

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: 5

3 CANDIDATE / OFFICEHOLDER NAME	MS / (MRS) / MR <input checked="" type="checkbox"/> FIRST <u>Yokada</u> MI <u>N</u> NICKNAME <u>NAV</u> LAST <u>Avery</u> SUFFIX	OFFICE USE ONLY Date Received RECEIVED PR 2 5 2025 Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <u>5410 Avie Lane Beaumont TX 77708</u> APT / SUITE #: CITY: STATE: ZIP CODE
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5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <u>409</u> PHONE NUMBER <u>893-3989</u> EXTENSION
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6 CAMPAIGN TREASURER NAME	MS / (MRS) / MR <input checked="" type="checkbox"/> FIRST <u>Rhonda</u> MI <u>D</u> NICKNAME <u>Flanagan</u> LAST SUFFIX
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7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): <u>5045 Plant Rd</u> CITY: <u>Beaumont TX</u> STATE: ZIP CODE <u>77708</u> APT / SUITE #:
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8 CAMPAIGN TREASURER PHONE	AREA CODE <u>409</u> PHONE NUMBER <u>656-2688</u> EXTENSION
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9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)
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10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>03/25/2025</u> <u>04/23/2025</u>
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11 ELECTION	ELECTION DATE Month Day Year <u>05/03/2025</u>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
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12 OFFICE OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>BISD TRUSTEE DISTRICT 2</u>
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14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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 <input type="checkbox"/> GENERAL COMMITTEE ADDRESS <input type="checkbox"/> SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Yolanda N Avery 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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 425.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 421.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1705.65
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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 Nanette Avery this the 24th day of April, 2025 to certify which, witness my hand and seal of office.

Lillian Juane Clemens Signature of officer administering oath
Lillian Juane Clemens Printed name of officer administering oath
Notary Public 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: 2

2 FILER NAME Yolanda N Avery 3 Filer ID (Ethics Commission Filers)

4 Date 5 Full name of contributor Verlie Nobles 7 Amount of contribution (\$) 50.00 6 Contributor address; City; State; Zip Code 4250 Corley St, Beaumont TX 77707

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date 4/10/25 Full name of contributor West Tabernacle Baptist Church Community Servs Citizen Org Amount of contribution (\$) 50.00 Contributor address; City; State; Zip Code PO Box 6798 Beaumont TX 77726

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 4/14/25 Full name of contributor Novella Pitre Amount of contribution (\$) 25.00 Contributor address; City; State; Zip Code 112 Rosine Beaumont TX 77707

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 4/16/25 Full name of contributor Rhonda Ducre Flanagan Amount of contribution (\$) 50.00 Contributor address; City; State; Zip Code 5045 Plat Rel Beaumont TX 77708

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Empty section for additional contributions.

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>2</u>
2 FILER NAME <u>Yolanda N Avery</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4/16/25</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Family Construction LLC</u>	7 Amount of contribution (\$) <u>200⁰⁰</u>
6 Contributor address; City; State; Zip Code <u>3196 Washington Blvd Bmt TX 77705</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <u>4/2/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Janice George</u>	Amount of contribution (\$) <u>50⁰⁰</u>
Contributor address; City; State; Zip Code <u>4730 Coleman Beaumont TX 77703</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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 | 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: <u>1</u>	2 FILER NAME <u>Yolande N. Avery</u>	3 Filer ID (Ethics Commission Filers)
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4 Date <u>4/3/2025</u>	5 Payee name <u>AlphaGraphics Beaumont</u>
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6 Amount (\$) <u>281.80</u>	7 Payee address; City; State; Zip Code <u>575 511th St Beaumont TX 77701</u>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>	(b) Description <u>Thank You Cards & Push Cards</u>
	(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
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Date <u>4/13/2025</u>	Payee name <u>Eric Petry</u>
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Amount (\$) <u>20⁰⁰</u>	Payee address; City; State; Zip Code <u>3705 E Lucas Dr Beaumont TX 77708</u>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Event Expense</u>	Description <u>Sign Distribution Worker</u>
	<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
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Date <u>4/22/2025</u>	Payee name <u>Eric Petry</u>
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Amount (\$) <u>120⁰⁰</u>	Payee address; City; State; Zip Code <u>3705 E Lucas Dr Beaumont TX 77708</u>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Event Expense</u>	Description <u>Sign Distribution Worker</u>
	<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
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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.

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

Filer name <u>Yolanda N Avery</u>	Filer ID #
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- 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.
- 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.
- 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.
- 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.
- I am filing this affidavit with the Braunton ISD report due on April 25, 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 Nanette Avery this the 24th day of April, 2025, to certify which, witness my hand and seal of office.

Lillian Juaune Clemons
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



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.

OFFICE USE ONLY	
Date Received	APR 25 2025
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

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

- 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.
- 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.
- 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.
- 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.
- I am filing this affidavit with the Braunton ISD report due on April 25, 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 Nanette Avery this the 24th day of April, 2025, to certify which, witness my hand and seal of office.

Lillian Juane Clemons Lillian Juane Clemons Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

(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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <i>Yolanda N Avery</i>		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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 425 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 421 ⁸⁰
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1705 ⁶⁵
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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 Nanette Avery this the 24th day of April, 2025 to certify which, witness my hand and seal of office.
Lillian Juaune Clemens Lillian Juaune Clemens 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)

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>2</u>
2 FILER NAME <u>Yolanda N Avery</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4/16/25</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Verlie Nobles</u>	7 Amount of contribution (\$) <u>50⁰⁰</u>
6 Contributor address; City; State; Zip Code <u>4250 Corley St. Beaumont TX 77707</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <u>4/10/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>West Tabernacle Baptist Church Community Senior Citizen Org.</u>	Amount of contribution (\$) <u>50⁰⁰</u>
Contributor address; City; State; Zip Code <u>PO Box 6798 Beaumont TX 77726</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <u>4/14/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Novella Pitre</u>	Amount of contribution (\$) <u>25⁰⁰</u>
Contributor address; City; State; Zip Code <u>112 Rosine Beaumont TX 77707</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <u>4/16/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Rhonda Ducre Flanagan</u>	Amount of contribution (\$) <u>50⁰⁰</u>
Contributor address; City; State; Zip Code <u>5045 Plat Rd Beaumont TX 77708</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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>2</u>
2 FILER NAME <u>Yolanda N Avery</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4/16/25</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Family Construction LLC</u>	7 Amount of contribution (\$) <u>200⁰⁰</u>
	6 Contributor address; City; State; Zip Code <u>3196 Washington Blvd Bmt TX 77705</u>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <u>4/2/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Janice George</u>	Amount of contribution (\$) <u>50⁰⁰</u>
	Contributor address; City; State; Zip Code <u>4730 Coleman Beaumont TX 77703</u>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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 | 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: <u>1</u>	2 FILER NAME <u>Yolande N. Avery</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>4/13/2025</u>	5 Payee name <u>Alphagraphics Beaumont</u>	
6 Amount (\$) <u>281.80</u>	7 Payee address; City; State; Zip Code <u>575 511th St Beaumont TX 77701</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>	(b) Description <u>Thank You Cards + Push Cards</u>
	(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
Date <u>4/13/2025</u>	Payee name <u>Eric Petry</u>	
Amount (\$) <u>20⁰⁰</u>	Payee address; City; State; Zip Code <u>3705 E Lucas Dr Beaumont TX 77708</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Event Expense</u>	Description <u>Sign Distribution Worker</u>
	<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
Date <u>4/22/2025</u>	Payee name <u>Eric Petry</u>	
Amount (\$) <u>120⁰⁰</u>	Payee address; City; State; Zip Code <u>3705 E Lucas Dr Beaumont TX 77708</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Event Expense</u>	Description <u>Sign Distribution Worker</u>
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED