

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 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Andrew	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX Yeager		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE P. O. Box 93914, Southlake, TX 76092		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (940) 252-4583		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Patricia	Date Received	
	NICKNAME LAST SUFFIX Yeager		
Receipt # Amount \$		Date Processed	
Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE 1402 Vino Rosso Ct., Southlake, TX 76092		
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 Month Day Year / 7/01/24 / THROUGH / / 12/31/2024		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year ☐ 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) ☐ 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.		
☐ GENERAL ☐ SPECIFIC	COMMITTEE TYPE COMMITTEE NAME		
	COMMITTEE ADDRESS		
	COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

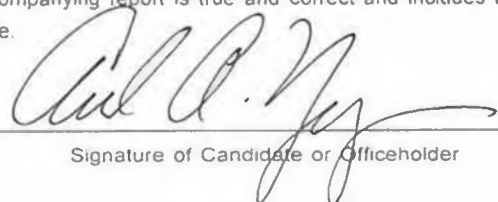
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**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

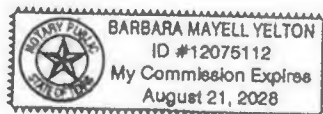
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 95.70
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,567.57
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 16,739.91
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.


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 13th day of JANUARY, 2025, 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		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 95.70
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	\$ 1,567.57
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	\$ 31.53

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>1</u>
2 FILER NAME Andrew Yeager		3 Filer ID (Ethics Commission Filers)
4 Date 12/27/24	5 Full name of contributor ☐ out-of-state PAC (ID# _____) Tabitha Thomann 6 Contributor address: City: State: Zip Code 2814 TYLER ST. Southlake, TX 76092	7 Amount of contribution (\$) \$95.70
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date Jan.	Full name of contributor ☐ out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code	Amount of contribution (\$)
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**

5/9
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: 1/4		2 FILER NAME Yeager, Andrew		3 Filer ID (Ethics Commission Filers)	
4 Date 7/22/24		5 Payee name Wix.com			
6 Amount (\$) \$ 813.53		7 Payee address; City: State: Zip Code 500 Tery A Francois Blvd., Floor 6, San Francisco, CA 94158			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Website		
	(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 7/15/24		Payee name Wix.com			
Amount (\$) \$16.18		Payee address; City: State: Zip Code 500 Tery A Francois Blvd., Floor 6, San Francisco, CA 94158			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description 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		Candidate / Officeholder name Office sought Office held			
Date 7/15/24		Payee name Wix.com			
Amount (\$) 7.79		Payee address; City: State: Zip Code 500 Tery A Francois Blvd., Floor 6, San Francisco, CA 94158			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description 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		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
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 2/4		2 FILER NAME Yeager, Andrew		3 Filer ID (Ethics Commission Filers)	
4 Date August		5 Payee name Wix.com			
6 Amount (\$) \$7.79		7 Payee address: City: State: Zip Code 500 Terry A Francois Blvd., Floor 6, San Francisco, CA 94158			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Website		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T		☐ Check if Austin, TX. officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date September		Payee name Wix.com			
Amount (\$) \$7.79		Payee address: City: State: Zip Code 500 Terry A Francois Blvd., Floor 6, San Francisco, CA 94158			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Website		
	☐ Check if travel outside of Texas. Complete Schedule T		☐ Check if Austin, TX. officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date October		Payee name Wix.com			
Amount (\$) \$7.79		Payee address: City: State: Zip Code 500 Terry A Francois Blvd., Floor 6, San Francisco, CA 94158			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Website		
	☐ Check if travel outside of Texas. Complete Schedule T		☐ Check if Austin, TX. officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date October		Payee name Wix.com			
Amount (\$) \$7.79		Payee address: City: State: Zip Code 500 Terry A Francois Blvd., Floor 6, San Francisco, CA 94158			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Website		
	☐ Check if travel outside of Texas. Complete Schedule T		☐ Check if Austin, TX. officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date October		Payee name Wix.com			
Amount (\$) \$7.79		Payee address: City: State: Zip Code 500 Terry A Francois Blvd., Floor 6, San Francisco, CA 94158			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Website		
	☐ Check if travel outside of Texas. Complete Schedule T		☐ Check if Austin, TX. officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

7/9
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 3/4		2 FILER NAME Yeager, Andrew		3 Filer ID (Ethics Commission Filers)	
4 Date November		5 Payee name Wix.com			
6 Amount (\$) \$7.79		7 Payee address; City: State: Zip Code 500 Terry A Francois Blvd., Floor 6, San Francisco, CA 94158			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Website		
	(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 December		Payee name Wix.com			
Amount (\$) \$7.79		Payee address; City: State: Zip Code 500 Terry A Francois Blvd., Floor 6, San Francisco, CA 94158			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description 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 Candidate / Officeholder name Office sought Office held					
Date 8/13/24		Payee name U.S.P.S.			
Amount (\$) \$256		Payee address; City: State: Zip Code 300 State Street, Southlake, TX 76092			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expenses		Description Rending Post Office Box		
	☐ 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					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 4/4	2 FILER NAME Yeager, Andrew	3 Filer ID (Ethics Commission Filers)
4 Date 12/4/24	5 Payee name USPS	
6 Amount (\$) \$189.80	7 Payee address; City; State; Zip Code 300 State St., Southlake, TX 76092	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead Expense	(b) Description Postage
	(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 12/4/24	Payee name Shutterfly	
Amount (\$) \$245.32	Payee address; City; State; Zip Code 2800 Bridge Parkway, Redwood City, CA 94065	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Christmas 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	
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

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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: <u>1</u>
2 FILER NAME Yeager, Andrew		3 Filer ID (Ethics Commission Filers)
4 Date July 2024 - Dec. 2024	5 Name of person from whom amount is received First Financial Bank ----- 6 Address of person from whom amount is received; City: State: Zip Code 151 Southlake Blvd., Southlake, TX 76092 7 Purpose for which amount is received ☐ Check if political contribution returned to filer Interest Earned on Savings Account	8 Amount (\$)
Date July 2024 - Dec. 2024	Name of person from whom amount is received First Financial Bank ----- Address of person from whom amount is received; City: State: Zip Code 151 Southlake Blvd., Southlake, TX 76092 Purpose for which amount is received ☐ Check if political contribution returned to filer Interest Earned on Checking Account	Amount (\$) \$30.35
Date	Name of person from whom amount is received ----- 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	Amount (\$)
Date	Name of person from whom amount is received ----- 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	Amount (\$)

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