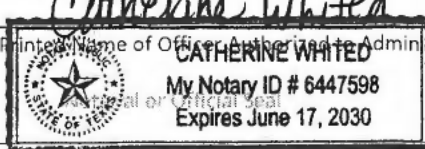


APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL³ Failure to provide required information may result in rejection of application.

APPLICATION FOR A PLACE ON THE <u>Keller ISD</u> GENERAL ELECTION BALLOT					
TO: City Secretary/Secretary of Board (name of election)					
I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.					
OFFICE SOUGHT (Include any place number or other distinguishing number, if any.) Trustee Place 5				INDICATE TERM ☒ FULL ☐ UNEXPIRED	
FULL NAME (First, Middle, Last) Andrew, Gerard, Walsh			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* Andrew Walsh		
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.) 9029 Hawley Dr.			PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.) PO Box 244		
CITY Fort Worth	STATE TX	ZIP 76244	CITY Keller	STATE TX	ZIP 76244
PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.) walshforkellerisd@yahoo.com		OCCUPATION (Do not leave blank) Engineer		DATE OF BIRTH [REDACTED]	
VOTER REGISTRATION VOID NUMBER² (Optional) 1117044880					
TELEPHONE CONTACT INFORMATION (Optional) Home: _____ Office: _____ Cell: _____					
FELONY CONVICTION STATUS (You MUST check one)			LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN		
☒ I have not been finally convicted of a felony.			IN THE STATE OF TEXAS		
☐ I have been finally convicted of a felony, but I have been pardoned or otherwise released from the resulting disabilities of that felony conviction and I have provided proof of this fact with the submission of this application. ³			IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED		
			7 year(s)		
			5 month(s)		
			7 year(s)		
			5 month(s)		
This Box Must ONLY be Completed by Candidates for School District Board of Trustees					
Check the Box Below:					
☒ I am aware that I am not eligible to serve as a trustee of an independent school district if I am required to register as a sex offender under Chapter 62, Code of Criminal Procedure.					
*If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan or contain a title, nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election. Please review sections 52.031, 52.032 and 52.033 of the Texas Election Code regarding the rules for how names may be listed on the official ballot.					
Before me, the undersigned authority, on this day personally appeared (name of candidate) <u>Andrew Walsh</u> , who being by me here and now duly sworn, upon oath says:					
"I, (name of candidate) <u>Andrew Walsh</u> , of <u>Tarrant</u> County, Texas, Being a candidate for the office of <u>Trustee Place 5</u> , swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code. I am aware that I must disclose any prior felony conviction, and if so convicted, must provide proof that I have been pardoned or otherwise released from the resulting disabilities of any such final felony conviction. I am aware that knowingly providing false information on the application regarding my possible felony conviction status constitutes a Class B misdemeanor. I further swear that the foregoing statements included in my application are in all things true and correct.					
X <u>Andrew Walsh</u> SIGNATURE OF CANDIDATE					
Sworn to and subscribed before me this the <u>11th</u> day of <u>August</u> , <u>2026</u> , by <u>Andrew Walsh</u> .					
(day) (month) (year) (name of candidate)					
<u>Catherine Whitel</u> Signature of Officer Authorized to Administer Oath ⁴			<u>Catherine Whitel</u> Printed Name of Officer Authorized to Administer Oath		
<u>Notary</u> Title of Officer Authorized to Administer Oath					
TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (if Applicable) PAID BY:					
☐ CASH ☐ CHECK ☐ MONEY ORDER ☐ CASHIERS CHECK OR ☐ PETITION IN LIEU OF A FILING FEE.					
This document and \$ <u>N/A</u> filing fee or a nominating petition of <u>1</u> pages received. ☒ Voter Registration Status Verified					
<u>8 / 11 / 2026</u>		<u>8 / 11 / 2026</u>		(See Section 1.007)	
Date Received		Date Accepted		<u>Catherine Whitel</u> Signature of Filing Officer or Designee	

CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY

Date Received

8/11/2026

Date Hand-delivered or Postmarked

Date Processed

8/11/26

Date Imaged

8/11/26

1 ACCOUNT NUMBER
(Ethics Commission Filers)

2 TYPE OF FILER

CANDIDATE ☒

POLITICAL COMMITTEE ☐

If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.

If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.

3 NAME OF CANDIDATE
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

Mr.

Andrew

G.

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

Walsh

4 TELEPHONE NUMBER OF CANDIDATE
(PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

(682) 207-5523

5 ADDRESS OF CANDIDATE
(PLEASE TYPE OR PRINT)

STREET / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

9029 Hawley Dr.

Fort Worth

TX

76244

6 OFFICE SOUGHT BY CANDIDATE
(PLEASE TYPE OR PRINT)

Keller ISD Trustee Place 5

7 NAME OF COMMITTEE
(PLEASE TYPE OR PRINT)

8 NAME OF CAMPAIGN TREASURER
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

Mrs.

Stephanie

L.

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

Walsh

GO TO PAGE 2

CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

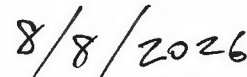
THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.



Signature



Date

**AMENDMENT: APPOINTMENT OF A
CAMPAIGN TREASURER BY A CANDIDATE**

FORM ACTA
PG 1

1 CANDIDATE NAME Mr. Andrew G. Walsh	2 FILER ID #	3 Total pages filed: 2
See ACTA Instruction Guide for detailed instructions. Use this form for changes to existing information <i>only</i>. Do not provide information previously disclosed.		
4 CANDIDATE NAME	NEW MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX	OFFICE USE ONLY Date Received 07-09-26 Date Hand-delivered or Postmarked 07-09-26 Receipt # Amount \$ N/A Date Processed 07-09-26 Date Imaged 07-09-26
5 CANDIDATE MAILING ADDRESS	NEW ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
6 CANDIDATE PHONE	NEW AREA CODE PHONE NUMBER EXTENSION ()	
7 OFFICE HELD (if any)	NEW	
8 OFFICE SOUGHT (if known)	NEW Keller ISD Trustee Place 5	
9 CAMPAIGN TREASURER NAME	NEW MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX	
10 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	NEW STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE	
11 CAMPAIGN TREASURER PHONE	NEW AREA CODE PHONE NUMBER EXTENSION ()	
12 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code. I am aware of my responsibility to file timely reports as required by title 15 of the Election Code. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations. _____ Signature of Candidate 7/9/2026 _____ Date Signed	

GO TO PAGE 2

AMENDMENT:
CANDIDATE MODIFIED REPORTING DECLARATION

FORM ACTA

PG 2

**13 CANDIDATE
NAME**

Mr. Andrew G. Walsh

**14 MODIFIED
REPORTING
DECLARATION**

NEW

**COMPLETE THIS SECTION ONLY IF YOU ARE
CHOOSING MODIFIED REPORTING**

**•• This declaration must be filed no later than the 30th day before
the first election to which the declaration applies. ••**

•• The modified reporting option is valid for one election cycle only. ••
(An election cycle includes a primary election, a general election, and any related runoffs.)

**•• Candidates for the office of state chair of a political party
may NOT choose modified reporting. ••**

I do not intend to accept more than \$1,140 in political contributions
or make more than \$1,140 in political expenditures (excluding
filing fees) in connection with any future election within the election
cycle. I understand that if either one of those limits is exceeded, I
will be required to file pre-election reports and, if necessary, a
runoff report.

Year of election(s) or election cycle to
which declaration applies

Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us
or mail to

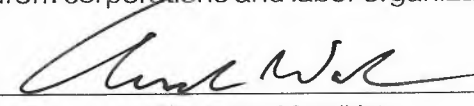
Texas Ethics Commission
P.O. Box 12070
Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority
DO NOT SEND TO TEC

For more information about where to file go to:
<https://www.ethics.state.tx.us/filinginfo/QuickFileARepor.php>

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.						1 Total pages filed: 2	
2 CANDIDATE NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY			
	Mr.	Andrew	G.	Filer ID #			
	NICKNAME	LAST	SUFFIX	Date Received			
		Walsh		7-7-2026			
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	Date Hand-delivered or Postmarked	
	PO Box 244		Keller	TX	76244	7-7-2026	
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Receipt #	Amount \$		
	(682)	207-5523			Date Processed		
					7-7-2026		
5 OFFICE HELD (if any)	Date Imaged						
	7-7-2026						
6 OFFICE SOUGHT (if known)	Keller ISD Trustee Place 4						
7 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX	
	Mrs.	Stephanie	L.		Walsh		
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS;	APT / SUITE #;	CITY;	STATE;	ZIP CODE		
	9029 Hawley Dr.		Fort Worth	TX	76244		
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(682)	207-4512					
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code. I am aware of my responsibility to file timely reports as required by title 15 of the Election Code. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.  Signature of Candidate 7/1/2026 Date Signed						

GO TO PAGE 2

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA
PG 2

11 CANDIDATE
NAME

Mr. Andrew G. Walsh

12 MODIFIED
REPORTING
DECLARATION

COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING

•• This declaration must be filed no later than the 30th day before
the first election to which the declaration applies. ••

•• The modified reporting option is valid for one election cycle only. ••
(An election cycle includes a primary election, a general election, and any related runoffs.)

• Candidates for the office of state or county chair of a political party
may NOT choose modified reporting. ••

I do not intend to accept more than \$1,140 in political
contributions or make more than \$1,140 in political expenditures
(excluding filing fees) in connection with any future election
within the election cycle. I understand that if either one of those
limits is exceeded, I will be required to file pre-election reports
and, if necessary, a runoff report.

Year of election(s) or election cycle to
which declaration applies

Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us

or mail to
Texas Ethics Commission
P.O. Box 12070
Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority
DO NOT SEND TO TEC

For more information about where to file go to:
<https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php>

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: 19
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. FIRST Andrew MI G NICKNAME LAST Walsh SUFFIX		OFFICE USE ONLY Date Received 10/05/26 Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed 10/05/26 Date Imaged 10/05/26
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; P.O. Box 244 APT / SUITE #; CITY; Keller, TX STATE; TX ZIP CODE 76244		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (682) PHONE NUMBER 207-5523 EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs FIRST Stephanie MI L NICKNAME LAST Walsh SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 9029 Hawley Dr. APT / SUITE #; CITY; Fort Worth, TX STATE; TX ZIP CODE 76244		
8 CAMPAIGN TREASURER PHONE	AREA CODE (682) PHONE NUMBER 207-4512 EXTENSION		
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 7 / 24 / 2026 THROUGH Month Day Year 9 / 24 / 2026		
11 ELECTION	ELECTION DATE Month Day Year 11 / 3 / 2026 ELECTION TYPE ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special		
12 OFFICE	OFFICE HELD (if any) None 13 OFFICE SOUGHT (if known) Keller ISD Trustee Place 5		
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. ☐ Additional Pages ☐ GENERAL ☐ SPECIFIC COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

2/19

15 C/OH NAME <u>Andrew Walsh</u>		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)	\$ 5,059.68
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,618.71
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,348.77
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,050.00

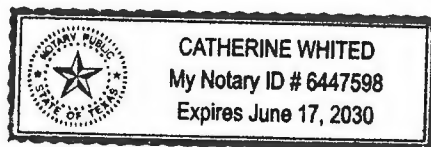
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Andrew Walsh

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Andrew Walsh this the 5th day of October,

2026, to certify which, witness my hand and seal of office.

Catherine Whited

Signature of officer administering oath

Catherine Whited

Printed name of officer administering oath

notary

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
3/19

19 FILER NAME <i>Andrew Walsh</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,059.68
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	☒ SCHEDULE E: LOANS	\$ 1,050.00
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,618.71
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	\$

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: Sch. 1/12 Rpt. 4/19
2 FILER NAME Andrew Walsh		3 Filer ID (Ethics Commission Filers)
4 Date 8/6/26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Ball, Sabrina	7 Amount of contribution (\$) \$1,000
6 Contributor address; City; State; Zip Code 1326 Mistletoe Dr. Fort Worth, TX 76110		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/22/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Beck, Belinda	Amount of contribution (\$) \$104.48
Contributor address; City; State; Zip Code 9172 E. Tarantini Ln. Scottsdale, AZ 85260		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/17/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Boggs, Jillian	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 10312 Grayhawk Ln. Fort Worth, TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/4/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Borrego, Victoria	Amount of contribution (\$) \$52.40
Contributor address; City; State; Zip Code P.O. Box 164101 Fort Worth, TX 76161		
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.		

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: Sch. 2/12 Rpt 5/19
2 FILER NAME Andrew Walsh		3 Filer ID (Ethics Commission Filers)
4 Date 9/17/26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Brandon Allison	7 Amount of contribution (\$) \$26.35
6 Contributor address; City; State; Zip Code 12340 Macaroon Ln. Fort Worth, TX 76244		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/30/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Burghart, Wanda	Amount of contribution (\$) \$30.00
Contributor address; City; State; Zip Code 619 Warrington Ln Southlake, TX 76092		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/30/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Burud, Gwenn	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 9468 Smiths Park Ln. Fort Worth, TX 76177		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/30/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Carter, Sandra	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code 1901 Whitley Rd. Keller, TX 76248		
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.		

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: Sch. 3/12 Rpt 6/12	
2 FILER NAME Andrew Walsh		3 Filer ID (Ethics Commission Filers)	
4 Date 8/30/26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Christ, Dorothea	7 Amount of contribution (\$) \$10.00	
6 Contributor address; City; State; Zip Code 3820 Lakeway Dr. Southlake, TX 76092			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	

Date 8/18/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Efthymiou, Lisa M	Amount of contribution (\$) \$26.35
Contributor address; City; State; Zip Code 717 Arignon Tr. Keller, TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 8/30/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Forte, Stacy	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2733 Mona Vale Rd. Roanoke, TX 76262		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 8/18/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Gay, Frederick	Amount of contribution (\$) \$104.48
Contributor address; City; State; Zip Code 9129 Tidball Dr. Fort Worth, TX 76244		
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.

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: Sch 4/12 Rpt 7/12	
2 FILER NAME Andrew Walsh		3 Filer ID (Ethics Commission Filers)	
4 Date 9/1/26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Harvey, Reese	7 Amount of contribution (\$) \$21.15	
6 Contributor address; City; State; Zip Code 4905 Friedman Ln. Fort Worth, TX 76244			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	

Date 9/16/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Hutchins, Rebekah	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 4857 Trail Hollow Dr. Fort Worth, TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 9/16/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Janjua, Farah	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 400 Bennington Ln. Keller, TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 8/30/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Jordan, Bruce	Amount of contribution (\$) \$30.00
Contributor address; City; State; Zip Code 2100 Count Fleet Dr. Unit 611 Arlington, TX 76011		
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.

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: Sch 5/12 Rpt 8/19
2 FILER NAME Andrew Walsh		3 Filer ID (Ethics Commission Filers)
4 Date 8/23/26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Lupo, Diane	7 Amount of contribution (\$) \$104.48
6 Contributor address; City; State; Zip Code 33171 Reef Rd. Lewes, DE 19958		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/11/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Lydick, Dawn	Amount of contribution (\$) \$52.40
Contributor address; City; State; Zip Code 8005 Sitka St. Fort Worth, TX 76137		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/9/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Marshall, Tori	Amount of contribution (\$) \$26.35
Contributor address; City; State; Zip Code 5205 Yampa Tr. Fort Worth, TX 76137		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/16/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Martin, Erin	Amount of contribution (\$) \$52.40
Contributor address; City; State; Zip Code 7901 Klamath Mtn. Rd. Fort Worth, TX 76137		
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.		

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:

Sch 6/12 Rpt 9/19

2 FILER NAME

Andrew Walsh

3 Filer ID (Ethics Commission Filers)

4 Date

8/30/26

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

McElveney, Kristi

6 Contributor address;

City;

State;

Zip Code

1431 Cat Mountain Trl. Keller, TX 76248

7 Amount of contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/10/26

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Miller, Jennifer

Contributor address;

City;

State;

Zip Code

8405 Fort Union Ct. Fort Worth, TX 76137

Amount of contribution (\$)

\$26.35

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/27/26

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mulligan, Brody

Contributor address;

City;

State;

Zip Code

312 Rambling Ct. Euless, TX 76039

Amount of contribution (\$)

\$1.35

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/30/26

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Navarro, Barbara

Contributor address;

City;

State;

Zip Code

21018 Timber Ridge Dr. Magnolia, TX 77355

Amount of contribution (\$)

\$20.00

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.

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: Sch 7/12 Rpt 10/19
2 FILER NAME Andrew Walsh		3 Filer ID (Ethics Commission Filers)
4 Date 9/6/26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Att. Misty 6 Contributor address; City; State; Zip Code 9320 Granger Ln. Fort Worth, TX 76244	7 Amount of contribution (\$) \$ 521.15
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/30/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Parks, Sheryl Contributor address; City; State; Zip Code 389 LaQuinta Cir S. Keller, TX 76248	Amount of contribution (\$) \$ 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/15/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Pokala, Ravi Contributor address; City; State; Zip Code 100 Seventh St. Apt. 608 Pittsburgh, PA 15222	Amount of contribution (\$) \$ 521.15
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/13/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Pokala, Sivarama Contributor address; City; State; Zip Code 310 W. 95th St. Apt. 7B New York, NY 10025	Amount of contribution (\$) \$ 26.35
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.		

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: Sch 8/12 Rpt 11/19	
2 FILER NAME Andrew Walsh		3 Filer ID (Ethics Commission Filers)	
4 Date 8/31/26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Potts, Ann 6 Contributor address; City; State; Zip Code 535 Big Bend Dr. Keller, TX 76248	7 Amount of contribution (\$) \$500.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 8/30/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Proskovec, Jay Contributor address; City; State; Zip Code 7816 Park Downs Dr. Fort Worth, TX 76137	Amount of contribution (\$) \$50.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/30/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Ross, Lawrence Contributor address; City; State; Zip Code 1925 Old York Dr. Keller, TX 76248	Amount of contribution (\$) \$50.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/30/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Ruppert, William Contributor address; City; State; Zip Code 1300 Keller Pkwy Apt. 1217 Keller, TX 76248	Amount of contribution (\$) \$50.00	
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.			

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: Sch 9/12 Rpt 12/19	
2 FILER NAME Andrew Walsh		3 Filer ID (Ethics Commission Filers)	
4 Date 8/7/26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Schaik, Kendra 6 Contributor address; City; State; Zip Code 7825 Green Valley Dr. North Richland Hills, TX 76182	7 Amount of contribution (\$) \$36.77	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 8/7/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Shelton, Jenna Contributor address; City; State; Zip Code 5024 San Jacinto Dr. Haltom City, TX 76137	Amount of contribution (\$) \$26.35	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/13/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Shelton, Jenna Contributor address; City; State; Zip Code 5024 San Jacinto Dr. Haltom City, TX 76137	Amount of contribution (\$) \$36.77	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/13/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Shelton, Jenna Contributor address; City; State; Zip Code 5024 San Jacinto Dr. Haltom City, TX 76137	Amount of contribution (\$) \$35.00	
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.			

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: Sch 10/12 Rpt 13/19
2 FILER NAME Andrew Walsh		3 Filer ID (Ethics Commission Filers)
4 Date 9/14/26	5 Full name of contributor Shelton, Virginia 6 Contributor address; City; State; Zip Code 5024 San Jacinto Dr. Haltom City, TX 76137	7 Amount of contribution (\$) \$36.77
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/24/26	Full name of contributor Shelton, Virginia Contributor address; City; State; Zip Code 5024 San Jacinto Dr. Haltom City, TX 76137	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/10/26	Full name of contributor Sherman, Caroline Contributor address; City; State; Zip Code 1034 Canterbury Ln. Keller, TX 76248	Amount of contribution (\$) \$26.35
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/13/26	Full name of contributor Singh, Jitendra Contributor address; City; State; Zip Code 9021 Hawley Dr. Fort Worth, TX 76244	Amount of contribution (\$) \$200.00
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.		

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: Sch 11/12 Rpt 14/19
2 FILER NAME Andrew Walsh		3 Filer ID (Ethics Commission Filers)
4 Date 9/17/26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Sternke, Andrew 6 Contributor address; City; State; Zip Code 1108 Wickford Ct. Keller, TX 76248	7 Amount of contribution (\$) \$260.73
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/30/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Weatherred, Mary Anne Contributor address; City; State; Zip Code 12308 Water Oak Dr. Fort Worth, TX 76244	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/9/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Welcing, Donna Contributor address; City; State; Zip Code 4832 Crumbeake Dr. Fort Worth, TX 76244	Amount of contribution (\$) \$52.40
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/9/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) White, Kathy Contributor address; City; State; Zip Code 48 Stage Coach Rd. Fort Worth, TX 76244	Amount of contribution (\$) \$26.35
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.		

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:

Sch 12/12 Rpt 15/19

2 FILER NAME

Andrew Walsh

3 Filer ID (Ethics Commission Filers)

4 Date

8/19/26

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Purdue, Carol

7 Amount of contribution (\$)

\$50.00

6 Contributor address;

City;

State;

Zip Code

329 Owens Ave Elmira, NY 14903

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ 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

☐ 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

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

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.

LOANS**SCHEDULE E**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 E: <i>Sch 111 Rpt 16/19</i>
2 FILER NAME <i>Andrew Walsh</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>7/24/26</i>	7 Name of lender ☐ out-of-state PAC (ID#: _____) <i>Walsh, Andrew</i>	9 Loan Amount (\$) <i>\$50.00</i>
6 Is lender a financial Institution? Y ☒ N	8 Lender address; City; State; Zip Code <i>9029 Hawley Dr. Fort Worth, TX 76244</i>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <i>Engineer</i>		13 Employer (See Instructions) <i>Lockheed Martin</i>
14 Description of Collateral ☒ none		15 ☒ Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION ☒ not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan <i>8/19/26</i>	Name of lender ☐ out-of-state PAC (ID#: _____) <i>Walsh, Andrew</i>	Loan Amount (\$) <i>\$1,000.00</i>
Is lender a financial Institution? Y ☒ N	Lender address; City; State; Zip Code <i>9029 Hawley Dr. Fort Worth, TX 76244</i>	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) <i>Engineer</i>		Employer (See Instructions) <i>Lockheed Martin</i>
Description of Collateral ☒ none		☒ Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION ☒ not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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.

17/19

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: 113	2 FILER NAME Andrew Walsh	3 Filer ID (Ethics Commission Filers)
4 Date 8/30/26	5 Payee name Act Blue Technical Services	
6 Amount (\$) \$10.58	7 Payee address; City; State; Zip Code P.O. Box 962017 Boston, MA 02196 ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	
	(b) Description Merchant Card Services	
	(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 9/24/26	Payee name Anedot, Inc.	
Amount (\$) \$181.48	Payee address; City; State; Zip Code 3723 Greenville Ave. Dallas TX 75206 Ste. 41002 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	
	Description Merchant Card Services Fees	
	☐ 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 8/11/26	Payee name Campaign Verify	
Amount (\$) \$95.00	Payee address; City; State; Zip Code 1215 31st St. NW Washington, DC 20007 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	
	Description Text Message Verification	
	☐ 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.

18/19

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: 2/3		2 FILER NAME Andrew Walsh		3 Filer ID (Ethics Commission Filers)	
4 Date 8/31/26		5 Payee name Rachel Weatherington for KISD Trustee			
6 Amount (\$) \$355.00		7 Payee address; 7911 Rogue River Trail ☐ Check if individual's residence address.		City; Fort Worth, TX	State; Zip Code TX 76137
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Software Access Reimbursement		(b) Description Split Amount		
	(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 8/12/26		Payee name SquareSpace			
Amount (\$) \$37.41		Payee address; 8 Clarkson ☐ Check if individual's residence address.		City; New York	State; Zip Code NY 10013
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Web Hosting		
	☐ 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 9/14/26		Payee name SquareSpace			
Amount (\$) \$41.57		Payee address; 8 Clarkson ☐ Check if individual's residence address.		City; New York	State; Zip Code NY 10013
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Web Hosting		
	☐ 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

If the requested information is not applicable, **DO NOT** include this page in the report.

19/19

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 Andrew Walsh		3 Filer ID (Ethics Commission Filers)	
4 Date 9/14/26		5 Payee name Edward + Patterson Signs			
6 Amount (\$) \$2,161.10		7 Payee address; 203 S. Belt Line Rd. ☐ Check if individual's residence address.		City; Irving	State; TX
				Zip Code 75060	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Signs		
	(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 8/31/26		Payee name Frost Bank			
Amount (\$) \$14.00		Payee address; 2501 Airport Fwy ☐ Check if individual's residence address.		City; Euless	State; TX
				Zip Code 76040	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Banking Account Fee		
	☐ 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 8/24/26		Payee name Print Place			
Amount (\$) \$722.57		Payee address; 1130 Ave. H East ☐ Check if individual's residence address.		City; Arlington, TX	State; TX
				Zip Code 76011	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Campaign Fliers		
	☐ 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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