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 Trustee **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.)
Keller ISD Trustee Place 4

INDICATE TERM
☒ FULL ☐ UNEXPIRED

FULL NAME (First, Middle, Last)
Rachel, Leigh, Weatherington

PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT*
Rachel Weatherington

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.)
7911 Rogue River Trail

PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.)

CITY	STATE	ZIP
Fort Worth	TX	76137

CITY	STATE	ZIP

PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.)
Rachel@rachelforkisd.com

OCCUPATION (Do not leave blank)
Teacher

DATE OF BIRTH
[redacted]

VOTER REGISTRATION VUID NUMBER[2] (Optional)

TELEPHONE CONTACT INFORMATION (Optional)

Home: Office: Cell: 469.263.2238

FELONY CONVICTION STATUS (You MUST check one)

☑ I have not been finally convicted of a felony.

☐ 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]

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
8 year(s)	8 year(s)
10 month(s)	10 month(s)

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

Check the Box Below:

☑ I am aware that I am not eligible to serve as a trustee of an independent school district if I am required to register as a sex offender under Chapter 62, Code of Criminal Procedure.

*If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan or contain a title, nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election. Please review sections 52.031, 52.032 and 52.033 of the Texas Election Code regarding the rules for how names may be listed on the official ballot.

Before me, the undersigned authority, on this day personally appeared (name of candidate) Rachel Weatherington who being by me here and now duly sworn, upon oath says:

"I, (name of candidate) Rachel Weatherington, of Tarrant County, Texas, Being a candidate for the office of Keller ISD Trustee Place 4, 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 OF CANDIDATE

Sworn to and subscribed before me this the 13th (day) day of August (month) 2026 (year), by Rachel Weatherington (name of candidate).

Catherine Whited
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
Official 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**

8/13/2026 8/13/2026 **(See Section 1.007)** Catherine Whited

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 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

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: 2

OFFICE USE ONLY

Filer ID #:

Date Received: 1-7-2026

Date Hand-delivered or Postmarked: 1-7-2026

Receipt #: .

Amount $: N/A

Date Processed: 1-7-2026

Date Imaged: 1-7-2026

2 CANDIDATE NAME

MS / MRS / MR	FIRST	MI
	Rachel	L

NICKNAME	LAST	SUFFIX
	Weatherington	

3 CANDIDATE MAILING ADDRESS

ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
7911 Rogue River Trl		Ft Worth	TX	76137

4 CANDIDATE PHONE

AREA CODE	PHONE NUMBER	EXTENSION
(469)	263.2238	

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.	Tori	R		Marshall	

8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)

STREET ADDRESS;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
5205 Yampa Trl		Fort Worth,	TX	76137

9 CAMPAIGN TREASURER PHONE

AREA CODE	PHONE NUMBER	EXTENSION
(682)	237.9254	

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

July 7, 2026
Date Signed

GO TO PAGE 2

CANDIDATE MODIFIED REPORTING DECLARATION

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
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:

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

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: Rachel | MI: L

NICKNAME | LAST: Weatherington | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

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

7911 Rogue River Trl; Fort Worth; Texas; 76137

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (469) | PHONE NUMBER: 263-2238 | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MRS | FIRST: Tori | MI: R

NICKNAME | LAST: Marshall | SUFFIX

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

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

5205 Yampa Trl; Fort Worth; Texas; 76137

8 CAMPAIGN TREASURER PHONE

AREA CODE: (682) | PHONE NUMBER: 237-9254 | EXTENSION

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: 07 / 7 / 26 THROUGH 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)

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

15 C/OH NAME	16 Filer ID (Ethics Commission Filers)
Rachel Weatherington	

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

CATHERINE WHITED
My Notary ID # 6447598
Expires June 17, 2030

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Rachel Weatherington this the 5th day of October, 20 25, to certify which, witness my hand and seal of office.

Cathie 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

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Rachel Weatherington	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	■	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 10487.86
2.	■	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 250.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	■	SCHEDULE E: LOANS	$ 1500
5.	■	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.	■	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 Rachel Weatherington	3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor (out-of-state PAC (ID#:_____))	7 Amount of contribution ($)
7/10/2026	Amy Wood 6 Contributor address; City; State; Zip Code 8005 Ranch View Pl; Springtown; Texas; 76082	5.59

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

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Amount of contribution ($)
7/10/2026	Travis Owsley Contributor address; City; State; Zip Code 7911 Rogue River Trl; Fort Worth; Texas; 76137	10.86

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

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Amount of contribution ($)
7/10/2026	Alicia Walters Contributor address; City; State; Zip Code Unknown	105.75

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

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Amount of contribution ($)
7/16/2026	Rachel Weatherington Contributor address; City; State; Zip Code 7911 Rogue River Trl; Fort Worth; Texas; 76137	10.86

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	5 Full name of contributor / out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
7/19/2026	Barbara Urbanczyk 8181 Trail Lake Dr; Powell; Ohio	211.18

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 ($)
7/22/2026	O'Connor for Congress 545 East Town St; Columbus; Ohio; 43215	500.00

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 ($)
7/27/2026	Nick Trzeciak 3808 AppleSprings Drive; Fort Worth; Texas	26.68

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 ($)
7/29/2026	Rachel Weatherington 7911 Rogue River Trl; Fort Worth; Texas; 76137	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

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1 Total pages Schedule A1: 18

2 FILER NAME
Rachel Weatherington

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
7/29/2026	Hilarie Benadetto **6** Contributor address; City; State; Zip Code 3201 Summit Ct; Grapevine, Texas	51.95

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

Date	Full name of contributor out-of-state PAC (ID#:_____)	Amount of contribution ($)
7/29/2026	Mandie Bird Contributor address; City; State; Zip Code 1210 Lipscomb St; Fort Worth, Texas	53.04

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

Date	Full name of contributor out-of-state PAC (ID#:_____)	Amount of contribution ($)
7/30/2026	Daniel Adkins Contributor address; City; State; Zip Code 7000 windhaven parkway, the colony, Texas; 75056	53.04

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

Date	Full name of contributor out-of-state PAC (ID#:_____)	Amount of contribution ($)
7/31/2026	Erin Martin Contributor address; City; State; Zip Code 7901 Klamath Mountain Road Fort Worth TX 76137	105.72

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

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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	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)
7/31/2026	Nancy Terrell 4916 McCauley Drive Fort Worth Texas	105.75		
8/6/2026	Sabrina Ball 1326 Mistletoe Drive Fort Worth TX 76110	1000.00		
8/7/2026	Victoria Borrego PO BOX 164101 Fort Worth TX 76161	50.00		
8/8/2026	Colleen Elliott 1421 Shady Hollow Court Keller TX 76248	25.00		

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: 18

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	7 Amount of contribution ($)
8/8/2026	Tiffany Burks 6 Contributor address; City; State; Zip Code 2400 Cornerstone Dr Mansfield TX 76063	100.00

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of contribution ($)
8/15/2026	Sheryl Kadmon Contributor address; City; State; Zip Code 3919 River Forest Dr; Richmond; Texas; 77406	250.00

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of contribution ($)
8/15/2026	Scott Nelson Contributor address; City; State; Zip Code 3136 Oakview Drive Hurst TX 76054	125.00

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

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of contribution ($)
8/15/2026	Mary Anne Weatherred Contributor address; City; State; Zip Code 12308 Water Oak Drive Fort Worth TX 76244	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

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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	5 Full name of contributor / out-of-state PAC (ID#:) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8/17/2026	Carolyn Watson 8405 Fort Union Ct; Fort Worth; Texas; 76137	250.00

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 ($)
8/17/2026	Patricia Chisholm 8355 Denali Drive Fort Worth TX 76137	53.04

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 ($)
8/18/2026	Amy Wood 005 Ranch View Pl; Springtown; Texas; 76082	500.00

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 ($)
8/18/2026	Lisa Efthymiou 717 Avignon Trail Keller TX 76248	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	5 Full name of contributor (out-of-state PAC (ID#:_____))	7 Amount of contribution ($)
8/18/2026	Mary York 6 Contributor address; City; State; Zip Code 4909 Eddleman Drive Fort Worth TX 76244	53.04
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Amount of contribution ($)
8/18/2026	Robyn Birkenfeld Contributor address; City; State; Zip Code 1717 Broadmoor Drive Keller TX 76262	526.50
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Amount of contribution ($)
8/19/2026	Phyllis Kelly Contributor address; City; State; Zip Code 510 East 18th Street Covington KY 41014	53.04
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Amount of contribution ($)
8/20/2026	Numair Kazmi Contributor address; City; State; Zip Code 3653 Manderly Place Fort Worth TX 76109	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: 18
2 FILER NAME Rachel Weatherington	3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor (out-of-state PAC (ID#:_____))	7 Amount of contribution ($)
8/20/2026	Erin Martin 6 Contributor address; City; State; Zip Code 7901 Klamath Mountain Road Fort Worth TX 76137	53.12
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Amount of contribution ($)
8/20/2026	Frederick Gay Contributor address; City; State; Zip Code 9129 Tidball Drive Fort Worth TX 76244	105.75
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Amount of contribution ($)
8/21/2026	Belinda Beck Contributor address; City; State; Zip Code 8212 Fenwick Dr North Richland Hills TX 76182	53.04
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Amount of contribution ($)
8/21/2026	Laura Cheng Contributor address; City; State; Zip Code 5801 Canyon Oaks Ln Fort Worth TX 76137	53.12
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	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
8/21/2026	Allison Baldwin **6** Contributor address; City; State; Zip Code 3900 Post Oak Road Flower Mound TX 75022	263.90

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

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of contribution ($)
8/22/2026	Stacey Cleveland Contributor address; City; State; Zip Code 5881 Quebec Avenue Ann Arbor MI 48103	26.68

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

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of contribution ($)
8/22/2026	Dylan Borchers Contributor address; City; State; Zip Code 171 Northmoor Place Columbus OH 43214	50.00

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

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of contribution ($)
8/23/2026	Lindsey Silverblatt Contributor address; City; State; Zip Code 788 Highland Street Columbus OH 43215	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

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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	5 Full name of contributor out-of-state PAC (ID#:_____)	7 Amount of contribution ($)
8/23/2026	Ryan Martin 6 Contributor address; City; State; Zip Code 7901 Klamath Mountain Road Fort Worth TX 76137	53.12
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	

Date	Full name of contributor out-of-state PAC (ID#:_____)	Amount of contribution ($)
8/23/2026	Tyler White Contributor address; City; State; Zip Code 7245 La Cantera Dr Fort Worth TX 76108	100.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor out-of-state PAC (ID#:_____)	Amount of contribution ($)
8/24/2026	Walsh for KISD Contributor address; City; State; Zip Code 9029 Hawley Dr.; Fort Worth; Texas 76244	355.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor out-of-state PAC (ID#:_____)	Amount of contribution ($)
8/27/2026	Jasmine Cluck Contributor address; City; State; Zip Code 1145 Melissa Drive Keller TX 76262	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	5 Full name of contributor (out-of-state PAC (ID#:_____)) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
8/29/2026	Laura Weaver 2917 Aston Wood Drive Haslet TX 76052	53.04

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 ($)
8/30/2026	Mandie Bird 1210 Lipscomb St; Fort Worth, Texas	53.04

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 ($)
8/31/2026	Ann Potts 535 Big Bend Dr Keller TX 76248	1000.00

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 ($)
9/1/2026	Michael Kroner 32 Blair Street Greenville SC 29607	132.11

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

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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	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)
9/3/2026	Farah Janjua 400 Bennington Lane Keller TX 76248	125.00		
9/4/2026	Stacie Ellis-Maultsby 7904 Katie Ln Watauga TX 76148	26.68		
9/6/2026	Edward Prem 1200 Verona Way; Keller; Texas; 76248	250.00		
9/6/2026	Laura Steben 8712 Corral Circle Fort Worth TX 76244	53.04		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1: 18

2 FILER NAME
Rachel Weatherington

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 ($)
9/7/2026	Victoria Borrego PO BOX 164101 Fort Worth TX 76161	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 ($)
9/9/2026	Patty Martin 148 Mount Gilead Road Keller TX 76248	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 ($)
9/9/2026	Kathy White 48 Stage Coach Road Fort Worth TX 76244	26.68

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 ($)
9/9/2026	Sandra Cooley 4309 Stonecrest Court Fort Worth TX 76244	26.68

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: 18
2 FILER NAME Rachel Weatherington	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 ($)
9/9/2026	April Shiflett 1425 Melody Ln Keller TX 76262	53.04

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 ($)
9/9/2026	Donna Welcing 4832 Crumbcake Dr Fort Worth TX 76244	53.04

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 ($)
9/9/2026	Julie Hanson 624 Palo Duro Drive Hurst TX 76054	53.04

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 ($)
9/9/2026	Lynne Jacobs 5717 Mountain Stream Trl Fort Worth TX 76244	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

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1 Total pages Schedule A1: 18

2 FILER NAME
Rachel Weatherington

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 ($)
9/10/2026	Andrew Sternke 1108 Wickford Ct Keller TX 76248	263.90

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 ($)
9/11/2026	Michael Weatherington-McNeese 376 Woodrow Wilson Road Carrollton KY 41008	31.95

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 ($)
9/11/2026	Dawn Lydick 8005 Sitka Street Fort Worth TX 76137	53.04

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 ($)
9/16/2026	Salena Morphew 999 Pheasant Ridge Keller TX 76248	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	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
9/16/2026	Rebekah Hutchins	4857 Trail Hollow dr Fort Worth TX 76244	250.00

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 ($)
9/17/2026	Lauren Church	11417 MADDIE AVE FORT WORTH TX 76244	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 ($)
9/17/2026	Dawn Tscherne	8404 Fern Lake Ct Fort Worth TX 76137	26.68

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 ($)
9/22/2026	Amber McDonald	1043 Hyde Park Dr Annapolis MD 21403	150.00

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: 18
2 FILER NAME Rachel Weatherington	3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor (out-of-state PAC (ID#:_____))	7 Amount of contribution ($)
9/23/2026	Jason Sibley 6 Contributor address; City; State; Zip Code 9853 Sinclair Street Fort Worth TX 76244	50.00
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Amount of contribution ($)
9/23/2026	Lynne Jacobs Contributor address; City; State; Zip Code 5717 Mountain Stream Trail Fort Worth TX 76244-5166	50.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Amount of contribution ($)
9/23/2026	Robyn Birkenfeld Contributor address; City; State; Zip Code 1717 Broadmoor Dr Keller TX 76262	50.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Amount of contribution ($)
9/23/2026	Cheryl Stanley Contributor address; City; State; Zip Code 876 Staghorn Drive Cincinnati OH 45245	132.11
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

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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	**5** Full name of contributor out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
9/24/2026	Amy Wood	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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1
2 FILER NAME Rachel Weatherington	**3** Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$

5 Date	**6** Full name of contributor ☐ out-of-state PAC (ID#:_____) Theresa Barron **7** Contributor address; City; State; Zip Code 507 Himes Dr; Euless; Texas; 76039	**8** Amount of Contribution $ 250.00	**9** In-kind contribution description Photography Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	**11** Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	**13** Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	**15** Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) Contributor address; City; State; Zip Code	Amount of Contribution $	In-kind contribution description Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

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: 1
2 FILER NAME Rachel Weatherington	**3** Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS	$

5 Date of loan 8/6/2026	**7** Name of lender ☐ out-of-state PAC (ID#:_____) Rachel Weatherington	**9** Loan Amount ($) 1500.00
6 Is lender a financial Institution? ☐ Y ■ N	**8** Lender address; City; State; Zip Code 7911 Rogue River Trl; Fort Worth; Texas; 76137	**10** Interest rate 0 **11** Maturity date

12 Principal occupation / Job title (See Instructions)	**13** Employer (See Instructions)
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	Name of lender ☐ out-of-state PAC (ID#:_____)	Loan Amount ($)
Is lender a financial Institution? ☐ Y ☐ N	Lender address; City; State; Zip Code	Interest rate Maturity date

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

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)
4	Rachel Weatherington	

4 Date	5 Payee name
07/30/2026	VistaPrint

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
115.14	275 Wyman St, Waltham, MA 02451			

Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

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

(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
08/12/2026	School Pack by EPI

Amount ($)	Payee address;	City;	State;	Zip Code
469.20	1342 N Interstate 35E, Carrollton, TX 75006			

Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Advertising Expense	T Shirts

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	Payee name
08/18/2026	Edwards & Patterson Signs

Amount ($)	Payee address;	City;	State;	Zip Code
2159.59	203 S Belt Line Rd, Irving, TX 75060			

Check if individual's residence address.

PURPOSE OF EXPENDITURE

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4	Rachel Weatherington	

4 Date	5 Payee name
08/24/2026	VistaPrint

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
136.38	275 Wyman St, Waltham, MA 02451			

Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Printing Expense	Collateral Printing

(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
08/24/2026	VistaPrint

Amount ($)	Payee address;	City;	State;	Zip Code
216.49	275 Wyman St, Waltham, MA 02451			

Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Printing Expense	Collateral Printing

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
08/24/2026	Texas Democratic

Amount ($)	Payee address;	City;	State;	Zip Code
710.00	P.O. Box 140390, Dallas, TX 75214			

Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Other-Voter Outreach	GOTV

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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4	Rachel Weatherington	

4 Date	5 Payee name
09/08/2026	VistaPrint

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
318.01	275 Wyman St, Waltham, MA 02451			

Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Printing Expense	Collateral Printing

(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
09/14/2026	PrintPlace.com

Amount ($)	Payee address;	City;	State;	Zip Code
517.98	1130 Ave H East			

Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Printing Expense	Collateral Printing

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
09/15/2026	Edwards & Patterson Signs

Amount ($)	Payee address;	City;	State;	Zip Code
649.43	203 S Belt Line Rd, Irving, TX 75060			

Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	Candidate 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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4	Rachel Weatherington	

4 Date	5 Payee name
09/17/2026	VistaPrint

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
309.41	275 Wyman St, Waltham, MA 02451			

Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Printing Expense	Collateral Printing

(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

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
3	Rachel Weatherington	

Expenditure 1

4 Date	5 Payee name
07/07/2026	Squarespace

6 Amount ($)	7 Payee address; City; State; Zip Code
8.00 ✔ Reimbursement from political contributions intended	8 Clarkson St, New York, NY 10014, USA 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	Website Creation

(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

Expenditure 2

Date	Payee name
07/07/2026	Squarespace

Amount ($)	Payee address; City; State; Zip Code
34.54 ✔ Reimbursement from political contributions intended	8 Clarkson St, New York, NY 10014, USA Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	Monthly Website Rental

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

Expenditure 3

Date	Payee name
07/07/2026	Porkbun LLC

Amount ($)	Payee address; City; State; Zip Code
31.58 ✔ Reimbursement from political contributions intended	11575 SW Pacific Hwy PMB 40649 Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	Website Domain Registration

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 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
3	Rachel Weatherington	

4 Date: 07/21/2026
5 Payee name: Tracfone
6 Amount ($): 43.63
✔ Reimbursement from political contributions intended
7 Payee address; 9700 N.W. 112th Avenue, Miami, FL 33178 City; State; Zip Code
Check if individual's residence address.

8 PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule): Office Overhead/Rental Expense
(b) Description: Campaign Phone
(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: 07/21/2026
Payee name: Tracfone
Amount ($): 15.00
✔ Reimbursement from political contributions intended
Payee address; 9700 N.W. 112th Avenue, Miami, FL 33178 City; State; Zip Code
Check if individual's residence address.

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule): Office Overhead/Rental Expense
Description: Campaign Phone Monthly Bill
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: 08/07/2026
Payee name: Squarespace
Amount ($): 38.38
✔ Reimbursement from political contributions intended
Payee address; 8 Clarkson St, New York, NY 10014, USA City; State; Zip Code
Check if individual's residence address.

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule): Advertising Expense
Description: Monthly Website Rental
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 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
3	Rachel Weatherington	

4 Date	5 Payee name
08/21/2026	Tracfone

6 Amount ($)	7 Payee address; City; State; Zip Code
15.00 ✔ Reimbursement from political contributions intended	9700 N.W. 112th Avenue, Miami, FL 33178 Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Office Overhead/Rental Expense	Campaign Phone Monthly Bill
	(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
09/07/2026	Squarespace

Amount ($)	Payee address; City; State; Zip Code
38.38 ✔ Reimbursement from political contributions intended	8 Clarkson St, New York, NY 10014, USA Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	Monthly Website Rental
	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
09/21/2026	Tracfone

Amount ($)	Payee address; City; State; Zip Code
15.00 ✔ Reimbursement from political contributions intended	9700 N.W. 112th Avenue, Miami, FL 33178 Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Office Overhead/Rental Expense	Campaign Phone Monthly Bill
	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:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: | FIRST: Rachel | MI: L

NICKNAME: | LAST: Weatherington | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

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

7911 Rogue River Trl; Fort Worth; Texas; 76137

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (469) | PHONE NUMBER: 263-2238 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MRS | FIRST: Tori | MI: R

NICKNAME: | LAST: Marshall | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

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

5205 Yampa Trl; Fort Worth; Texas; 76137

8 CAMPAIGN TREASURER PHONE

AREA CODE: (682) | PHONE NUMBER: 237-9254 | 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 / 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)

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

15 C/OH NAME	16 Filer ID (Ethics Commission Filers)
Rachel Weatherington	

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 100.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 1080.90
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 613.38
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 2768.53
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 4567.24
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 PUBLIC STATE OF TEXAS
CATHERINE WHITED
My Notary ID # 6447598
Expires June 17, 2030

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Rachel Weatherington this the 26th day of October, 20 24, 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

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Rachel Weatherington	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	■	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 980.90
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	$ 1324.66
6.	■	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 752.11
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	$ 78.38
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: 3
2 FILER NAME Rachel Weatherington	3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor out-of-state PAC (ID#:_____) Mae Pagett 6 Contributor address; City; State; Zip Code 30316	7 Amount of contribution ($) 250
09/25/2026		

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

Date	Full name of contributor out-of-state PAC (ID#:_____) Lauren J Church Contributor address; City; State; Zip Code 11417 MADDIE AVE FORT WORTH TX 76244	Amount of contribution ($) 20.00
09/26/2026		

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

Date	Full name of contributor out-of-state PAC (ID#:_____) Mandie Bird Contributor address; City; State; Zip Code 1210 Lipscomb St Fort Worth Texas	Amount of contribution ($) 53.04
09/30/2026		

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

Date	Full name of contributor out-of-state PAC (ID#:_____) Patt Gibbs Contributor address; City; State; Zip Code 1104 Garden Lane Keller TX 76262	Amount of contribution ($) 250
10/05/202		

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.**

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	Rachel Weatherington	

4 Date	5 Payee name
10/02/2026	Hustle, Inc.

6 Amount ($)	7 Payee address; City; State; Zip Code
250.00	251 Kearny St, Suite 300, San Francisco, CA 94108
	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	Text Campaign
	(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
10/13/2026	Costco

Amount ($)	Payee address; City; State; Zip Code
19.47	8900 Tehama Ridge Pkwy; Fort Worth; Texas; 76177
	Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	Trunk or Treat Candy
	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
10/13/2026	Costco

Amount ($)	Payee address; City; State; Zip Code
64.92	8900 Tehama Ridge Pkwy; Fort Worth; Texas; 76177
	Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	Trunk or Treat Candy
	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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
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 F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	Rachel Weatherington	

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	$ 0.00

5 Date	6 Payee name
10/24	Hustle, Inc (Est. through 10/24)

7 Amount ($)	8 Payee address; City; State; Zip Code
752.11	251 Kearny St, Suite 300, San Francisco, CA 94108
	Check if individual's residence address.

9 TYPE OF EXPENDITURE

☒ Political ☐ Non-Political

10 PURPOSE OF EXPENDITURE

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

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

11 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.

TYPE OF EXPENDITURE

☐ Political ☐ Non-Political

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

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	Rachel Weatherington	

Expenditure 1

4 Date	5 Payee name
10/07/2026	Squarespace

6 Amount ($)	7 Payee address; City; State; Zip Code
38.38 ✓ Reimbursement from political contributions intended	8 Clarkson St, New York, NY 10014, USA 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	Monthly Website Rental

(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

Expenditure 2

Date	Payee name
10/11/2026	Concept Pelvic Health

Amount ($)	Payee address; City; State; Zip Code
25.00 ✓ Reimbursement from political contributions intended	1801 Rufe Snow Dr Ste 200, Keller, TX 76248 Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Advertising Expense	Trunk or Treat Booth

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

Expenditure 3

Date	Payee name
10/21/2026	Tracfone

Amount ($)	Payee address; City; State; Zip Code
15.00 ✓ Reimbursement from political contributions intended	9700 N.W. 112th Avenue, Miami, FL 33178 Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Office Overhead/Rental Expense	Campaign Phone Monthly Bill

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

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: 3

2 FILER NAME
Rachel Weatherington

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:)	**7** Amount of contribution ($)
10/19/2026	Matthew Gordon	10.00
	6 Contributor address; City; State; Zip Code: 8109 Hallmark Drive North Richland Hills TX 76182	

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of contribution ($)
10/19/2026	Matthew Gordon	10.00
	Contributor address; City; State; Zip Code: 8109 Hallmark Drive North Richland Hills TX 76182	

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of contribution ($)
10/07/2026	Victoria Borrego	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	Full name of contributor / out-of-state PAC (ID#:)	Amount of contribution ($)
10/24/2026	Nicole Hightower	50.00
	Contributor address; City; State; Zip Code: 4617 Lazy Oaks St; Fort Worth, Texas 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:

2 FILER NAME
Rachel Weatherington

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 ($)
10/09/2026	Barbara Russell 4112 Bickmore Lane Fort Worth TX 76244	25.00

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 ($)
10/11/2026	Melissa Lee 7239 Elmridge Drive Dallas TX 75240	211.18

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 ($)
10/12/2026	Laney Hawes 5121 Merced Drive Fort Worth TX 76137	26.68

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 ($)
10/14/2026	Bridgette Poppe 429 Lorine St Keller TX 76248	25.00

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.

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Rachel Weatherington	

Expenditure 1

4 Date	5 Payee name
10/13/2026	Costco

6 Amount ($)	7 Payee address; City; State; Zip Code
217.70	8900 Tehama Ridge Pkwy; Fort Worth; Texas; 76177
	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	Trunk or Treat Candy

(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

Expenditure 2

Date	Payee name
10/16/2026	EDWARDS AND PATTERSON

Amount ($)	Payee address; City; State; Zip Code
373.65	203 S Belt Line Rd, Irving, TX 75060
	Check if individual's residence address.

PURPOSE OF EXPENDITURE

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

Expenditure 3

Date	Payee name
10/24/2026	DonorBox

Amount ($)	Payee address; City; State; Zip Code
398.92	1520 Belle View Blvd #4106, Alexandria, VA 22307
	Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Fees	Contribution Platform 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED