

# 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) 00084202	2 Total pages filed: 10			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Dr.	FIRST Audrey G.	MI	<b>OFFICE USE ONLY</b>  Date Received ELECTRONICALLY FILED 07/15/2025		
	NICKNAME	LAST Young	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE PO BOX 2683  Trinity , TX 75862			Date Hand-delivered or Date Postmarked		
	Receipt #			Amount		
	Date Processed					
	Date Imaged					
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Dr.	FIRST Katherine	MI			
	NICKNAME	LAST Whitbeck	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 950 FM 3114  Nacogdoches, TX 75961					
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(936) 615-0843					
8 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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)					
9 PERIOD COVERED	Month	Day	Year	Month	Day	Year
	01/01/2025			THROUGH	06/30/2025	
10 ELECTION	ELECTION DATE		ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special	<input type="checkbox"/> Other
11 OFFICE	OFFICE HELD (if any) State Board Of Education District 8			12 OFFICE SOUGHT (if known)		

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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<b>13 C / OH NAME</b> Young, Audrey G. (Dr.)	<b>14 Filer ID</b> (Ethics Commission Filers) 00084202
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <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. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>
	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>
	<input type="checkbox"/> SPECIFIC	
	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>	
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>	

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 40,100.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 0.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 50,100.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,000.00

**17 AFFIDAVIT**

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.

Dr. Audrey G. Young

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering

\_\_\_\_\_  
Printed name of officer administering

\_\_\_\_\_  
Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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<b>18 FILER NAME</b> Young, Audrey G. (Dr.)		<b>19 Filer ID</b> (Ethics Commission Filers) 00084202
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 40,100.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 10,000.00
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/6 Rpt: 4/10
<b>2</b> FILER NAME Young, Audrey G. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00084202
<b>4</b> Date 04/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Montey <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75254	<b>7</b> Amount of Contribution (\$)  \$5,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Developer		<b>9</b> Employer (See Instructions) Self
Date 05/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Briggs, S.J. <hr/> Contributor address; City; State; Zip Code  The Woodlands , TX 77375	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 06/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantella, Chad <hr/> Contributor address; City; State; Zip Code  Austin, TX 78733	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions) self-employed		Employer (See Instructions) Cantella Partners
Date 05/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Christian <hr/> Contributor address; City; State; Zip Code  Magnolia, TX 77354	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) self-employed		Employer (See Instructions) Self
Date 05/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dean, Jeff <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78251	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/6 Rpt: 5/10
<b>2</b> FILER NAME Young, Audrey G. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00084202
<b>4</b> Date 06/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Education Partners <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78216	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 01/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elenz, Amber <hr/> Contributor address; City; State; Zip Code  Austin, TX 73344	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Volunteer		Employer (See Instructions)
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Kent and Stacy <hr/> Contributor address; City; State; Zip Code  The Woodlands , TX 77380	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) investor		Employer (See Instructions) self
Date 05/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gassman, Kimberley <hr/> Contributor address; City; State; Zip Code  Spring, TX 77381	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) self-employed		Employer (See Instructions) self
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gorski, Karen <hr/> Contributor address; City; State; Zip Code  College Station , TX 77845	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/6 Rpt: 6/10
<b>2</b> FILER NAME Young, Audrey G. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00084202
<b>4</b> Date 04/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregg, Aaron <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78704	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Lawyer		<b>9</b> Employer (See Instructions) Capitol Law Group
Date 01/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Cynthia <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77433	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 05/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hesler, Cynthia <hr/> Contributor address; City; State; Zip Code  Spring, TX 77382	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) TFL
Date 05/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huberty, Dan <hr/> Contributor address; City; State; Zip Code  Humble, TX 77346	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) TEI LLC
Date 05/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe's Pizza and Pasta <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77301	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/6 Rpt: 7/10
<b>2</b> FILER NAME Young, Audrey G. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00084202
<b>4</b> Date 05/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kasprzak, Bobby and Lindsey <hr/> <b>6</b> Contributor address; City; State; Zip Code  Spring, TX 77382	<b>7</b> Amount of Contribution (\$)  \$2,500.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) self
Date 05/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leslie, Walker <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77303	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linn, Julie <hr/> Contributor address; City; State; Zip Code  Austin, TX 78734	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) List, Amanda <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) self-employed		Employer (See Instructions) AList Consulting
Date 05/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maggio, Pearl <hr/> Contributor address; City; State; Zip Code  the Woodlands, TX 77354	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/6 Rpt: 8/10
<b>2</b> FILER NAME Young, Audrey G. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00084202
<b>4</b> Date 05/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Nicole <hr/> <b>6</b> Contributor address; City; State; Zip Code  The Woodlands, TX 77382	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Self
Date 01/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melancon, Alice <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77385	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 05/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melancon, Alice <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77385	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 05/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, James <hr/> Contributor address; City; State; Zip Code  Willis, TX 77318	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Self
Date 05/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Cat <hr/> Contributor address; City; State; Zip Code  Hamilton, TX 76531	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) self-employed		Employer (See Instructions) self



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/6 Rpt: 9/10
<b>2</b> FILER NAME Young, Audrey G. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00084202
<b>4</b> Date 05/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rummell, Katherine <hr/> <b>6</b> Contributor address; City; State; Zip Code  Spring, TX 77380	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Sales		<b>9</b> Employer (See Instructions) PPC
Date 05/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Matt <hr/> Contributor address; City; State; Zip Code  Austin , TX 78701	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) TSA
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TPCSA PAC <hr/> Contributor address; City; State; Zip Code  Midland, TX 79707	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Michael <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77301	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Attorney at Law		Employer (See Instructions) Self
Date 02/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weekley, Richard <hr/> Contributor address; City; State; Zip Code  Houston, TX 77027	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Real Estate Developer		Employer (See Instructions) Self

# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 10/10
<b>2</b> FILER NAME Young, Audrey G. (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00084202
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b>
<b>5</b> Date of loan 06/23/2025	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinsey, Aaron	<b>9</b> Loan Amount (\$) \$10,000.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Austin , TX 78701	<b>10</b> Interest Rate
		<b>11</b> Maturity Date 11/05/2026
<b>12</b> Principal occupation / Job title (See Instructions) Owner		<b>13</b> Employer (See Instructions) Self
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)