2-49
Prescribed by Secretary of State
Section 141.031, Chapters 143 and 144, Texas Election Code; Section 11.055, Texas Education Code
07/2025

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[1] Failure to provide required information may result in rejection of application.

APPLICATION FOR A PLACE ON THE Keller ISD **GENERAL ELECTION BALLOT**

TO: City Secretary/Secretary of Board (name of election)

I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.

OFFICE SOUGHT (Include any place number or other distinguishing number, if any.)	**INDICATE TERM**
Trustee Place 5	[X] FULL [ ] UNEXPIRED

FULL NAME (First, Middle, Last)	**PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT***
Andrew, Gerard, Walsh	Andrew Walsh

PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.)			**PUBLIC MAILING ADDRESS (Optional)** (Address for which you receive campaign related correspondence, if available.)		
9029 Hawley Dr.			PO Box 244		
CITY	**STATE**	**ZIP**	**CITY**	**STATE**	**ZIP**
Fort Worth	TX	76244	Keller	TX	76244

PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.)	**OCCUPATION (Do not leave blank)**	**DATE OF BIRTH**	**VOTER REGISTRATION VUID NUMBER[2] (Optional)**
walshforkellerisd@yahoo.com	Engineer	[redacted]	1117044880

TELEPHONE CONTACT INFORMATION (Optional)

Home: Office: Cell:

FELONY CONVICTION STATUS (You MUST check one)	**LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN**	
	IN THE STATE OF TEXAS	**IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED**
[X] **I have not been finally convicted of a felony.**	7 year(s)	7 year(s)
[ ] **I have been finally convicted of a felony, but I have been pardoned or otherwise released from the resulting disabilities of that felony conviction and I have provided proof of this fact with the submission of this application.[3]**	5 month(s)	5 month(s)

This Box Must ONLY be Completed by Candidates for School District Board of Trustees

Check the Box Below:

[X] 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) Andrew Walsh, who being by me here and now duly sworn, upon oath says:

"I, (name of candidate) Andrew Walsh, of Tarrant County, Texas, Being a candidate for the office of Trustee Place 5, swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code. I am aware that I must disclose any prior felony conviction, and if so convicted, must provide proof that I have been pardoned or otherwise released from the resulting disabilities of any such final felony conviction. I am aware that knowingly providing false information on the application regarding my possible felony conviction status constitutes a Class B misdemeanor. I further swear that the foregoing statements included in my application are in all things true and correct.

X [signature]
SIGNATURE OF CANDIDATE

Sworn to and subscribed before me this the 11th (day) day of August (month), 2026 (year), by Andrew Walsh (name of candidate).

[signature]
Signature of Officer Authorized to Administer Oath[4]

Catherine Whited
Printed Name of Officer Authorized to Administer Oath

Notary
Title of Officer Authorized to Administer Oath

CATHERINE WHITED
My Notary ID # 6447598
Expires June 17, 2030
Notarial or Official Seal

TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID BY:

[ ] CASH [ ] CHECK [ ] MONEY ORDER [ ] CASHIERS CHECK OR [ ] PETITION IN LIEU OF A FILING FEE.

This document and $ N/A filing fee or a nominating petition of 1 pages received. [✓] **Voter Registration Status Verified**

8/11/2026 Date Received
8/11/2026 Date Accepted (See Section 1.007)
[signature] Signature of Filing Officer or Designee

CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP
COVER SHEET

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

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY

Date Received: 8/11/2026

Date Hand-delivered or Postmarked:

Date Processed: 8/11/26

Date Imaged: 8/11/26

1 ACCOUNT NUMBER (Ethics Commission Filers)

2 TYPE OF FILER

CANDIDATE [X] — *If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.*

POLITICAL COMMITTEE [ ] — *If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.*

3 NAME OF CANDIDATE (PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)	FIRST	MI
Mr.	Andrew	G.

NICKNAME	LAST	SUFFIX (SR., JR., III, etc.)
	Walsh	

4 TELEPHONE NUMBER OF CANDIDATE (PLEASE TYPE OR PRINT)

AREA CODE	PHONE NUMBER	EXTENSION
(682)	207-5523	

5 ADDRESS OF CANDIDATE (PLEASE TYPE OR PRINT)

STREET / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
9029 Hawley Dr.		Fort Worth	TX	76244

6 OFFICE SOUGHT BY CANDIDATE (PLEASE TYPE OR PRINT)

Keller ISD Trustee Place 5

7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT)

8 NAME OF CAMPAIGN TREASURER (PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)	FIRST	MI
Mrs.	Stephanie	L.

NICKNAME	LAST	SUFFIX (SR., JR., III, etc.)
	Walsh	

GO TO PAGE 2

CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammeled 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

8/8/2026

Date

AMENDMENT: APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM ACTA
PG 1

1 CANDIDATE NAME	2 FILER ID #	3 Total pages filed:
Mr. Andrew G. Walsh		2

See ACTA Instruction Guide for detailed instructions.
Use this form for changes to existing information *only*. Do not provide information previously disclosed.

4 CANDIDATE NAME
NEW | MS / MRS / MR | FIRST | MI
NICKNAME | LAST | SUFFIX

5 CANDIDATE MAILING ADDRESS
NEW | ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE; | ZIP CODE

6 CANDIDATE PHONE
NEW | AREA CODE | PHONE NUMBER | EXTENSION
( )

7 OFFICE HELD (if any)
NEW

8 OFFICE SOUGHT (if known)
NEW
Keller ISD Trustee Place 5

9 CAMPAIGN TREASURER NAME
NEW | MS / MRS / MR | FIRST | MI | NICKNAME | LAST | SUFFIX

10 CAMPAIGN TREASURER STREET ADDRESS (residence or business)
NEW | STREET ADDRESS; | APT / SUITE #; | CITY; | STATE; | ZIP CODE

11 CAMPAIGN TREASURER PHONE
NEW | AREA CODE | PHONE NUMBER | EXTENSION
( )

OFFICE USE ONLY
Date Received: 07-09-26
Date Hand-delivered or Postmarked: 07-09-26
Receipt #:
Amount $: N/A
Date Processed: 07-09-26
Date Imaged: 07-09-26

12 CANDIDATE SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.

Signature of Candidate — 7/9/2026 Date Signed

GO TO PAGE 2

AMENDMENT:

FORM ACTA

CANDIDATE MODIFIED REPORTING DECLARATION

13 CANDIDATE NAME	Mr. Andrew G. Walsh
14 MODIFIED REPORTING DECLARATION	NEW

COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING

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

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

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

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

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

_____
Signature of Candidate

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

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us
or mail to
Texas Ethics Commission
P.O. Box 12070
Austin, TX 78711-2070

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

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

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed: 2

2 CANDIDATE NAME

MS / MRS / MR	FIRST	MI
Mr.	Andrew	G.

NICKNAME	LAST	SUFFIX
	Walsh	

3 CANDIDATE MAILING ADDRESS

ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE
PO Box 244		Keller	TX	76244

4 CANDIDATE PHONE

AREA CODE	PHONE NUMBER	EXTENSION
(682)	207-5523	

5 OFFICE HELD (if any)

6 OFFICE SOUGHT (if known)

Keller ISD Trustee Place 4

7 CAMPAIGN TREASURER NAME

MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX
Mrs.	Stephanie	L.		Walsh	

8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)

STREET ADDRESS:	APT / SUITE #:	CITY:	STATE:	ZIP CODE
9029 Hawley Dr.		Fort Worth	TX	76244

9 CAMPAIGN TREASURER PHONE

AREA CODE	PHONE NUMBER	EXTENSION
(682)	207-4512	

10 CANDIDATE SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.

Signature of Candidate

7/1/2026
Date Signed

OFFICE USE ONLY

Filer ID #

Date Received: 7-7-2026

Date Hand-delivered or Postmarked: 7-7-2026

Receipt # | Amount $

Date Processed: 7-7-2026

Date Imaged: 7-7-2026

GO TO PAGE 2

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA
PG 2

11 CANDIDATE NAME	Mr. Andrew G. Walsh
12 MODIFIED REPORTING DECLARATION	**COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING**

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

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

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

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

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

_____
Signature of Candidate

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

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

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

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

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers):

2 Total pages filed: 19

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr. | FIRST: Andrew | MI: G

NICKNAME | LAST: Walsh | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

P.O. Box 244 Keller, TX 76244

☐ Change of Address

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

(682) 207-5523

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mrs | FIRST: Stephanie | MI: L

NICKNAME | LAST: Walsh | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

9029 Hawley Dr. Fort Worth, TX 76244

8 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

(682) 207-4512

OFFICE USE ONLY

Date Received: 10/05/26

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed: 10/05/26

Date Imaged: 10/05/26

9 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)

☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 7 / 24 / 2026 THROUGH 9 / 24 / 2026

11 ELECTION

ELECTION DATE: Month Day Year: 11 / 3 / 2026

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any): None

13 OFFICE SOUGHT (if known): Keller ISD Trustee Place 5

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

☐ Additional Pages

COMMITTEE TYPE: ☐ GENERAL ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2
2/19

15 C/OH NAME	16 Filer ID (Ethics Commission Filers)
Andrew Walsh	

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ -0-
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 5,059.68
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ -0-
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 3,618.71
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 2,348.77
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 1,050.00

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

Andrew Walsh

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY PUBLIC STATE OF TEXAS
CATHERINE WHITED
My Notary ID # 6447598
Expires June 17, 2030

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Andrew Walsh this the 5th day of October, 20 26, 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 _____ (month), 20_____ (year).

_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3
3/19

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Andrew Walsh	

	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	[X] SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 5,059.68
2.	[ ] SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	[ ] SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	[X] SCHEDULE E: LOANS	$ 1,050.00
5.	[X] SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 3,618.71
6.	[ ] SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	[ ] SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	[ ] SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.	[ ] SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$
10.	[ ] SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	[ ] SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.	[ ] SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch. 1/12 Rpt. 4/19

2 FILER NAME: Andrew Walsh

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8/6/26	Ball, Sabrina 1326 Mistletoe Dr. Fort Worth, TX 76110	$1,000

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/22/26	Beck, Belinda 9172 E. Tarantini Ln. Scottsdale, AZ 85260	$104.48

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/17/26	Boggs, Jillian 10312 Grayhawk Ln. Fort Worth, TX 76244	$25.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/4/26	Borrego, Victoria P.O. Box 164101 Fort Worth, TX 76161	$52.40

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch. 2/12 Rpt 5/19

2 FILER NAME: Andrew Walsh

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9/17/26	Brandon, Allison 12340 Macaroon Ln. Fort Worth, TX 76244	$26.35

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8/30/26	Burghart, Wanda 619 Warrington Ln Southlake, TX 76092	$30.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8/30/26	Burud, Gwenn 9468 Smiths Park Ln. Fort Worth, TX 76177	$25.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8/30/26	Carter, Sandra 1901 Whitley Rd. Keller, TX 76248	$20.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch. 3/12 Rpt 6/19

2 FILER NAME: Andrew Walsh

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8/30/26	Christ, Dorothea 3820 Lakeway Dr. Southlake, TX 76092	$10.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8/18/26	Efthymiou, Lisa M 717 Avignon Tr. Keller, TX 76248	$26.35

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

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

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

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

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch 4/12 Rpt 7/11

2 FILER NAME: Andrew Walsh

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9/1/26	Harvey, Reese 4905 Friedman Ln. Fort Worth, TX 76244	$21.15

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/16/26	Hutchins, Rebekah 4857 Trail Hollow Dr. Fort Worth, TX 76244	$250.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/16/26	Janjua, Farah 400 Bennington Ln. Keller, TX 76248	$100.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8/30/26	Jordan, Bruce 2100 Count Fleet Dr. Unit 611 Arlington, TX 76011	$30.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule A1: Sch 5|12 Rpt 8|19

2 FILER NAME: Andrew Walsh

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8/23/26	Lupo, Diane 33171 Reef Rd. Lewes, DE 19958	$104.48

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/11/26	Lydick, Dawn 8005 Sitka St. Fort Worth, TX 76137	$52.40

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/9/26	Marshall, Tori 5205 Yampa Tr. Fort Worth, TX 76137	$26.35

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/16/26	Martin, Erin 7901 Klamath Mtn. Rd. Fort Worth, TX 76137	$52.40

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch 6/12 Rpt 9/19

2 FILER NAME: Andrew Walsh

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8/30/26	McElveney, Kristi 1431 Cat Mountain Trl. Keller, TX 76248	$50.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/10/26	Miller, Jennifer 8405 Fort Union Ct. Fort Worth, TX 76137	$ 26.35

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
7/27/26	Mulligan, Brody 312 Rambling Ct. Euless, TX 76039	$1.35

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8/30/26	Navarro, Barbara 21018 Timber Ridge Dr. Magnolia, TX 77355	$20.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch 7/12 Rpt 10/19

2 FILER NAME: Andrew Walsh

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9/6/26	Otto, Misty 9320 Granger Ln. Fort Worth, TX 76244	$521.15
8 Principal occupation / Job title (See Instructions)	**9 Employer (See Instructions)**	

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8/30/26	Parks, Sheryl 389 LaQuinta Cir S. Keller, TX 76248	$20.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8/15/26	Pokala, Ravi 100 Seventh St. Apt. 608 Pittsburgh, PA 15222	$521.15
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/13/26	Pokala, Sivarama 310 W. 95th St. Apt. 7B New York, NY 10025	$26.35
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch 8/12 Rpt 11/19

2 FILER NAME: Andrew Walsh

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8/31/26	Potts, Ann 535 Big Bend Dr. Keller, TX 76248	$500.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8/30/26	Proskovec, Jay 7816 Park Downs Dr. Fort Worth, TX 76137	$50.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8/30/26	Ross, Lawrence 1925 Old York Dr. Keller, Tx 76248	$50.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
8/30/26	Ruppert, William 1300 Keller Pkwy Apt. 1217 Keller, Tx 76248	$50.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch 9/12 Rpt 12/19

2 FILER NAME: Andrew Walsh

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
8/7/26	Schalk, Kendra 7825 Green Valley Dr. North Richland Hills, TX 76182	$36.77		
8/7/26	Shelton, Jenna 5024 San Jacinto Dr. Haltom City, TX 76137	$26.35		
9/13/26	Shelton, Jenna 5024 San Jacinto Dr. Haltom City, TX 76137	$36.77		
9/13/26	Shelton, Jenna 5024 San Jacinto Dr. Haltom City, TX 76137	$35.00		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch 10/12 Rpt 13/19

2 FILER NAME: Andrew Walsh

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9/14/26	Shelton, Virginia 5024 San Jacinto Dr. Haltom City, TX 76137	$36.77
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/24/26	Shelton, Virginia 5024 San Jacinto Dr. Haltom City, TX 76137	$25.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/10/26	Sherman, Caroline 1034 Canterbury Ln. Keller, TX 76248	$26.35
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/3/26	Singh, Jitendra 9021 Hawley Dr. Fort Worth, TX 76244	$200.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch 11/12 Rpt 14/19

2 FILER NAME: Andrew Walsh

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9/17/26	Sternke, Andrew 1108 Wickford Ct. Keller, TX 76248	$260.73
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
8/30/26	Weatherred, Mary Anne 12308 Water Oak Dr. Fort Worth, TX 76244	$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/9/26	Welcing, Donna 4832 Crumbcake Dr. Fort Worth, TX 76244	$52.40
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/9/26	White, Kathy 48 Stage Coach Rd. Fort Worth, TX 76244	$26.35
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch 12/12 Rpt 15/19

2 FILER NAME: Andrew Walsh

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
8/19/26	Purdue, Carol	$50.00
	6 Contributor address; City; State; Zip Code: 329 Owens Ave Elmira, NY 14903	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: Sch 1/1 Rpt 16/19

2 FILER NAME: Andrew Walsh

3 Filer ID (Ethics Commission Filers):

4 TOTAL OF UNITEMIZED LOANS: $

5 Date of loan: 7/24/26

6 Is lender a financial Institution? Y (N)

7 Name of lender: Walsh, Andrew ☐ out-of-state PAC (ID#:_____)

8 Lender address; City; State; Zip Code: 9029 Hawley Dr. Fort Worth, TX 76244

9 Loan Amount ($): $50.00

10 Interest rate:

11 Maturity date:

12 Principal occupation / Job title (See Instructions): Engineer

13 Employer (See Instructions): Lockheed Martin

14 Description of Collateral: ☒ none

15 ☐ Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION: ☒ not applicable

17 Name of guarantor:

18 Guarantor address; City; State; Zip Code:

19 Amount Guaranteed ($):

20 Principal Occupation (See Instructions):

21 Employer (See Instructions):

Date of loan: 8/19/26

Name of lender: Walsh, Andrew ☐ out-of-state PAC (ID#:_____)

Loan Amount ($): $1,000.00

Is lender a financial Institution? Y (N)

Lender address; City; State; Zip Code: 9029 Hawley Dr. Fort Worth, TX 76244

Interest rate:

Maturity date:

Principal occupation / Job title (See Instructions): Engineer

Employer (See Instructions): Lockheed Martin

Description of Collateral: ☒ none

☒ Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION: ☒ not applicable

Name of guarantor:

Guarantor address; City; State; Zip Code:

Amount Guaranteed ($):

Principal Occupation (See Instructions):

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

17/19

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1/3	Andrew Walsh	

4 Date: 8/30/26

5 Payee name: Act Blue Technical Services

6 Amount ($): $10.58

7 Payee address; P.O. Box 962017 **City;** Boston, MA **State;** **Zip Code** 02196

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Fees

(b) Description: Merchant Card Services

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

---

Date: 9/24/26

Payee name: Anedot, Inc.

Amount ($): $181.48

Payee address; 3723 Greenville Ave. Ste. 41002 **City;** Dallas **State;** TX **Zip Code** 75206

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Fees

Description: Merchant Card Services Fees

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

---

Date: 8/11/26

Payee name: Campaign Verify

Amount ($): $95.00

Payee address; 1215 31st St. NW **City;** Washington, DC **State;** **Zip Code** 20007

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Fees

Description: Text Message Verification

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

18/19

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
2/3	Andrew Walsh	

4 Date: 8/31/26

5 Payee name: Rachel Weatherington for KISD Trustee

6 Amount ($): $355.00

7 Payee address; 7911 Rogue River Trail; City: Fort Worth; State: TX; Zip Code: 76137

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Software Access Reimbursement

(b) Description: Split Amount

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

---

Date: 8/12/26

Payee name: SquareSpace

Amount ($): $37.41

Payee address; 8 Clarkson; City: New York; State: NY; Zip Code: 10013

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Advertising Expense

Description: Web Hosting

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

---

Date: 9/14/26

Payee name: SquareSpace

Amount ($): $41.57

Payee address; 8 Clarkson; City: New York; State: NY; Zip Code: 10013

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Advertising Expense

Description: Web Hosting

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

19/19

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
3/3	Andrew Walsh	

Entry 1

4 Date	5 Payee name			
9/4/26	Edward + Patterson Signs			
6 Amount ($)	**7 Payee address;**	**City;**	**State;**	**Zip Code**
$2,161.10	203 S. Belt Line Rd.	Irving	TX	75060
	☐ Check if individual's residence address.			

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
Advertising Expense	Signs

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Entry 2

Date	Payee name			
8/31/26	Frost Bank			
Amount ($)	**Payee address;**	**City;**	**State;**	**Zip Code**
$14.00	2501 Airport Fwy	Euless	TX	76040
	☐ Check if individual's residence address.			

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Fees	Banking Account Fee

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Entry 3

Date	Payee name			
8/24/26	Print Place			
Amount ($)	**Payee address;**	**City;**	**State;**	**Zip Code**
$722.57	1130 Ave. H East	Arlington, TX		76011
	☐ Check if individual's residence address.			

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Advertising Expense	Campaign Fliers

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 18

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr. | FIRST: Andrew | MI: G
NICKNAME | LAST: Walsh | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
Change of Address

ADDRESS / PO BOX: P.O. Box 244 | APT / SUITE #: | CITY: Keller | STATE: TX | ZIP CODE: 76244

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (682) | PHONE NUMBER: 207-5523 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mrs. | FIRST: Stephanie | MI: L
NICKNAME | LAST: Walsh | SUFFIX

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 9029 Hawley Dr. | APT / SUITE #: | CITY: Fort Worth | STATE: TX | ZIP CODE: 76244

8 CAMPAIGN TREASURER PHONE

AREA CODE: (682) | PHONE NUMBER: 207-4512 | EXTENSION:

OFFICE USE ONLY

Date Received: 10/26/26

Date Hand-delivered or Date Postmarked:

Receipt # | Amount $

Date Processed: 10/26/26

Date Imaged: 10/26/26

9 REPORT TYPE

- ☐ January 15
- ☐ July 15
- ☐ 30th day before election
- ■ 8th day before election
- ☐ Runoff
- ☐ Exceeded Modified Reporting Limit
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 09 / 25 / 26 THROUGH 10 / 24 / 26

11 ELECTION

ELECTION DATE — Month / Day / Year: 11 / 03 / 26

ELECTION TYPE
- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ■ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any): (none)

13 OFFICE SOUGHT (if known): Keller ISD Trustee Place 5

14 NOTICE FROM POLITICAL COMMITTEE(S)
Additional Pages

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE
- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME
COMMITTEE ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2
2/18

15 C/OH NAME	**16** Filer ID (Ethics Commission Filers)
Andrew Walsh	

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 300.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 2,149.13
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 1,045.83
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 3,575.77
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 1,050.00

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

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY PUBLIC STATE OF TEXAS
CATHERINE WHITED
My Notary ID # 6447598
Expires June 17, 2030

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Andrew Walsh this the 10th day of October, 20 25, 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
3/18

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Andrew Walsh	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	■	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 1,849.13
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.		SCHEDULE E: LOANS	$
5.	■	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 1,045.83
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch. 1/12 Rpt. 4/18

2 FILER NAME: Andrew Walsh

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
9/26/26	Lauren J Church 11417 Maddie Ave. Fort Worth, TX 76244	$26.35		
10/5/26	Victoria Borrego P.O. Box 164101 Fort Worth, TX 76161	$52.40		
10/5/26	Susan French 1104 Garden Ln. Roanoke, TX 76262	$100.00		
10/10/26	Amy Warren 1387 Norwood Hills Dr. O'Fallon, MO 63366	$26.35		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch. 2|12 Rpt. 5|18

2 FILER NAME: Andrew Walsh

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
10/11/26	Mary York 4909 Eddleman Dr. Fort Worth, TX 76244	$52.40		
10/12/26	Laney Hawes 5121 Merced Dr. Fort Worth, TX 76137	$26.35		
10/15/26	Mariano Wahlmann 4841 Cliburn Dr. Fort Worth, TX 76244	$104.48		
10/20/26	JoAnna Curts 4105 Justin Dr. Fort Worth, TX 76244	$260.73		

☐ out-of-state PAC (ID#:_____)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch. 3/12 Rpt. 6/18

2 FILER NAME: Andrew Walsh

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9/28/26	Erl Barg 210 Lavaca St. #2102 Austin, TX 78701	$72.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/28/26	Kaye Lynne Boll 4406 Eaton Circle Colleyville, TX 76034	$20.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/28/26	Linda Burdett 508 N. Pecan St. Fredericksburg, TX 78624	$5.07

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/28/26	Sandra Carter 1901 Whitley Rd. Keller, TX 76248	$10.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch. 4/12 Rpt. 7/18

2 FILER NAME: Andrew Walsh

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9/28/26	Patricia Chisholm 8355 Denali Dr. Fort Worth, TX 76137	$100.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/28/26	Dorothea Christ 3820 Lakeway Dr. Southlake, TX 76092	$25.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/28/26	Randall Davis 1901 Stratton Colleyville, TX 76034	$30.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/28/26	Robert Donahue 1414 Laguna Vista Grapevine, TX 76051	$30.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch. 5/12 Rpt. 8/18

2 FILER NAME: Andrew Walsh

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9/28/26	Carrie Eddings 5105 Shelly Ray Rd. Keller, TX 76244	$20.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/28/26	Steven Edmiston 7920 Glade Hill Ct. Dallas, TX 75218	$25.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/28/26	Beverly Fox 1417 Crimson Glory Ct. Keller, TX 76248	$30.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/28/26	James Garvin 3536 Confidence Dr. Fort Worth, TX 76244	$10.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch. 6/12 Rpt. 9/18

2 FILER NAME: Andrew Walsh

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9/28/26	Kate Gause 6001 Westgate Dr. Fort Worth, TX 76179	$20.00
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/28/26	David Hardekopf 728 Elysee Ln. Keller, TX 76248	$30.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/28/26	John Harrington 6515 Bandera Ave. Apt 2A Dallas, TX 75225	$10.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/28/26	Rebecca Hass 3701 Turtle Creek Blvd. Unit 9E Dallas, TX 75219	$5.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch. 7|12 Rpt 10|18

2 FILER NAME: Andrew Walsh

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9/28/26	Nathalie Hembree 612 Cimarron Trl. Southlake, TX 76092	$20.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/28/26	Scott Jackson 4104 Calculus Dr. Dallas, TX 75244	$100.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/28/26	Shelby Jean 8009 Crazy Horse Ln. Fort Worth, TX 76137	$20.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/28/26	Denise Kelley 1148 Dusk Dr. Keller, TX 76248	$50.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch. 8/12 Rpt 11/18

2 FILER NAME: Andrew Walsh

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9/28/26	Randy Lisbona 719 Clayton Cir. Coppell, TX 75019	$50.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/28/26	Maureen Lumley 2825 Countryside Keller, TX 76248	$5.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/28/26	Jennie Marshall 1300 Mount Gilead Rd. Keller, TX 76262	$30.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/28/26	Stephanie McKnight 2127 Beeding Ln. Keller, TX 76248	$30.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch. 9/12 Rpt. 12/18

2 FILER NAME: Andrew Walsh

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
9/28/26	Robert Miller 520 E. Vine St. Keller, TX 76248	$25.00		
9/28/26	Barbara Navarro 21018 Timber Ridge Dr. Magnolia, TX 77355	$40.00		
9/28/26	David Pittard 1519 Big Meadow Dr. Cedarpark, TX 78613	$10.00		
9/28/26	William Ruppert 1300 Keller Pkwy Apt. 1217 Keller, TX 76248	$25.00		

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch. 10/12 Rpt. 13/18

2 FILER NAME: Andrew Walsh

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
9/28/26	Barbara Russell 4112 Bickmore Ln. Fort Worth, TX 76244	$10.00		
9/28/26	Kenneth Sanders 426 Kingfisher Ln. Arlington, TX 76002	$135.00		
9/28/26	Caroline Sherman 1034 Canterbury Ln. Keller, TX 76248	$30.00		
9/28/26	Debra Siena 911 Hillcrest Trail Southlake, TX 76092	$10.00		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch. 11/12 Rpt. 14/18

2 FILER NAME: Andrew Walsh

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
9/28/26	Lina Sims 305 Anita Ave. Keller, TX 76248	$28.00		
9/28/26	Sheri Vasinda 440 Horseshoe Trail McKinney, TX 75069	$20.00		
9/28/26	Marsha West 5301 Bryant Irvin Rd. Apt 143 Fort Worth, TX 76132	$20.00		
9/28/26	Sallie Wickstrom 4601 Moss Rose Dr. Fort Worth, TX 76137	$50.00		

☐ out-of-state PAC (ID#:_____)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch. 12/12 Rpt. 15/18

2 FILER NAME: Andrew Walsh

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9/29/26	James Pfaffengut 12225 Macaroon Ln. Fort Worth, TX 76244	$10.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/30/26	Matthew Hicks 9557 Sinclair St. Fort Worth, TX 76244	$20.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)
9/30/26	Barbara Navarro 21018 Timber Ridge Dr. Magnolia, TX 77355	$20.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / Contributor address; City; State; Zip Code	Amount of contribution ($)

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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT include this page in the report.** 16/18

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1/3	**2** FILER NAME: Andrew Walsh	**3** Filer ID (Ethics Commission Filers)

4 Date: 9/30/26

5 Payee name: Frost Bank

6 Amount ($): $14.00

7 Payee address; City; State; Zip Code: 111 W. Houston St. San Antonio TX 78205

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Accounting/Banking

(b) Description: Monthly Account Service Chg.

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

---

Date: 10/2/26

Payee name: Act Blue Technical Services

Amount ($): $53.41

Payee address; City; State; Zip Code: P.O. Box 962017 Boston MA 02196

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Fees

Description: Merchant Card Services

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

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Date: 10/8/26

Payee name: Emblem. Inc.

Amount ($): $200.00

Payee address; City; State; Zip Code: 506 E. Front St. Arlington TX 76011

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Advertising Expense

Description: Website Design

☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT include this page in the report.** 17|18

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
2|3	Andrew Walsh	

4 Date: 10|8|26
5 Payee name: Print Place.com
6 Amount ($): $347.48
7 Payee address: 1130 Ave. H East; City: Arlington; State: TX; Zip Code: 76011
☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule): Printing Expense
(b) Description: Door Hangers & fliers
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

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Date: 10|13|26
Payee name: Squarespace, Inc.
Amount ($): $41.57
Payee address: 225 Varick St; City: New York; State: NY; Zip Code: 10014
☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule): Advertising Expense
Description: Campaign Website Subscription
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

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Date: 10|19|26
Payee name: Edwards & Patterson Signs
Amount ($): $361.01
Payee address: 203 S. Belt Line Rd.; City: Irving; State: TX; Zip Code: 75060
☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule): Advertising Expense
Description: Campaign Signs
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT include this page in the report.** 18|18

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: 3|3	**2** FILER NAME Andrew Walsh	**3** Filer ID (Ethics Commission Filers)
4 Date 10|23|26	**5** Payee name Anedot, Inc.	
6 Amount ($) $28.36	**7** Payee address; City; State; Zip Code 3723 Greenville Ave. Ste. 41002 Dallas, TX 75206 ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	**(a)** Category (See Categories listed at the top of this schedule) Fees	**(b)** Description Merchant Card Services Fees
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date	Payee name	
Amount ($)	Payee address; City; State; Zip Code ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED