

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:

17

1/17

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Andrew

A.

NICKNAME

LAST

SUFFIX

Yeager

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

PO 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

Patricia

NICKNAME

LAST

SUFFIX

Yeager

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

2025

THROUGH

Month

Day

Year

06

30

2025

11 ELECTION

ELECTION DATE

Month

Day

Year

05

03

2025

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other

☒ General

☐ Special

Description

There was no opponent so election was canceled.

12 OFFICE

OFFICE HELD (if any)

School Board Trustee

13 OFFICE SOUGHT (if known)

CISD Board of Trustees, Place 7

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

Southlake Families PAC

☒ GENERAL

COMMITTEE ADDRESS

401 N. Carroll Ave. Box 103, Southlake, TX 76092

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

Zachary Cate

COMMITTEE CAMPAIGN TREASURER ADDRESS

401 N. Carroll Ave., Box 103, Southlake, TX 76092

☐ Additional Pages

GO TO PAGE 2

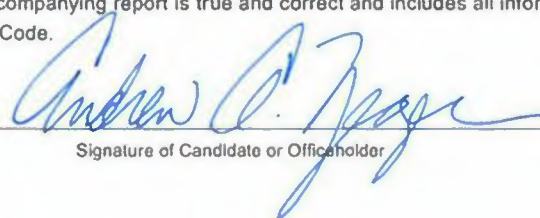
2/17

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

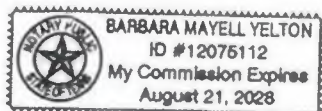
**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Andrew A. Yeager		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,086
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 12,472.25
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 13,747.27
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.


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 14th day of July

20 25, 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)

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SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Andrew A Yeager

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	☒	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,865
2.	☒	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 221
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	☐	SCHEDULE E: LOANS	\$
5.	☒	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 12,472.25
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	\$ 164.61

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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: 1/7	
2 FILER NAME Andrew A. Yeager				3 Filer ID (Ethics Commission Filers)	
4 Date 1/16/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Virginia Elder			7 Amount of contribution (\$) \$500	
	6 Contributor address; City; State; Zip Code 180 Creekway Bend				
8 Principal occupation / Job title (See Instructions) RETIRED			9 Employer (See Instructions)		
Date 1/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) William Zimmerman			Amount of contribution (\$) \$500	
	Contributor address; City; State; Zip Code 1656 Creekside Dr. Southlake TX 76092				
Principal occupation / Job title (See Instructions) SELF EMPLOYED			Employer (See Instructions)		
Date 1/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Marion Knight			Amount of contribution (\$) \$150	
	Contributor address; City; State; Zip Code 3866 Pelham Rd., Fort Worth, TX 76116				
Principal occupation / Job title (See Instructions) SALES			Employer (See Instructions) Fort Worth Magazine		
Date 1/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) William Brandt			Amount of contribution (\$) \$50	
	Contributor address; City; State; Zip Code 808 Victoria Lane, Southlake, TX 76092				
Principal occupation / Job title (See Instructions) JUDGE			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.					

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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: 2/7
2 FILER NAME Andrew A. Yeager		3 Filer ID (Ethics Commission Filers)
4 Date 1/16/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Christen C. O'Hare 6 Contributor address; City: State: Zip Code 1961 E. Highland St., Southlake, TX 76092	7 Amount of contribution (\$) \$250
8 Principal occupation / Job title (See Instructions) homemaker		9 Employer (See Instructions)
Date 1/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Carol Han Contributor address; City: State: Zip Code PO Box 2166, Grapevine, TX 76099	Amount of contribution (\$) \$600
Principal occupation / Job title (See Instructions) SELF EMPLOYED		Employer (See Instructions)
Date 1/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Marylee Alford Contributor address; City: State: Zip Code P.O. Box 92517, Southlake, TX 76092	Amount of contribution (\$) \$500
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 1/2/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Mika & Pat Ryan Contributor address; City: State: Zip Code 907 Chlmney Hill Trail, Southlake, TX 76092	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions) RETIRED		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.		

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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: 3/7
2 FILER NAME Andrew A. Yeager		3 Filer ID (Ethics Commission Filers)
4 Date 1/14/25	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Robert Mark 6 Contributor address: City: State: Zip Code 2125 Kimball Hill Ct., Southlake, TX 76092	7 Amount of contribution (\$) \$1,000
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 1/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Stephen Seinger Contributor address: City: State: Zip Code 620 Truelove Trail, Southlake, TX 76092	Amount of contribution (\$) \$250
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions)
Date 1/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Elena Fernandez Contributor address: City: State: Zip Code 2805 Carrington Dr., Mansfield, TX 76063	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Doug Burnside Contributor address: City: State: Zip Code 7210 Covewood, Garland, TX 75045	Amount of contribution (\$) \$250
Principal occupation / Job title (See Instructions) Attorney		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.		

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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: 4/7
2 FILER NAME Andrew A. Yeager		3 Filer ID (Ethics Commission Filers)
4 Date 1/16/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Nancy Hollis 6 Contributor address; City; State; Zip Code 1312 Meadow Ridge Ct., Southlake, TX 76092	7 Amount of contribution (\$) \$200
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 1/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Jolyn Polenza Contributor address; City; State; Zip Code 1000 Independence Court, Southlake, TX 76092	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) SMG		Employer (See Instructions) Operations
Date 1/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Deborah Walls Contributor address; City; State; Zip Code 90 Trophy Club Dr # 130, Trophy Club, TX 76262	Amount of contribution (\$) \$500
Principal occupation / Job title (See Instructions) Glacier Commercial		Employer (See Instructions) Realtor
Date 1/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Ali Mirza Contributor address; City; State; Zip Code 103 Yale Court Southlake TX 76092	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions) District 5		Employer (See Instructions) Finance
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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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: 5/7	
2 FILER NAME Andrew A. Yeager				3 Filer ID (Ethics Commission Filers)	
4 Date 1/16/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Anna Eisen			7 Amount of contribution (\$) \$500	
6 Contributor address; City: State: Zip Code 1905 Gallardia Court Westlake TX 76262					
8 Principal occupation / Job title (See Instructions) Self employed			9 Employer (See Instructions)		
Date 1/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Julie & Fred McCarty			Amount of contribution (\$) \$50	
Contributor address; City: State: Zip Code 1972 Casa Loma Ct GRAPEVINE TX 76051					
Principal occupation / Job title (See Instructions) Self employed			Employer (See Instructions)		
Date 1/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Steven Unger			Amount of contribution (\$) \$500	
Contributor address; City: State: Zip Code 918 Midland Creek Dr Southlake TX 76092					
Principal occupation / Job title (See Instructions) Self Employed			Employer (See Instructions)		
Date 1/23/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Curtis Green			Amount of contribution (\$) \$500	
Contributor address; City: State: Zip Code 2401 Handley Ederville Road Fort Worth TX 76118					
Principal occupation / Job title (See Instructions) C. Green Scaping, LP			Employer (See Instructions) Construction		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

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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: 6/7
2 FILER NAME Andrew A. Yeager		3 Filer ID (Ethics Commission Filers)
4 Date 1/24/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Linda Krishna 6 Contributor address; City; State; Zip Code 1333 Montgomery Ln Southlake TX 76092	7 Amount of contribution (\$) \$500
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 1/25/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Brian Anding Contributor address; City; State; Zip Code 1401 Vino Rosso Ct., Southlake, TX 76092	Amount of contribution (\$) \$300
Principal occupation / Job title (See Instructions) SELF EMPLOYED		Employer (See Instructions) Doctor
Date 1/30/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Kevin Kaufman Contributor address; City; State; Zip Code 1506 Norwich Ct Southlake TX 76092	Amount of contribution (\$) \$500
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 1/31/25	Full name of contributor ☐ out-of-state PAC (ID#: _____) Chris Milani Contributor address; City; State; Zip Code 500 W. Bob Jones Rd., Southlake TX 76092	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions) Retired		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.		

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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: 7/7	
2 FILER NAME Andrew A. Yeager				3 Filer ID (Ethics Commission Filers)	
4 Date 2/13/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Chaitanya Chelluri			7 Amount of contribution (\$) \$1000	
	6 Contributor address; City; State; Zip Code 1700 Water Lily Dr Southlake TX 76092				
8 Principal occupation / Job title (See Instructions) housewife			9 Employer (See Instructions)		
Date 2/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Robert Campanella			Amount of contribution (\$) \$65	
	Contributor address; City; State; Zip Code 201 Manor Place, Southlake, TX 76092				
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions)		
Date 2/18/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Suzanne Nelkirk			Amount of contribution (\$) \$50	
	Contributor address; City; State; Zip Code 201 Manor Place Southlake TX 76092				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 2/21/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Renee Thomas			Amount of contribution (\$) \$250	
	Contributor address; City; State; Zip Code 2113 Vail Rd., Southlake, TX 76092				
Principal occupation / Job title (See Instructions) Retired			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.					

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1	
2 FILER NAME Andrew A. Yeager				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$ 125	
5 Date 1/16/2025	6 Full name of contributor ☐ out-of-state PAC (ID#: _____) Christen C. O'Hare			8 Amount of Contribution \$ \$125	9 In-kind contribution description Part host
7 Contributor address; City; State; Zip Code 1961 E. Highland St. Southlake, TX 76092			☐ Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) HOMEMAKER			11 Employer (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's principal occupation (FOR JUDICIAL)			13 Contributor's job title (FOR JUDICIAL)(See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)			15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

Date 1/16/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Sugar & Sunshine Cookies			Amount of Contribution \$ \$96	In-kind contribution description two dozen cookies
Contributor address; City; State; Zip Code 532 Silicon Ave., Southlake, TX 76092			☐ Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)			Employer (FOR NON-JUDICIAL)(See Instructions)		
Contributor's principal occupation (FOR JUDICIAL)			Contributor's job title (FOR JUDICIAL)(See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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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
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 Andrew A. Yeager		3 Filer ID (Ethics Commission Filers)	
4 Date 1/16/2025		5 Payee name Walmart			
6 Amount (\$) \$37.17		7 Payee address; 1601 W. State Highway 114, Grapevine, TX		City; TX	State; 76051 Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE		(b) Description Party Supplies		
	(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		Candidate / Officeholder name		Office sought	Office held
Date 1/16/2025		Payee name Market Street			
Amount (\$) \$233.57		Payee address; 5605 Colleyville Blvd, Colleyville, TX 76034		City; TX	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGES EXPENSE		Description Food for party		
	☐ 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		Candidate / Officeholder name		Office sought	Office held
Date 2/23/2025		Payee name Anedot Inc			
Amount (\$) \$276.90		Payee address; 1340 Poydras St., Suite 1770, New Orleans, LA 70112		City; LA	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Anedot Fees for covered period 01/2025-03/2025		
	☐ 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		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

13/17

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
Consulting Expense
Contributions/Denations 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 Andrew A. Yeager		3 Filer ID (Ethics Commission Filers)	
4 Date 1/21/2025		5 Payee name Wix.com			
6 Amount (\$) \$7.79		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		(b) Description Business Email		
	(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 Candidate / Officeholder name Office sought Office held					
Date 2/19/2025		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		Description Business Email		
	☐ 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 Candidate / Officeholder name Office sought Office held					
Date 3/19/2025		Payee name Wix.com			
Amount (\$) \$9.09		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		Description Business Email		
	☐ 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 Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

14/17

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
Consulting
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 Andrew A Yeager	3 Filer ID (Ethics Commission Filers)
4 Date 4/21/25	5 Payee name Wix.com	
6 Amount (\$) \$9.09	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	(b) Description Business Email
	(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 Candidate / Officeholder name Office sought Office held		
Date 5/19/2025	Payee name Wix.com	
Amount (\$) \$9.09	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	Description Business Email
	☐ 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 Candidate / Officeholder name Office sought Office held		
Date 6/20/2025	Payee name Wix.com	
Amount (\$) \$9.09	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	Description Business Email
	☐ 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 Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

15/17

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 Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Consulting		Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Contributions/Donations Made By		Food/Beverage Expense	Printing Expense	Travel In District
Candidate/Officeholder/Political Committee		Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Credit Card Payment		Legal Services		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 Andrew A. Yeager	3 Filer ID (Ethics Commission Filers)
4 Date June 19, 2025	5 Payee name Andrew A Yeager	
6 Amount (\$) 11,872.67	7 Payee address; City; State; Zip Code 1402 Vino Rosso Ct., Southlake, TX 76092	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	
	(b) Description political expenditures made from personal funds reported as a loan.	
	(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 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

16/17

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 Andrew A. Yeager		3 Filer ID (Ethics Commission Filers)	

4 Date Feb. 2025	5 Name of person from whom amount is received Alex Sexton		8 Amount (\$) \$135.37
	6 Address of person from whom amount is received; City: State: Zip Code 1004 Dominion Drive, Southlake, TX 76092		
	7 Purpose for which amount is received ☐ Check if political contribution returned to filer Reimbursing Yeager Campaign for half of the joint campaign kick-off party		

Date Jan. 1- June 30	Name of person from whom amount is received First Financial Bank		Amount (\$) \$28.49
	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		

Date Jan. 1 - June 30	Name of person from whom amount is received First Financial Bank		Amount (\$) \$0.75
	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 Savings 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		

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.

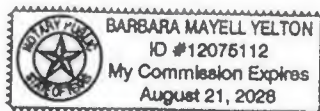
Filer name Andrew A. Yeager	Filer ID #
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OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

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 Campaign Finance report due on July 15, 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



NOTARY STAMP / SEAL

Andrew A. Yeager
Signature of Filer

Sworn to and subscribed before me by Andrew A. Yeager this the 14th day of July, 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 Filer (Declarant)

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