

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 117
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Andrew	OFFICE USE ONLY Date Received 1/12/2026 <i>bmj</i>
	NICKNAME	LAST 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		Date Hand-delivered or Date Postmarked 1/12/2026
	AREA CODE PHONE NUMBER EXTENSION (940) 252-4583		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Patricia	Receipt # Amount \$ Date Processed 1/12/2026 Date Imaged 1/13/2026
	NICKNAME	LAST Yeager	
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 (Officerholder Only) ☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07 / 01 / 25 12 / 31 / 25		
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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	☐ GENERAL	COMMITTEE ADDRESS	
	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

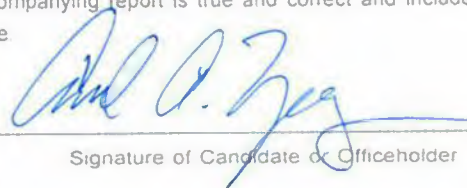
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

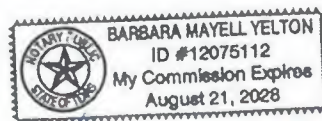
15 C/OH NAME Yeager, Andrew		16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	1	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3	TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4	TOTAL POLITICAL EXPENDITURES	\$ \$3,725.30
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,035.06
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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 12th day of January, 2026, 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 Yeager, Andrew		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1 SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS		\$
2 SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3 SCHEDULE B PLEDGED CONTRIBUTIONS		\$
4 SCHEDULE E LOANS		\$
5 SCHEDULE F1 POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ \$3,725.30
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		\$ \$13.09

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

417

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 Payments			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 1/3	2 FILER NAME Yeager, Andrew	3 Filer ID (Ethics Commission Filers)
4 Date 11/30/25	5 Payee name Shutterfly	
6 Amount (\$) \$146.40	7 Payee address, City, State, Zip Code 10 Almaden Blvd San Jose CA 95113	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Christmas Cards
	(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 10/20/25	Payee name Protect Southlake Schools	
Amount (\$) \$500	Payee address, City, State, Zip Code P. O. Box 92053 Southlake TX 76092	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donations to a political committee	Description Prop A - VATRE
	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 10/08/2025	Payee name DFW Conservative Voters	
Amount (\$) \$2,500	Payee address, City, State, Zip Code P. O. Box 173065 Arlington Texas 76003	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donations to Political Committee	Description To support conservative causes & candidates
	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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

517

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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 213	2 FILER NAME Yeager, Andrew	3 Filer ID (Ethics Commission Filers)
4 Date July - December	5 Payee name Wix.com	
6 Amount (\$) \$9.09/Month TOTAL: \$54.54	7 Payee address 500 Terry A Francois Blvd., Floor 6, San Francisco, CA 94158	City, State, Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description campaign ~~Website~~ Email
	(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 7/13/25	Payee name Wix.com	
Amount (\$) \$23.11	Payee address 500 Terry A Francois Blvd., Floor 6, San Francisco, CA 94158	City, State, Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website domain charge
	☐ 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 8/19/25	Payee name U.S.P.S.	
Amount (\$) \$268	Payee address 300 State Street, Southlake, TX 76092	City, State, Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expenses	Description Renting 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

6/7

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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 3/3	2 FILER NAME Yeager, Andrew	3 Filer ID (Ethics Commission Filers)
4 Date Dec. 3, 2025	5 Payee name Costco	
6 Amount (\$) \$233.25	7 Payee address, City, State, Zip Code 2601 E State Highway 114 Southlake TX 76092 Check if individual's residence address	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead	(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		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
	Office held	
	Payee name	
	Payee address, City, State, Zip Code	
	Check if individual's residence address	
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		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
	Office held	
	Payee name	
	Payee address, City, State, Zip Code	
	Check if individual's residence address	
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		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
	Office held	
	Payee name	
	Payee address, City, State, Zip Code	
	Check if individual's residence address	
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		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
	Office held	
	Payee name	
	Payee address, City, State, Zip Code	
	Check if individual's residence address	
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		

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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.

7/7

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K

1

2 FILER NAME

Yeager, Andrew

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom amount is received

First Financial Bank

8 Amount (\$)

July - Dec. 2025

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

151 Southlake Blvd., Southlake, TX 76092

\$0.76

7 Purpose for which amount is received

Check if political contribution returned to filer

Interest Earned on Savings account

Date

Name of person from whom amount is received

First Financial Bank

Amount (\$)

July - Dec. 2025

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

151 Southlake Blvd., Southlake, TX 76092

\$12.33

Purpose for which amount is received

Check if political contribution returned to filer

Interest Earned on Checking Account

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

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

Purpose for which amount is received

Check if political contribution returned to filer

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