  | \$ 0.00                                |
| EXPENDITURE TOTALS                | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE                                                                                             | \$ 0.00                                |
|                                   | 4. TOTAL POLITICAL EXPENDITURES                                                                                                       | \$ 46.74                               |
| CONTRIBUTION BALANCE              | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                                    | \$ 18,180.25                           |
| OUTSTANDING LOAN TOTALS           | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                         | \$ 11,872.67                           |

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

*Andrew Yeager*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by ANDREW A. YEAGER this the 8<sup>th</sup> day of July, 2024, to certify which, witness my hand and seal of office.

Barbara Mayell Yelton Barbara Mayell Yelton Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

|                                |                                        |
|--------------------------------|----------------------------------------|
| 19 FILER NAME<br>Andrew Yeager | 20 Filer ID (Ethics Commission Filers) |
|--------------------------------|----------------------------------------|

| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE                                              | SUBTOTAL<br>AMOUNT |
|----------------------------------------------------------------------------------------|--------------------|
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                       | \$                 |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                         | \$                 |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS                                                   | \$                 |
| 4. SCHEDULE E: LOANS                                                                   | \$                 |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS               | \$ 46.74           |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                            | \$                 |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS              | \$                 |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                       | \$                 |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                         | \$                 |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$                 |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$                 |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 35.99           |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                                                                                |                                                                                                                  |                                                                                                              |                                   |                                              |  |
|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------|--|
| <b>1</b> Total pages Schedule F1: <b>2</b> <b>1/2</b>                                                                          |                                                                                                                  | <b>2</b> FILER NAME<br>Yeager, Andrew                                                                        |                                   | <b>3</b> Filer ID (Ethics Commission Filers) |  |
| <b>4</b> Date<br>01/19/24                                                                                                      |                                                                                                                  | <b>5</b> Payee name<br>Wix.com                                                                               |                                   |                                              |  |
| <b>6</b> Amount (\$)<br>\$7.79                                                                                                 |                                                                                                                  | <b>7</b> Payee address; City; State; Zip Code<br>500 Tery A Francois Blvd., Floor 6, San Francisco, CA 94158 |                                   |                                              |  |
| <b>8</b><br><br>PURPOSE<br>OF<br>EXPENDITURE                                                                                   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense                   |                                                                                                              | <b>(b)</b> Description<br>Website |                                              |  |
|                                                                                                                                | <b>(c)</b> Check if travel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense |                                                                                                              |                                   |                                              |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held |                                                                                                                  |                                                                                                              |                                   |                                              |  |
| Date<br>02/20/24                                                                                                               |                                                                                                                  | Payee name<br>Wix.com                                                                                        |                                   |                                              |  |
| Amount (\$)<br>\$7.79                                                                                                          |                                                                                                                  | Payee address; City; State; Zip Code<br>500 Tery A Francois Blvd., Floor 6, San Francisco, CA 94158          |                                   |                                              |  |
| PURPOSE<br>OF<br>EXPENDITURE                                                                                                   | Category (See Categories listed at the top of this schedule)<br>Advertising Expenses                             |                                                                                                              | Description<br>Website            |                                              |  |
|                                                                                                                                | 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<br>Candidate / Officeholder name Office sought Office held          |                                                                                                                  |                                                                                                              |                                   |                                              |  |
| Date<br>3/19/24                                                                                                                |                                                                                                                  | Payee name<br>Wix.com                                                                                        |                                   |                                              |  |
| Amount (\$)<br>\$7.79                                                                                                          |                                                                                                                  | Payee address; City; State; Zip Code<br>500 Tery A Francois Blvd., Floor 6, San Francisco, CA 94158          |                                   |                                              |  |
| PURPOSE<br>OF<br>EXPENDITURE                                                                                                   | Category (See Categories listed at the top of this schedule)<br>Advertising Expense                              |                                                                                                              | Description<br>Website            |                                              |  |
|                                                                                                                                | 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<br>Candidate / Officeholder name Office sought Office held          |                                                                                                                  |                                                                                                              |                                   |                                              |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|                                            |                               |                                |                                            |
|--------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense                        | 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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |                                            |

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                                                                                      |                                                                                                              |                                   |                                              |  |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------|--|
| <b>1</b> Total pages Schedule F1: <u>2/2</u>                        |                                                                                                                                                                      | <b>2</b> FILER NAME<br>Yeager, Andrew                                                                        |                                   | <b>3</b> Filer ID (Ethics Commission Filers) |  |
| <b>4</b> Date<br>04/19/24                                           |                                                                                                                                                                      | <b>5</b> Payee name<br>Wix.com                                                                               |                                   |                                              |  |
| <b>6</b> Amount (\$)<br>\$7.79                                      |                                                                                                                                                                      | <b>7</b> Payee address; City; State; Zip Code<br>500 Tery A Francois Blvd., Floor 6, San Francisco, CA 94158 |                                   |                                              |  |
| <b>8</b><br><br>PURPOSE<br>OF<br>EXPENDITURE                        | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense                                                                       |                                                                                                              | <b>(b)</b> Description<br>Website |                                              |  |
|                                                                     | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                                                                                                              |                                   |                                              |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                                                                                      |                                                                                                              |                                   |                                              |  |
| Date<br>05/20/24                                                    |                                                                                                                                                                      | Payee name<br>Wix.com                                                                                        |                                   |                                              |  |
| Amount (\$)<br>\$7.79                                               |                                                                                                                                                                      | Payee address; City; State; Zip Code<br>500 Tery A Francois Blvd., Floor 6, San Francisco, CA 94158          |                                   |                                              |  |
| PURPOSE<br>OF<br>EXPENDITURE                                        | Category (See Categories listed at the top of this schedule)<br>Advertising Expenses                                                                                 |                                                                                                              | Description<br>Website            |                                              |  |
|                                                                     | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>            |                                                                                                              |                                   |                                              |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                                                                                      |                                                                                                              |                                   |                                              |  |
| Date<br>06/24/24                                                    |                                                                                                                                                                      | Payee name<br>Wix.com                                                                                        |                                   |                                              |  |
| Amount (\$)<br>\$7.79                                               |                                                                                                                                                                      | Payee address; City; State; Zip Code<br>500 Tery A Francois Blvd., Floor 6, San Francisco, CA 94158          |                                   |                                              |  |
| PURPOSE<br>OF<br>EXPENDITURE                                        | Category (See Categories listed at the top of this schedule)<br>Advertising Expense                                                                                  |                                                                                                              | Description<br>Website            |                                              |  |
|                                                                     | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>            |                                                                                                              |                                   |                                              |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                                                                                      |                                                                                                              |                                   |                                              |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1

2 FILER NAME

Yeager, Andrew

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

First Financial Bank

8 Amount (\$)

Jan- June 2024

6 Address of person from whom amount is received; City; State; Zip Code

151 Southlake Blvd., Southlake, TX 76092

\$1.25

7 Purpose for which amount is received

Check if political contribution returned to filer

Interest Earned on Savings Account

Date

Name of person from whom amount is received

First Financial Bank

Amount (\$)

Jan - June 2024

Address of person from whom amount is received; City; State; Zip Code

151 Southlake Blvd., Southlake, TX 76092

\$34.74

Purpose for which amount is received

Check if political contribution returned to filer

Interest Earned on Checking Account

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED