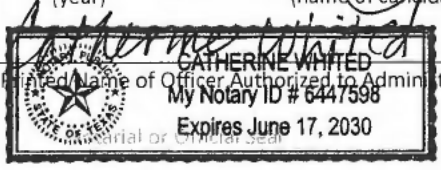


**APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION  
FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION**

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL<sup>1</sup> Failure to provide required information may result in rejection of application.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                                          |                                                                                                                                                                                                                                                                                  |                                                                                                     |                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>APPLICATION FOR A PLACE ON THE <u>Keller ISD Trustee</u> GENERAL ELECTION BALLOT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                                                          |                                                                                                                                                                                                                                                                                  |                                                                                                     |                                                              |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                                                          |                                                                                                                                                                                                                                                                                  |                                                                                                     |                                                              |
| <b>OFFICE SOUGHT</b> (Include any place number or other distinguishing number, if any.)<br><u>Keller ISD Trustee Place 4</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |                                                          |                                                                                                                                                                                                                                                                                  | <b>INDICATE TERM</b><br><input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED |                                                              |
| <b>FULL NAME</b> (First, Middle, Last)<br><u>Rachel Leigh Weatherington</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                                                          | <b>PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT*</b><br><u>Rachel Weatherington</u>                                                                                                                                                                                         |                                                                                                     |                                                              |
| <b>PERMANENT RESIDENCE ADDRESS</b> (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.)<br><u>7411 Dogue River Trail</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                                                          | <b>PUBLIC MAILING ADDRESS (Optional)</b> (Address for which you receive campaign related correspondence, if available.)                                                                                                                                                          |                                                                                                     |                                                              |
| <b>CITY</b><br><u>Fort Worth</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>STATE</b><br><u>TX</u> | <b>ZIP</b><br><u>76137</u>                               | <b>CITY</b>                                                                                                                                                                                                                                                                      | <b>STATE</b>                                                                                        | <b>ZIP</b>                                                   |
| <b>PUBLIC EMAIL ADDRESS (Optional)</b> (Address for which you receive campaign related emails, if available.)<br><u>Rachel@rachelweatherington.com</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           | <b>OCCUPATION</b> (Do not leave blank)<br><u>Teacher</u> |                                                                                                                                                                                                                                                                                  | <b>DATE OF BIRTH</b>                                                                                | <b>VOTER REGISTRATION VOID NUMBER<sup>2</sup> (Optional)</b> |
| <b>TELEPHONE CONTACT INFORMATION (Optional)</b><br>Home: Office: Cell: <u>469.263.2238</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                          |                                                                                                                                                                                                                                                                                  |                                                                                                     |                                                              |
| <b>FELONY CONVICTION STATUS (You MUST check one)</b><br><input checked="" type="checkbox"/> I have not been finally convicted of a felony.<br><input type="checkbox"/> 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. <sup>3</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                                                          | <b>LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN</b><br><b>IN THE STATE OF TEXAS</b><br><u>8</u> year(s)<br><u>10</u> month(s)<br><b>IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED</b><br><u>8</u> year(s)<br><u>10</u> month(s) |                                                                                                     |                                                              |
| <b>This Box Must ONLY be Completed by Candidates for School District Board of Trustees</b><br>Check the Box Below:<br><input checked="" type="checkbox"/> 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>Rachel Weatherington</u> who being by me here and now duly sworn, upon oath says:<br>"I, (name of candidate) <u>Rachel Weatherington</u> , of <u>Tarrant</u> County, Texas, Being a candidate for the office of <u>Keller ISD Trustee Place 4</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. |                           |                                                          |                                                                                                                                                                                                                                                                                  |                                                                                                     |                                                              |
| Sworn to and subscribed before me this the <u>13th</u> day of <u>August</u> , <u>2016</u> , by <u>Rachel Weatherington</u><br>(day) (month) (year) (name of candidate)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |                                                          | <b>SIGNATURE OF CANDIDATE</b><br><u>Rachel Weatherington</u>                                                                                                                                                                                                                     |                                                                                                     |                                                              |
| Signature of Officer Authorized to Administer Oath <sup>4</sup><br><u>Catherine Whitte</u><br><u>Notary</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                                                          |                                                                                                                                                                                              |                                                                                                     |                                                              |
| Title of Officer Authorized to Administer Oath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                          |                                                                                                                                                                                                                                                                                  |                                                                                                     |                                                              |
| <b>TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID BY:</b><br><input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CASHIERS CHECK OR <input type="checkbox"/> PETITION IN LIEU OF A FILING FEE.<br>This document and \$ <u>N/A</u> filing fee or a nominating petition of <u>1</u> pages received. <input checked="" type="checkbox"/> Voter Registration Status Verified<br><u>013 2016 8 13 2016</u> (See Section 1.007) <u>Catherine Whitte</u><br>Date Received Date Accepted Signature of Filing Officer or Designee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                                                          |                                                                                                                                                                                                                                                                                  |                                                                                                     |                                                              |

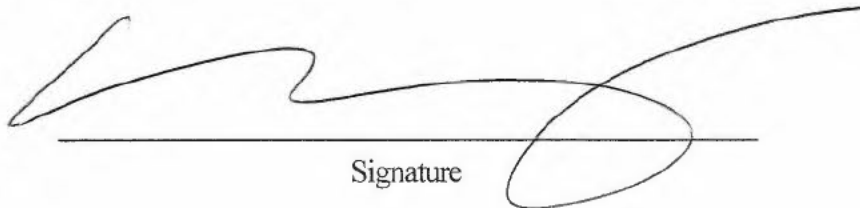
## CODE OF FAIR CAMPAIGN PRACTICES

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.

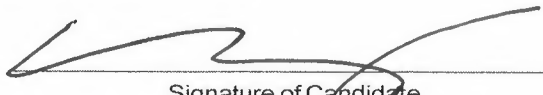


Signature

Aug 13, 2026  
Date

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA  
PG 1

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

GO TO PAGE 2

**CANDIDATE MODIFIED  
REPORTING DECLARATION**

**FORM CTA  
PG 2**

**11 CANDIDATE  
NAME**

*Rachel Weatherington*

**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. •**

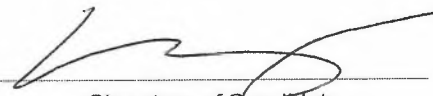
**• The modified reporting option is valid for one election cycle only. •**  
(An election cycle includes a primary election, a general election, and any related runoffs.)

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

I do not intend to accept more than \$1,110 in political contributions or  
make more than \$1,110 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.

*2026*

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](mailto: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:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Rachel

L

NICKNAME

LAST

SUFFIX

Weatherington

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

7911 Rogue River Trl; Fort Worth; Texas; 76137

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 469 )

263-2238

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

MRS

Tori

R

NICKNAME

LAST

SUFFIX

Marshall

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

5205 Yampa Trl; Fort Worth; Texas; 76137

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 682 )

237-9254

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

07 / 7 / 26

THROUGH

Month

Day

Year

9 / 24 / 26

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 3 / 26

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other  
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Keller ISD Trustee, Place 4

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

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME  
Rachel Weatherington

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) \$ 725.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 11462.86

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE \$ 86.85

4. TOTAL POLITICAL EXPENDITURES \$ 5927.99

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 4941.87

OUTSTANDING  
LOAN TOTALS

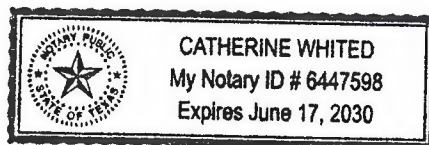
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1500.00

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 Rachel Weatherington this the 5th day of October

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

Catherine Whited Catherine Whited notary  
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<br>Rachel Weatherington     |                                                                                                           | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |                                                                                                           | SUBTOTAL<br>AMOUNT                     |
| 1.                                        | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                         | \$ 10487.86                            |
| 2.                                        | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS           | \$ 250.00                              |
| 3.                                        | SCHEDULE B: PLEDGED CONTRIBUTIONS                                                                         | \$                                     |
| 4.                                        | <input checked="" type="checkbox"/> SCHEDULE E: LOANS                                                     | \$ 1500                                |
| 5.                                        | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 5601.63                             |
| 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.                                        | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS           | \$ 239.51                              |
| 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: 18         |
| 2 FILER NAME<br>Rachel Weatherington                                                                                                                           |                                                                                                                                                                                | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br>7/10/2026                                                                                                                                            | 5 Full name of contributor out-of-state PAC (ID#: _____)<br>Amy Wood<br>6 Contributor address; City; State; Zip Code<br>8005 Ranch View Pl; Springtown; Texas; 76082           | 7 Amount of contribution (\$) 5.59    |
| 8 Principal occupation / Job title (See Instructions)                                                                                                          |                                                                                                                                                                                | 9 Employer (See Instructions)         |
| Date<br>7/10/2026                                                                                                                                              | Full name of contributor out-of-state PAC (ID#: _____)<br>Travis Owsley<br>Contributor address; City; State; Zip Code<br>7911 Rogue River Trl; Fort Worth; Texas; 76137        | Amount of contribution (\$) 10.86     |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                                | Employer (See Instructions)           |
| Date<br>7/10/2026                                                                                                                                              | Full name of contributor out-of-state PAC (ID#: _____)<br>Alicia Walters<br>Contributor address; City; State; Zip Code<br>Unknown                                              | Amount of contribution (\$) 105.75    |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                                | Employer (See Instructions)           |
| Date<br>7/16/2026                                                                                                                                              | Full name of contributor out-of-state PAC (ID#: _____)<br>Rachel Weatherington<br>Contributor address; City; State; Zip Code<br>7911 Rogue River Trl; Fort Worth; Texas; 76137 | Amount of contribution (\$) 10.86     |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                                | Employer (See Instructions)           |
|                                                                                                                                                                |                                                                                                                                                                                |                                       |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>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: 18           |
| 2 FILER NAME<br>Rachel Weatherington                                                                                                                           |                                                                                                                                                                                | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br>7/19/2026                                                                                                                                            | 5 Full name of contributor out-of-state PAC (ID#: _____)<br>Barbara Urbanczyk<br>6 Contributor address; City; State; Zip Code<br>8181 Trail Lake Dr; Powell; Ohio              | 7 Amount of contribution (\$)<br>211.18 |
| 8 Principal occupation / Job title (See Instructions)                                                                                                          |                                                                                                                                                                                | 9 Employer (See Instructions)           |
| Date<br>7/22/2026                                                                                                                                              | Full name of contributor out-of-state PAC (ID#: _____)<br>O'Connor for Congress<br>Contributor address; City; State; Zip Code<br>545 East Town St; Columbus; Ohio; 43215       | Amount of contribution (\$)<br>500.00   |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                                | Employer (See Instructions)             |
| Date<br>7/27/2026                                                                                                                                              | Full name of contributor out-of-state PAC (ID#: _____)<br>Nick Trzeciak<br>Contributor address; City; State; Zip Code<br>3808 AppleSprings Drive; Fort Worth; Texas            | Amount of contribution (\$)<br>26.68    |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                                | Employer (See Instructions)             |
| Date<br>7/29/2026                                                                                                                                              | Full name of contributor out-of-state PAC (ID#: _____)<br>Rachel Weatherington<br>Contributor address; City; State; Zip Code<br>7911 Rogue River Trl; Fort Worth; Texas; 76137 | Amount of contribution (\$)<br>5.00     |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                                | Employer (See Instructions)             |
|                                                                                                                                                                |                                                                                                                                                                                |                                         |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>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: 18          |
| 2 FILER NAME<br>Rachel Weatherington                                                                                                                           |                                                                                                                                                                           | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date<br>7/29/2026                                                                                                                                            | 5 Full name of contributor out-of-state PAC (ID#: _____)<br>Hilarie Benadetto<br>6 Contributor address; City; State; Zip Code<br>3201 Summit Ct; Grapevine, Texas         | 7 Amount of contribution (\$)<br>51.95 |
| 8 Principal occupation / Job title (See Instructions)                                                                                                          |                                                                                                                                                                           | 9 Employer (See Instructions)          |
| Date<br>7/29/2026                                                                                                                                              | Full name of contributor out-of-state PAC (ID#: _____)<br>Mandie Bird<br>Contributor address; City; State; Zip Code<br>1210 Lipscomb St; Fort Worth, Texas                | Amount of contribution (\$)<br>53.04   |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                           | Employer (See Instructions)            |
| Date<br>7/30/2026                                                                                                                                              | Full name of contributor out-of-state PAC (ID#: _____)<br>Daniel Adkins<br>Contributor address; City; State; Zip Code<br>7000 windhaven parkway, the colony, Texas; 75056 | Amount of contribution (\$)<br>53.04   |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                           | Employer (See Instructions)            |
| Date<br>7/31/2026                                                                                                                                              | Full name of contributor out-of-state PAC (ID#: _____)<br>Erin Martin<br>Contributor address; City; State; Zip Code<br>7901 Klamath Mountain Road Fort Worth TX 76137     | Amount of contribution (\$)<br>105.72  |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                           | Employer (See Instructions)            |
|                                                                                                                                                                |                                                                                                                                                                           |                                        |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>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: **18**

2 FILER NAME

Rachel Weatherington

3 Filer ID (Ethics Commission Filers)

4 Date

7/31/2026

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Nancy Terrell

7 Amount of contribution (\$)

105.75

6 Contributor address;

City;

State;

Zip Code

4916 McCauley Drive Fort Worth Texas

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/6/2026

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Sabrina Ball

Amount of contribution (\$)

1000.00

Contributor address;

City;

State;

Zip Code

1326 Mistletoe Drive Fort Worth TX 76110

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/7/2026

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Victoria Borrego

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

PO BOX 164101 Fort Worth TX 76161

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/8/2026

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Colleen Elliott

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

1421 Shady Hollow Court 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: 18

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Tiffany Burks

8/8/2026

6 Contributor address;

City;

State;

Zip Code

2400 Cornerstone Dr Mansfield TX 76063

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Sheryl Kadmon

8/15/2026

Contributor address;

City;

State;

Zip Code

3919 River Forest Dr; Richmond; Texas; 77406

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Scott Nelson

8/15/2026

Contributor address;

City;

State;

Zip Code

3136 Oakview Drive Hurst TX 76054

Amount of contribution (\$)

125.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Mary Anne Weatherred

8/15/2026

Contributor address;

City;

State;

Zip Code

12308 Water Oak Drive Fort Worth TX 76244

Amount of contribution (\$)

263.90

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: 18

2 FILER NAME

Rachel Weatherington

3 Filer ID (Ethics Commission Filers)

4 Date

8/17/2026

5 Full name of contributor

Carolyn Watson

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

City;

State;

Zip Code

8405 Fort Union Ct; Fort Worth; Texas; 76137

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/17/2026

Full name of contributor

Patricia Chisholm

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

8355 Denali Drive Fort Worth TX 76137

Amount of contribution (\$)

53.04

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/18/2026

Full name of contributor

Amy Wood

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

005 Ranch View Pl; Springtown; Texas; 76082

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/18/2026

Full name of contributor

Lisa Efthymiou

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

717 Avignon Trail Keller TX 76248

Amount of contribution (\$)

26.68

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: **18**

2 FILER NAME

Rachel Weatherington

3 Filer ID (Ethics Commission Filers)

4 Date

8/18/2026

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Mary York

7 Amount of contribution (\$)

53.04

6 Contributor address;

City;

State;

Zip Code

4909 Eddleman Drive Fort Worth TX 76244

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/18/2026

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Robyn Birkenfeld

Amount of contribution (\$)

526.50

Contributor address;

City;

State;

Zip Code

1717 Broadmoor Drive Keller TX 76262

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/19/2026

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Phyllis Kelly

Amount of contribution (\$)

53.04

Contributor address;

City;

State;

Zip Code

510 East 18th Street Covington KY 41014

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/20/2026

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Numair Kazmi

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

3653 Manderly Place Fort Worth TX 76109

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: **18**

2 FILER NAME

Rachel Weatherington

3 Filer ID (Ethics Commission Filers)

4 Date

8/20/2026

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Erin Martin

7 Amount of contribution (\$)

53.12

6 Contributor address;

City;

State;

Zip Code

7901 Klamath Mountain Road Fort Worth TX 76137

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/20/2026

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Frederick Gay

Amount of contribution (\$)

105.75

Contributor address;

City;

State;

Zip Code

9129 Tidball Drive Fort Worth TX 76244

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/21/2026

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Belinda Beck

Amount of contribution (\$)

53.04

Contributor address;

City;

State;

Zip Code

8212 Fenwick Dr North Richland Hills TX 76182

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/21/2026

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Laura Cheng

Amount of contribution (\$)

53.12

Contributor address;

City;

State;

Zip Code

5801 Canyon Oaks Ln 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: 18

2 FILER NAME

Rachel Weatherington

3 Filer ID (Ethics Commission Filers)

4 Date

8/21/2026

5 Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

Allison Baldwin

7 Amount of contribution (\$)

263.90

6 Contributor address;

City;

State;

Zip Code

3900 Post Oak Road Flower Mound TX 75022

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/22/2026

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

Stacey Cleveland

Amount of contribution (\$)

26.68

Contributor address;

City;

State;

Zip Code

5881 Quebec Avenue Ann Arbor MI 48103

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/22/2026

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

Dylan Borchers

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

171 Northmoor Place Columbus OH 43214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/23/2026

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

Lindsey Silverblatt

Amount of contribution (\$)

53.04

Contributor address;

City;

State;

Zip Code

788 Highland Street Columbus OH 43215

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: 18

2 FILER NAME

Rachel Weatherington

3 Filer ID (Ethics Commission Filers)

4 Date

8/23/2026

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Ryan Martin

7 Amount of contribution (\$)

53.12

6 Contributor address;

City;

State;

Zip Code

7901 Klamath Mountain Road Fort Worth TX 76137

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/23/2026

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Tyler White

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

7245 La Cantera Dr Fort Worth TX 76108

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/24/2026

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Walsh for KISD

Amount of contribution (\$)

355.00

Contributor address;

City;

State;

Zip Code

9029 Hawley Dr.; Fort Worth; Texas 76244

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/27/2026

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Jasmine Cluck

Amount of contribution (\$)

26.68

Contributor address;

City;

State;

Zip Code

1145 Melissa Drive Keller TX 76262

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: 18

2 FILER NAME

Rachel Weatherington

3 Filer ID (Ethics Commission Filers)

4 Date

8/29/2026

5 Full name of contributor

Laura Weaver

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

53.04

6 Contributor address;

City;

State;

Zip Code

2917 Aston Wood Drive Haslet TX 76052

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/30/2026

Full name of contributor

Mandie Bird

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

53.04

Contributor address;

City;

State;

Zip Code

1210 Lipscomb St; Fort Worth, Texas

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/31/2026

Full name of contributor

Ann Potts

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1000.00

Contributor address;

City;

State;

Zip Code

535 Big Bend Dr Keller TX 76248

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/1/2026

Full name of contributor

Michael Kroner

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

132.11

Contributor address;

City;

State;

Zip Code

32 Blair Street Greenville SC 29607

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: 18

2 FILER NAME

Rachel Weatherington

3 Filer ID (Ethics Commission Filers)

4 Date

9/3/2026

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Farah Janjua

6 Contributor address;

City;

State;

Zip Code

400 Bennington Lane Keller TX 76248

7 Amount of contribution (\$)

125.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/4/2026

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Stacie Ellis-Maultsby

Contributor address;

City;

State;

Zip Code

7904 Katie Ln Watauga TX 76148

Amount of contribution (\$)

26.68

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/6/2026

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Edward Prem

Contributor address;

City;

State;

Zip Code

1200 Verona Way; Keller; Texas; 76248

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/6/2026

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Laura Steben

Contributor address;

City;

State;

Zip Code

8712 Corral Circle Fort Worth TX 76244

Amount of contribution (\$)

53.04

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: 18

2 FILER NAME

Rachel Weatherington

3 Filer ID (Ethics Commission Filers)

4 Date

9/7/2026

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Victoria Borrego

7 Amount of contribution (\$)

50.00

6 Contributor address;

City;

State;

Zip Code

PO BOX 164101 Fort Worth TX 76161

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/9/2026

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Patty Martin

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

148 Mount Gilead Road Keller TX 76248

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/9/2026

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Kathy White

Amount of contribution (\$)

26.68

Contributor address;

City;

State;

Zip Code

48 Stage Coach Road Fort Worth TX 76244

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/9/2026

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Sandra Cooley

Amount of contribution (\$)

26.68

Contributor address;

City;

State;

Zip Code

4309 Stonecrest Court 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: 18

2 FILER NAME

Rachel Weatherington

3 Filer ID (Ethics Commission Filers)

4 Date

9/9/2026

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

April Shiflett

7 Amount of contribution (\$)

53.04

6 Contributor address;

City;

State;

Zip Code

1425 Melody Ln Keller TX 76262

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/9/2026

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Donna Welcing

Amount of contribution (\$)

53.04

Contributor address;

City;

State;

Zip Code

4832 Crumbcake Dr Fort Worth TX 76244

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/9/2026

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Julie Hanson

Amount of contribution (\$)

53.04

Contributor address;

City;

State;

Zip Code

624 Palo Duro Drive Hurst TX 76054

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/9/2026

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Lynne Jacobs

Amount of contribution (\$)

53.04

Contributor address;

City;

State;

Zip Code

5717 Mountain Stream Trl 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: 18

2 FILER NAME

Rachel Weatherington

3 Filer ID (Ethics Commission Filers)

4 Date

9/10/2026

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Andrew Sternke

7 Amount of contribution (\$)

263.90

6 Contributor address;

City;

State;

Zip Code

1108 Wickford Ct Keller TX 76248

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/11/2026

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Michael Weatherington-McNeese

Amount of contribution (\$)

31.95

Contributor address;

City;

State;

Zip Code

376 Woodrow Wilson Road Carrollton KY 41008

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/11/2026

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Dawn Lydick

Amount of contribution (\$)

53.04

Contributor address;

City;

State;

Zip Code

8005 Sitka Street Fort Worth TX 76137

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/16/2026

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Salena Morpew

Amount of contribution (\$)

26.68

Contributor address;

City;

State;

Zip Code

999 Pheasant Ridge 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: 18           |
| 2 FILER NAME<br>Rachel Weatherington                                                                                                                           |                                                                                                                                                                          | 3 Filer ID (Ethics Commission Filers)   |
| 4 Date<br>9/16/2026                                                                                                                                            | 5 Full name of contributor out-of-state PAC (ID#: _____)<br>Rebekah Hutchins<br>6 Contributor address; City; State; Zip Code<br>4857 Trail Hollow dr Fort Worth TX 76244 | 7 Amount of contribution (\$)<br>250.00 |
| 8 Principal occupation / Job title (See Instructions)                                                                                                          |                                                                                                                                                                          | 9 Employer (See Instructions)           |
| Date<br>9/17/2026                                                                                                                                              | Full name of contributor out-of-state PAC (ID#: _____)<br>Lauren Church<br>Contributor address; City; State; Zip Code<br>11417 MADDIE AVE FORT WORTH TX 76244            | Amount of contribution (\$)<br>5.00     |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                          | Employer (See Instructions)             |
| Date<br>9/17/2026                                                                                                                                              | Full name of contributor out-of-state PAC (ID#: _____)<br>Dawn Tscherne<br>Contributor address; City; State; Zip Code<br>8404 Fern Lake Ct Fort Worth TX 76137           | Amount of contribution (\$)<br>26.68    |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                          | Employer (See Instructions)             |
| Date<br>9/22/2026                                                                                                                                              | Full name of contributor out-of-state PAC (ID#: _____)<br>Amber McDonald<br>Contributor address; City; State; Zip Code<br>1043 Hyde Park Dr Annapolis MD 21403           | Amount of contribution (\$)<br>150.00   |
| Principal occupation / Job title (See Instructions)                                                                                                            |                                                                                                                                                                          | Employer (See Instructions)             |
|                                                                                                                                                                |                                                                                                                                                                          |                                         |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED<br>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: **18**

2 FILER NAME

Rachel Weatherington

3 Filer ID (Ethics Commission Filers)

4 Date

9/23/2026

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Jason Sibley

7 Amount of contribution (\$)

50.00

6 Contributor address;

City;

State;

Zip Code

9853 Sinclair Street Fort Worth TX 76244

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/23/2026

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Lynne Jacobs

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

5717 Mountain Stream Trail Fort Worth TX 76244-5166

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/23/2026

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Robyn Birkenfeld

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

1717 Broadmoor Dr Keller TX 76262

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/23/2026

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Cheryl Stanley

Amount of contribution (\$)

132.11

Contributor address;

City;

State;

Zip Code

876 Staghorn Drive Cincinnati OH 45245

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: 18

2 FILER NAME

Rachel Weatherington

3 Filer ID (Ethics Commission Filers)

4 Date

9/24/2026

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amy Wood

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

8005 Ranch View Pl; Springtown; Texas; 76082

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.

## SCHEDULE A2

The Instruction Guide explains how to complete this form.

2 FILER NAME

## Rachel Weatherington

\$

**6** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

**9 In-kind contribution description**

250.00

507 Himes Dr; Euless; Texas; 76039

Check if travel outside of Texas. Complete Schedule T.

**11 Employer (FOR NON-JUDICIAL)(See Instructions)**

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

**15** Law firm of contributor's spouse (if any) (FOR JUDICIAL)

Date \_\_\_\_\_

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

In-kind contribution description

Contributor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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: 1                                                         |
| 2 FILER NAME<br>Rachel Weatherington                                                                     |                                                                                                     | 3 Filer ID (Ethics Commission Filers)                                               |
| 4 TOTAL OF UNITEMIZED LOANS                                                                              |                                                                                                     | \$                                                                                  |
| 5 Date of loan<br>8/6/2026                                                                               | 7 Name of lender<br>Rachel Weatherington<br><input type="checkbox"/> out-of-state PAC (ID#: _____ ) | 9 Loan Amount (\$)<br>1500.00                                                       |
| 6 Is lender a financial Institution?<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N | 8 Lender address; City; State; Zip Code<br>7911 Rogue River Trl; Fort Worth; Texas; 76137           | 10 Interest rate<br>0                                                               |
|                                                                                                          |                                                                                                     | 11 Maturity date                                                                    |
| 12 Principal occupation / Job title (See Instructions)                                                   |                                                                                                     | 13 Employer (See Instructions)                                                      |
| 14 Description of Collateral<br><input checked="" type="checkbox"/> none                                 |                                                                                                     | 15 Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br><input checked="" type="checkbox"/> 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                                                                                | Name of lender<br><input type="checkbox"/> out-of-state PAC (ID#: _____ ) | Loan Amount (\$)                                                                 |
| Is lender a financial Institution?<br><input type="checkbox"/> Y <input type="checkbox"/> N | Lender address; City; State; Zip Code                                     | Interest rate                                                                    |
|                                                                                             |                                                                           | Maturity date                                                                    |
| Principal occupation / Job title (See Instructions)                                         |                                                                           | Employer (See Instructions)                                                      |
| Description of Collateral<br>none                                                           |                                                                           | Check if personal funds were deposited into political account (See Instructions) |
| GUARANTOR INFORMATION<br><br>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.

## 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.

|                                                                                                                                |                                                                                                                                                  |                                               |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>4                                                                                         | <b>2</b> FILER NAME<br>Rachel Weatherington                                                                                                      | <b>3</b> Filer ID (Ethics Commission Filers)  |
| <b>4</b> Date<br>07/30/2026                                                                                                    | <b>5</b> Payee name<br>VistaPrint                                                                                                                |                                               |
| <b>6</b> Amount (\$)<br>115.14                                                                                                 | <b>7</b> Payee address; City; State; Zip Code<br>275 Wyman St, Waltham, MA 02451<br><small>Check if individual's residence address.</small>      |                                               |
| <b>8</b><br><br>PURPOSE<br>OF<br>EXPENDITURE                                                                                   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense                                                      | <b>(b)</b> Description<br>Collateral Printing |
|                                                                                                                                | <b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small> |                                               |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held |                                                                                                                                                  |                                               |
| Date<br>08/12/2026                                                                                                             | Payee name<br>School Pack by EPI                                                                                                                 |                                               |
| Amount (\$)<br>469.20                                                                                                          | Payee address; City; State; Zip Code<br>1342 N Interstate 35E, Carrollton, TX 75006<br><small>Check if individual's residence address.</small>   |                                               |
| PURPOSE<br>OF<br>EXPENDITURE                                                                                                   | Category (See Categories listed at the top of this schedule)<br>Advertising Expense                                                              | Description<br>T Shirts                       |
|                                                                                                                                | <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>            |                                               |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held          |                                                                                                                                                  |                                               |
| Date<br>08/18/2026                                                                                                             | Payee name<br>Edwards & Patterson Signs                                                                                                          |                                               |
| Amount (\$)<br>2159.59                                                                                                         | Payee address; City; State; Zip Code<br>203 S Belt Line Rd, Irving, TX 75060<br><small>Check if individual's residence address.</small>          |                                               |
| PURPOSE<br>OF<br>EXPENDITURE                                                                                                   | Category (See Categories listed at the top of this schedule)<br>Advertising Expense                                                              | Description<br>Candidate Signs                |
|                                                                                                                                | <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>            |                                               |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held          |                                                                                                                                                  |                                               |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|                                            |                               |                                |                                            |
|--------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense                        | 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:<br>4                              | 2 FILER NAME<br>Rachel Weatherington                                                                                                      | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date<br>08/24/2026                                         | 5 Payee name<br>VistaPrint                                                                                                                |                                        |
| 6 Amount (\$)<br>136.38                                      | 7 Payee address; City; State; Zip Code<br>275 Wyman St, Waltham, MA 02451<br><small>Check if individual's residence address.</small>      |                                        |
| 8<br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                   | (a) Category (See Categories listed at the top of this schedule)<br>Printing Expense                                                      | (b) Description<br>Collateral Printing |
|                                                              | (c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small> |                                        |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                             | Office sought Office held              |
| Date<br>08/24/2026                                           | Payee name<br>VistaPrint                                                                                                                  |                                        |
| Amount (\$)<br>216.49                                        | Payee address; City; State; Zip Code<br>275 Wyman St, Waltham, MA 02451<br><small>Check if individual's residence address.</small>        |                                        |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | Category (See Categories listed at the top of this schedule)<br>Printing Expense                                                          | Description<br>Collateral Printing     |
|                                                              | <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>     |                                        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name                                                                                                             | Office sought Office held              |
| Date<br>08/24/2026                                           | Payee name<br>Texas Democratic                                                                                                            |                                        |
| Amount (\$)<br>710.00                                        | Payee address; City; State; Zip Code<br>P.O. Box 140390, Dallas, TX 75214<br><small>Check if individual's residence address.</small>      |                                        |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | Category (See Categories listed at the top of this schedule)<br>Other-Voter Outreach                                                      | Description<br>GOTV                    |
|                                                              | <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>     |                                        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name                                                                                                             | Office sought Office held              |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|                                            |                               |                                |                                            |
|--------------------------------------------|-------------------------------|--------------------------------|--------------------------------------------|
| Advertising Expense                        | 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:<br>4                                                                                         | 2 FILER NAME<br>Rachel Weatherington                                                                                                      | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date<br>09/08/2026                                                                                                    | 5 Payee name<br>VistaPrint                                                                                                                |                                        |
| 6 Amount (\$)<br>318.01                                                                                                 | 7 Payee address; City; State; Zip Code<br>275 Wyman St, Waltham, MA 02451<br><small>Check if individual's residence address.</small>      |                                        |
| 8<br><br>PURPOSE<br>OF<br>EXPENDITURE                                                                                   | (a) Category (See Categories listed at the top of this schedule)<br>Printing Expense                                                      | (b) Description<br>Collateral Printing |
|                                                                                                                         | (c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small> |                                        |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held |                                                                                                                                           |                                        |
| Date<br>09/14/2026                                                                                                      | Payee name<br>PrintPlace.com                                                                                                              |                                        |
| Amount (\$)<br>517.98                                                                                                   | Payee address; City; State; Zip Code<br>1130 Ave H East<br><small>Check if individual's residence address.</small>                        |                                        |
| PURPOSE<br>OF<br>EXPENDITURE                                                                                            | Category (See Categories listed at the top of this schedule)<br>Printing Expense                                                          | Description<br>Collateral Printing     |
|                                                                                                                         | <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>     |                                        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held   |                                                                                                                                           |                                        |
| Date<br>09/15/2026                                                                                                      | Payee name<br>Edwards & Patterson Signs                                                                                                   |                                        |
| Amount (\$)<br>649.43                                                                                                   | Payee address; City; State; Zip Code<br>203 S Belt Line Rd, Irving, TX 75060<br><small>Check if individual's residence address.</small>   |                                        |
| PURPOSE<br>OF<br>EXPENDITURE                                                                                            | Category (See Categories listed at the top of this schedule)<br>Advertising Expense                                                       | Description<br>Candidate Signs         |
|                                                                                                                         | <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>     |                                        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held   |                                                                                                                                           |                                        |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED                                                                     |                                                                                                                                           |                                        |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                                                                         |                                                                                                                                           |                                        |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 1 Total pages Schedule F1:<br>4                                                                                         | 2 FILER NAME<br>Rachel Weatherington                                                                                                      | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date<br>09/17/2026                                                                                                    | 5 Payee name<br>VistaPrint                                                                                                                |                                        |
| 6 Amount (\$)<br>309.41                                                                                                 | 7 Payee address; City; State; Zip Code<br>275 Wyman St, Waltham, MA 02451<br><small>Check if individual's residence address.</small>      |                                        |
| 8<br><br>PURPOSE<br>OF<br>EXPENDITURE                                                                                   | (a) Category (See Categories listed at the top of this schedule)<br>Printing Expense                                                      | (b) Description<br>Collateral Printing |
|                                                                                                                         | (c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small> |                                        |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held |                                                                                                                                           |                                        |
| Date                                                                                                                    | Payee name                                                                                                                                |                                        |
| Amount (\$)                                                                                                             | Payee address; City; State; Zip Code<br><small>Check if individual's residence address.</small>                                           |                                        |
| PURPOSE<br>OF<br>EXPENDITURE                                                                                            | Category (See Categories listed at the top of this schedule)                                                                              | Description                            |
|                                                                                                                         | <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>     |                                        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held   |                                                                                                                                           |                                        |
| Date                                                                                                                    | Payee name                                                                                                                                |                                        |
| Amount (\$)                                                                                                             | Payee address; City; State; Zip Code<br><small>Check if individual's residence address.</small>                                           |                                        |
| PURPOSE<br>OF<br>EXPENDITURE                                                                                            | Category (See Categories listed at the top of this schedule)                                                                              | Description                            |
|                                                                                                                         | <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>     |                                        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held   |                                                                                                                                           |                                        |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                                                                         |                                                                                                                                                               |                                                   |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| 1 Total pages Schedule G:<br><b>3</b>                                                                                   | 2 FILER NAME<br><b>Rachel Weatherington</b>                                                                                                                   | 3 Filer ID (Ethics Commission Filers)             |
| 4 Date<br><b>07/07/2026</b>                                                                                             | 5 Payee name<br><b>Squarespace</b>                                                                                                                            |                                                   |
| 6 Amount (\$)<br><b>8.00</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code<br><b>8 Clarkson St, New York, NY 10014, USA</b><br><small>Check if individual's residence address.</small>            |                                                   |
| 8 PURPOSE OF EXPENDITURE                                                                                                | (a) Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b>                                                                | (b) Description<br><b>Website Creation</b>        |
|                                                                                                                         | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                   |
| 9 Complete ONLY if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held        |                                                                                                                                                               |                                                   |
| Date<br><b>07/07/2026</b>                                                                                               | Payee name<br><b>Squarespace</b>                                                                                                                              |                                                   |
| Amount (\$)<br><b>34.54</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended  | Payee address; City; State; Zip Code<br><b>8 Clarkson St, New York, NY 10014, USA</b><br><small>Check if individual's residence address.</small>              |                                                   |
| PURPOSE OF EXPENDITURE                                                                                                  | Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b>                                                                    | Description<br><b>Monthly Website Rental</b>      |
|                                                                                                                         | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                                   |
| Complete ONLY if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held          |                                                                                                                                                               |                                                   |
| Date<br><b>07/07/2026</b>                                                                                               | Payee name<br><b>Porkbun LLC</b>                                                                                                                              |                                                   |
| Amount (\$)<br><b>31.58</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended  | Payee address; City; State; Zip Code<br><b>11575 SW Pacific Hwy PMB 40649</b><br><small>Check if individual's residence address.</small>                      |                                                   |
| PURPOSE OF EXPENDITURE                                                                                                  | Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b>                                                                    | Description<br><b>Website Domain Registration</b> |
|                                                                                                                         | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense     |                                                   |
| Complete ONLY if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held          |                                                                                                                                                               |                                                   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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 Payment                        |                               |                                |                                            |

The Instruction Guide explains how to complete this form.

|                                                                                                                                                                          |                                                                                                                                                     |                                                   |                               |               |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------|---------------|-------------|
| 1 Total pages Schedule G:<br><b>3</b>                                                                                                                                    | 2 FILER NAME<br><b>Rachel Weatherington</b>                                                                                                         | 3 Filer ID (Ethics Commission Filers)             |                               |               |             |
| 4 Date<br><b>07/21/2026</b>                                                                                                                                              | 5 Payee name<br><b>Tracfone</b>                                                                                                                     |                                                   |                               |               |             |
| 6 Amount (\$)<br><b>43.63</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended                                                 | 7 Payee address; City; State; Zip Code<br><b>9700 N.W. 112th Avenue, Miami, FL 33178</b><br><small>Check if individual's residence address.</small> |                                                   |                               |               |             |
| 8 PURPOSE OF EXPENDITURE                                                                                                                                                 | (a) Category (See Categories listed at the top of this schedule)<br><b>Office Overhead/Rental Expense</b>                                           | (b) Description<br><b>Campaign Phone</b>          |                               |               |             |
|                                                                                                                                                                          | (c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>           |                                                   |                               |               |             |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br><table><tr><td>Candidate / Officeholder name</td><td>Office sought</td><td>Office held</td></tr></table> |                                                                                                                                                     |                                                   | Candidate / Officeholder name | Office sought | Office held |
| Candidate / Officeholder name                                                                                                                                            | Office sought                                                                                                                                       | Office held                                       |                               |               |             |
| Date<br><b>07/21/2026</b>                                                                                                                                                | Payee name<br><b>Tracfone</b>                                                                                                                       |                                                   |                               |               |             |
| Amount (\$)<br><b>15.00</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended                                                   | Payee address; City; State; Zip Code<br><b>9700 N.W. 112th Avenue, Miami, FL 33178</b><br><small>Check if individual's residence address.</small>   |                                                   |                               |               |             |
| PURPOSE OF EXPENDITURE                                                                                                                                                   | Category (See Categories listed at the top of this schedule)<br><b>Office Overhead/Rental Expense</b>                                               | Description<br><b>Campaign Phone Monthly Bill</b> |                               |               |             |
|                                                                                                                                                                          | <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>               |                                                   |                               |               |             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br><table><tr><td>Candidate / Officeholder name</td><td>Office sought</td><td>Office held</td></tr></table>   |                                                                                                                                                     |                                                   | Candidate / Officeholder name | Office sought | Office held |
| Candidate / Officeholder name                                                                                                                                            | Office sought                                                                                                                                       | Office held                                       |                               |               |             |
| Date<br><b>08/07/2026</b>                                                                                                                                                | Payee name<br><b>Squarespace</b>                                                                                                                    |                                                   |                               |               |             |
| Amount (\$)<br><b>38.38</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended                                                   | Payee address; City; State; Zip Code<br><b>8 Clarkson St, New York, NY 10014, USA</b><br><small>Check if individual's residence address.</small>    |                                                   |                               |               |             |
| PURPOSE OF EXPENDITURE                                                                                                                                                   | Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b>                                                          | Description<br><b>Monthly Website Rental</b>      |                               |               |             |
|                                                                                                                                                                          | <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>               |                                                   |                               |               |             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br><table><tr><td>Candidate / Officeholder name</td><td>Office sought</td><td>Office held</td></tr></table>   |                                                                                                                                                     |                                                   | Candidate / Officeholder name | Office sought | Office held |
| Candidate / Officeholder name                                                                                                                                            | Office sought                                                                                                                                       | Office held                                       |                               |               |             |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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 Payment                        |                               |                                |                                            |

The Instruction Guide explains how to complete this form.

|                                                                                                                                 |                                                                                                                                                            |  |                                                              |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------|
| <b>1</b> Total pages Schedule G:<br><b>3</b>                                                                                    | <b>2</b> FILER NAME<br><b>Rachel Weatherington</b>                                                                                                         |  | <b>3</b> Filer ID (Ethics Commission Filers)                 |
| <b>4</b> Date<br><b>08/21/2026</b>                                                                                              | <b>5</b> Payee name<br><b>Tracfone</b>                                                                                                                     |  |                                                              |
| <b>6</b> Amount (\$)<br><b>15.00</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br><b>9700 N.W. 112th Avenue, Miami, FL 33178</b><br><small>Check if individual's residence address.</small> |  |                                                              |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                                                                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Office Overhead/Rental Expense</b>                                           |  | <b>(b)</b> Description<br><b>Campaign Phone Monthly Bill</b> |
|                                                                                                                                 | <b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>           |  |                                                              |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held  |                                                                                                                                                            |  |                                                              |
| Date<br><b>09/07/2026</b>                                                                                                       | Payee name<br><b>Squarespace</b>                                                                                                                           |  |                                                              |
| Amount (\$)<br><b>38.38</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br><b>8 Clarkson St, New York, NY 10014, USA</b><br><small>Check if individual's residence address.</small>           |  |                                                              |
| <b>PURPOSE OF EXPENDITURE</b>                                                                                                   | Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b>                                                                 |  | Description<br><b>Monthly Website Rental</b>                 |
|                                                                                                                                 | <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>                      |  |                                                              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held           |                                                                                                                                                            |  |                                                              |
| Date<br><b>09/21/2026</b>                                                                                                       | Payee name<br><b>Tracfone</b>                                                                                                                              |  |                                                              |
| Amount (\$)<br><b>15.00</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br><b>9700 N.W. 112th Avenue, Miami, FL 33178</b><br><small>Check if individual's residence address.</small>          |  |                                                              |
| <b>PURPOSE OF EXPENDITURE</b>                                                                                                   | Category (See Categories listed at the top of this schedule)<br><b>Office Overhead/Rental Expense</b>                                                      |  | Description<br><b>Campaign Phone Monthly Bill</b>            |
|                                                                                                                                 | <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>                      |  |                                                              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held           |                                                                                                                                                            |  |                                                              |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED