

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: <u>2</u>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR ☒ FIRST <u>Yolanda</u> MI <u>N</u>		OFFICE USE ONLY RECEIVED APR - 3 2025 gr
	NICKNAME <u>Nan</u> LAST <u>Avery</u> SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>5410 Arnie Lane Beaumont, Tx 77708</u>			
5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE <u>(409)</u> PHONE NUMBER <u>893-3989</u> EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR ☒ FIRST <u>Rhonda</u> MI <u>D</u>		Date Received
	NICKNAME <u>Flanagan</u> LAST SUFFIX		Date Hand-delivered or Date Postmarked
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE); (APT / SUITE #); CITY; STATE; ZIP CODE <u>5045 Plant Rd Beaumont TX 77708</u>		Receipt #	Amount \$
8 CAMPAIGN TREASURER PHONE AREA CODE <u>(409)</u> PHONE NUMBER <u>656-2688</u> EXTENSION		Date Processed <u>4/3/2025</u>	
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)		Date Imaged <u>4/3/2025</u>	
10 PERIOD COVERED Month Day Year Month Day Year <u>01 / 01 / 2025</u> THROUGH <u>3 / 24 / 2025</u>			
11 ELECTION ELECTION DATE Month Day Year ELECTION TYPE <u>5 / 3 / 2025</u> ☒ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special			
12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <u>Beaumont ISD Board Trustee</u>	
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.			
☐ Additional Pages		COMMITTEE TYPE ☐ GENERAL ☐ SPECIFIC	
		COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

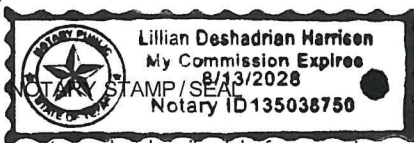
15 C/OH NAME <u>Yolanda Avery</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>200⁰⁰</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>4420⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4343⁰⁷</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1064.68</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.

Yolanda Avery
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Yolanda Avery this the 2 day of April, 2025, to certify which, witness my hand and seal of office.

Lillian Deshadrian Harrison Lillian Deshadrian Harrison Public Notary
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)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 15
2 FILER NAME Yolanda Avery		3 Filer ID (Ethics Commission Filers)
4 Date 2/13/25	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Robert Dunn	7 Amount of contribution (\$) 500⁰⁰
6 Contributor address; City; State; Zip Code 6340 Durango Dr Beaumont TX 77708		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/20/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Lawrence Flanagan, Jr	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code 5045 Plant Rd Beaumont TX 77708		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/11/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Virtue Alexander	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code 5685 Essie Ln Beaumont TX 77713		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/11/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Reese Meadows	Amount of contribution (\$) 500
Contributor address; City; State; Zip Code 9690 Lander Dr Beaumont TX 77707		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 15
2 FILER NAME Yolanda Avery		3 Filer ID (Ethics Commission Filers)
4 Date 3/11/25	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Elizabeth Le Blanc 6 Contributor address; City; State; Zip Code 5625 Meadowview Beaumont TX 77708	7 Amount of contribution (\$) 50⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/11/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Genevive Allison Contributor address; City; State; Zip Code 5690 Butler Beaumont TX 77713	Amount of contribution (\$) 25⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/11/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Sabrina Whitley Contributor address; City; State; Zip Code 5280 Tenard Beaumont TX 77708	Amount of contribution (\$) 10⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/11/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Cathy Zachary Contributor address; City; State; Zip Code 11025 Pine Haven Beaumont TX 77713	Amount of contribution (\$) 50⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: <u>15</u>
2 FILER NAME <u>Yolanda Avery</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/11/25</u>	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) <u>Cynthia M. Smith</u>	7 Amount of contribution (\$) <u>50⁰⁰</u>
6 Contributor address; City; State; Zip Code <u>2975 Terrell Ave Beaumont TX 77701</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <u>3/11/25</u>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <u>Darrell Jones</u>	Amount of contribution (\$) <u>50⁰⁰</u>
Contributor address; City; State; Zip Code <u>320 Emory Ln Port Arthur TX 77642</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <u>3/11/25</u>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <u>Kensley Barrett</u>	Amount of contribution (\$) <u>55⁰⁰</u>
Contributor address; City; State; Zip Code <u>5455 Ave La Beaumont TX 77708</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <u>3/11/25</u>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <u>Opal Flanagan</u>	Amount of contribution (\$) <u>30⁰⁰</u>
Contributor address; City; State; Zip Code <u>4545 Roberts Ave Beaumont TX 77707</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 15	
2 FILER NAME Yolanda Avery				3 Filer ID (Ethics Commission Filers)	
4 Date 3/11/25	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Ava D. Colbert			7 Amount of contribution (\$) 50⁰⁰	
6 Contributor address; City; State; Zip Code 7390 Griffith Rd Beaumont TX 77708					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 3/11/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Kathleen Wingate			Amount of contribution (\$) 100⁰⁰	
Contributor address; City; State; Zip Code 9130 Gross Beaumont TX 77708					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 3/11/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Wilmoreta Lowe			Amount of contribution (\$) 50⁰⁰	
Contributor address; City; State; Zip Code 5925 Meadowview Rd Beaumont TX 77708					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 3/11/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Irma Lynn Thomas			Amount of contribution (\$) 50⁰⁰	
Contributor address; City; State; Zip Code 2235 Lela Beaumont TX 77705					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 15
2 FILER NAME Yolanda Avery		3 Filer ID (Ethics Commission Filers)
4 Date 3/11/25	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Torey Doucette	7 Amount of contribution (\$) 50⁰⁰
6 Contributor address; City; State; Zip Code 1375 Wooten Rd Beaumont TX 77707		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/11/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Bessie Coleman	Amount of contribution (\$) 25⁰⁰
Contributor address; City; State; Zip Code 4970 Bruce St Beaumont TX 77708		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/11/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Bessie Coleman	Amount of contribution (\$) 25⁰⁰
Contributor address; City; State; Zip Code 4970 Bruce St Beaumont TX 77708		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/11/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Zandra Daughtery	Amount of contribution (\$) 25⁰⁰
Contributor address; City; State; Zip Code 1365 West Meadow Dr Beaumont TX 77708		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 15
2 FILER NAME Yolanda Avery		3 Filer ID (Ethics Commission Filers)
4 Date 3/11/25	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Adia Meach 6 Contributor address; City; State; Zip Code 1312 Farris Nederlande TX 77627	7 Amount of contribution (\$) 25⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/11/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Chassity George Contributor address; City; State; Zip Code 3980 North Major Dr Apt 1226 Beaumont TX 77713	Amount of contribution (\$) 25⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/11/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Barbara Mott Contributor address; City; State; Zip Code 2105 Herbert St Beaumont TX 77705	Amount of contribution (\$) 30⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/11/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Carol Humphrey Contributor address; City; State; Zip Code 14364 Hampshire Rd Winnie TX 77022	Amount of contribution (\$) 10⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 15
2 FILER NAME Yolanda Avery		3 Filer ID (Ethics Commission Filers)
4 Date 3/11/25	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Ann Seastruck	7 Amount of contribution (\$) 50⁰⁰
6 Contributor address; City; State; Zip Code 225 Giles Beaumont TX 77705		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/11/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Michele Malanson	Amount of contribution (\$) 125⁰⁰
Contributor address; City; State; Zip Code 1615 Shirley Cir Beaumont TX 77707		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/11/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) People's Political Action	Amount of contribution (\$) 400⁰⁰
Contributor address; City; State; Zip Code 3495 Roland Rd Beaumont TX 77708		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/11/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Yolanda Bradley	Amount of contribution (\$) 25⁰⁰
Contributor address; City; State; Zip Code 1098 Meadowdale Dr. Beaumont TX 77706		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 15
2 FILER NAME Yolanda Avery		3 Filer ID (Ethics Commission Filers)
4 Date 3/24/25	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Rachael Young	7 Amount of contribution (\$) 50⁰⁰
6 Contributor address; City; State; Zip Code 4385 Brownsboro Dr Beaumont TX 77706		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/11/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Bridget Gildea	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code 480 S 7th St Silsbee TX 77659		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/11/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Gregory Clark	Amount of contribution (\$) 50⁰⁰
Contributor address; City; State; Zip Code 5610 Old Donden Rd Beaumont TX 77706		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/11/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Daryl Johnson	Amount of contribution (\$) 500⁰⁰
Contributor address; City; State; Zip Code 5370 Nelkin Ln Beaumont TX 77708		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 15
2 FILER NAME Yolanda Arcey		3 Filer ID (Ethics Commission Filers)
4 Date 3/11/25	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Travis Reed	7 Amount of contribution (\$) 100⁰⁰
6 Contributor address; City; State; Zip Code 8230 Shawandobak Beaumont TX 77706		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/11/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Yolanda Bradley	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code 10918 Meadowdale Dr Beaumont TX 77706		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/11/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Alesha Wells	Amount of contribution (\$) 50⁰⁰
Contributor address; City; State; Zip Code 5070 Rosemary Beaumont TX 77708		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/11/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Michelle Hamilton	Amount of contribution (\$) 50⁰⁰
Contributor address; City; State; Zip Code 3370 Waverly St Beaumont TX 77705		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

--	--	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 15
2 FILER NAME Yolanda Avery		3 Filer ID (Ethics Commission Filers)
4 Date 3/11/25	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Michelle Hamilton	7 Amount of contribution (\$) 10⁰⁰
6 Contributor address; City; State; Zip Code 3370 Waverly St, Beaumont TX 77705		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/11/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Tracey Allen	Amount of contribution (\$) 20⁰⁰
Contributor address; City; State; Zip Code 124 Montclair Dr Beaumont TX 77707		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/11/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Leslie Rideau	Amount of contribution (\$) 25⁰⁰
Contributor address; City; State; Zip Code 2225 Diamond D Dr Beaumont TX 77713		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3/11/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Leslie Rideau	Amount of contribution (\$) 50⁰⁰
Contributor address; City; State; Zip Code 2225 Diamond D Dr Beaumont TX 77713		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 15
2 FILER NAME Yolanda Avery		3 Filer ID (Ethics Commission Filers)
4 Date 3/11/25	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Joey Smith	7 Amount of contribution (\$) 50⁰⁰
6 Contributor address; City; State; Zip Code 3730 Grand Braumont TX 77703		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/11/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Caron Tigner	Amount of contribution (\$) 30⁰⁰
Contributor address; City; State; Zip Code PO Box 5614 Braumont TX 77726		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/11/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Mary Scott	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code 5125 Lindala Braumont TX 77708		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/11/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Juane Clemons	Amount of contribution (\$) 25⁰⁰
Contributor address; City; State; Zip Code 592 Irma St. Braumont TX 77701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: <u>15</u>
2 FILER NAME <u>Yolanda Avery</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/10/25</u>	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) <u>Harol Allen</u>	7 Amount of contribution (\$) <u>75⁰⁰</u>
6 Contributor address; City; State; Zip Code <u>709 Thomas Blvd Port Arthur TX 77640</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <u>3/10/25</u>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <u>Arthur Alexander</u>	Amount of contribution (\$) <u>100⁰⁰</u>
Contributor address; City; State; Zip Code <u>5685 Essie Ln Beaumont TX 77713</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <u>3/10/25</u>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <u>Camille Briggs</u>	Amount of contribution (\$) <u>25⁰⁰</u>
Contributor address; City; State; Zip Code <u>11725 Ridgecrest Dr Beaumont TX 77705</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <u>3/14/25</u>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <u>Rokerasha Gilmore</u>	Amount of contribution (\$) <u>25⁰⁰</u>
Contributor address; City; State; Zip Code <u>9442 Todd Rd Winnie TX 77665</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

--	--	--

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 15
2 FILER NAME Yolanda Avery		3 Filer ID (Ethics Commission Filers)
4 Date 3/14/25	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Josie Lee Green	7 Amount of contribution (\$) 50⁰⁰
6 Contributor address; City; State; Zip Code 1598 Lyle St Beaumont TX 77701		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/10/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Sebrena R Washington	Amount of contribution (\$) 500⁰⁰
Contributor address; City; State; Zip Code 2595 Dauphine Pl Beaumont TX 77706		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/14/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Lillian McElroy	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code 1335 Delaware Beaumont TX 77703		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/19/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Deloris Savoy	Amount of contribution (\$) 25⁰⁰
Contributor address; City; State; Zip Code 5110 Folsom Beaumont TX 77706		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 15
2 FILER NAME Volanda Avery		3 Filer ID (Ethics Commission Filers)
4 Date 3/11/25	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Melvinece Broussard	7 Amount of contribution (\$) 25⁰⁰
6 Contributor address; City; State; Zip Code 5220 Downs Rd Beaumont TX 77705		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/11/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Rhonda Ruben	Amount of contribution (\$) 30⁰⁰
Contributor address; City; State; Zip Code PO Box 7771 Beaumont TX 77726		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/11/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Eleanor O Mitchell	Amount of contribution (\$) 30⁰⁰
Contributor address; City; State; Zip Code 2635 Cartwright St Beaumont TX 77703		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/11/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Katherine Campbell	Amount of contribution (\$) 5⁰⁰
Contributor address; City; State; Zip Code 1067 Weiss Beaumont TX 77706		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: <u>15</u>
2 FILER NAME <u>Yolanda Avery</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/11/25</u>	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) <u>Nathella Collins</u>	7 Amount of contribution (\$) <u>25⁰⁰</u>
6 Contributor address; City; State; Zip Code <u>2575 N 31st St, Naleah TX 77627</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3/11/25</u>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <u>Natalie N Zero</u>	Amount of contribution (\$) <u>25⁰⁰</u>
Contributor address; City; State; Zip Code <u>3195 Delaware Beaumont TX 77603</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/11/25</u>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <u>Valencia Fontenot</u>	Amount of contribution (\$) <u>20⁰⁰</u>
Contributor address; City; State; Zip Code <u>3710 Bower Beaumont TX 77708</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3/14/25</u>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <u>Tanice George</u>	Amount of contribution (\$) <u>50⁰⁰</u>
Contributor address; City; State; Zip Code <u>4730 Glena St Beaumont TX 77703</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Yolanda Avery	3 Filer ID (Ethics Commission Filers)
4 Date 3/17/2025	5 Payee name Area Impressions	
6 Amount (\$) \$385.84	7 Payee address; 4705 Highland Ave	City; State; Zip Code BEAumont TX 77705
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description T-Shirts
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 3/17/2025	Payee name UZ Marketing	
Amount (\$) \$7463.05	Payee address; 5900 Bingle Road	City; State; Zip Code Houston TX 77092
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Small and Large Signs
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 3/14/2025	Payee name 100 Black Women Coalition	
Amount (\$) \$325.00	Payee address; 4865 Cornell Drive	City; State; Zip Code Beaumont TX 77705
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Program Ad and Tickets
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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.

1 Total pages Schedule F1: <u>3</u>		2 FILER NAME <u>Yolanda Avery</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>3/24/2025</u>		5 Payee name <u>Eric Petry</u>			
6 Amount (\$) <u>\$60.00</u>		7 Payee address; City; State; Zip Code <u>3705 E Lucas Dr Beaumont TX 77705</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Event Expense</u>		(b) Description <u>Sign Distribution Worker</u>		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date <u>3/24/2025</u>		Payee name <u>Area Impressions</u>			
Amount (\$) <u>\$84.24</u>		Payee address; City; State; Zip Code <u>4705 Highland Ave BEAumont TX 77705</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>		Description <u>T-shirts</u>		
	☐ 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					
Date <u>3/19/2025</u>		Payee name <u>Stillwell Visual</u>			
Amount (\$) <u>\$382.50</u>		Payee address; City; State; Zip Code <u>6950 College Street BEAumont TX 77707</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		Description <u>T-shirts and Caps</u>		
	☐ 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					

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Yolanda Avery		3 Filer ID (Ethics Commission Filers)
4 Date 3/13/2025	5 Payee name Eric Petry		
6 Amount (\$) \$9500	7 Payee address; City; State; Zip Code 3705 E Lucas Dr Beaumont TX 77708		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Sign Distribution Worker
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date Payee name 3/11/2025 James Martin			
Amount (\$) Payee address; City; State; Zip Code \$12500 5435 Bristol Beaumont Tx 77707			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) DJ Services		Description Kick Off Event DJ
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			
Date Payee name			
Amount (\$) Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2025, a candidate or officeholder who has accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name <u>Yolanda Avery</u>	Filer ID #
------------------------------------	----------------

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

1. I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$33,910 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the Deaumont ISD report due on April 3, 2025. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit



Yolanda Avery
Signature of Filer

Sworn to and subscribed before me by Yolanda Avery this the 2 day of April,

2025 to certify which, witness my hand and seal of office.

Lillian Deshadrian Harrison Lillian Deshadrian Harrison Public Notary
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 Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
2	Yolanda Avery	
4 Date	5 Payee name	
3/6/2025	Stillwell Visual	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
485.00	6950 College St Beaumont TX 77707	
☒ Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Printing Expense	T-Shirts
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
3/11/25	Alpha Graphics	
Amount (\$)	Payee address; City; State; Zip Code	
\$253.46	575 South 11th Street Beaumont Tx 77701	
☒ Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Printing Expense	Push Cards
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
3/11/25	UZ Marketing	
Amount (\$)	Payee address; City; State; Zip Code	
\$813.17	5900 Bingle Road Houston Tx 77092	
☒ Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Printing Expense	Small and Large Signs
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME Yolanda Avery	3 Filer ID (Ethics Commission Filers)
4 Date 3/12/2025	5 Payee name Tractor Supply	
6 Amount (\$) \$90.81 ☒ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 8055 Eastex Hwy Beaumont TX 77708	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Poles For Signs	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED