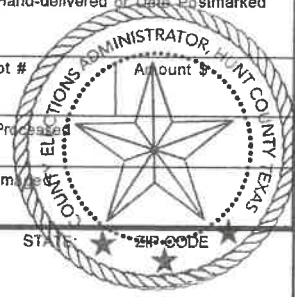


JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 45	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MRS. ABIGAIL KWELLER		OFFICE USE ONLY Date Received RECEIVED AT 11:30 o'clock A M JAN 15 2026 JEANNIE ASH Elections Administrator, Hunt County, TX By: <i>[Signature]</i> Date Hand-delivered or Date Postmarked Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____ 	
	NICKNAME LAST SUFFIX "ABBY" SULLIVAN			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 8112 GREENVILLE TX 75404		
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE PHONE NUMBER EXTENSION (903) 883-6077		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MS. GENA E			
	NICKNAME LAST SUFFIX FELKER			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 508 FOX TRAIL, GREENVILLE, TX 75402		
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (903) 883-6077		
9 REPORT TYPE				
<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED				
Month Day Year Month Day Year 09 / 22 / 2025 THROUGH 12 / 31 / 2025				
11 ELECTION				
ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 03 / 03 / 2026 <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE				
OFFICE HELD (if any) Associate Municipal Judge Greenville & Caddo Mills 13 OFFICE SOUGHT (if known) Hunt County Court at Law No. 1				
14 NOTICE FROM POLITICAL COMMITTEE(S)				
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC		COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS		
<input type="checkbox"/> Additional Pages				
GO TO PAGE 2				

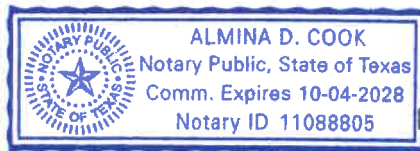
JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/OH NAME ABIGAIL "ABBY" KWELLER SULLIVAN		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 32,343.90
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 24,865.28
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,478.62
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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/Officeholder



Please complete either option below:

(1) Affidavit

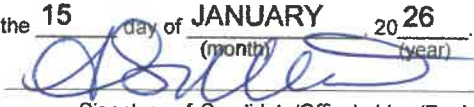
NOTARY STAMP/SEAL

Sworn to and subscribed before me by Abigail Kweller Sullivan this the 15th day of January, 20 26, to certify which, witness my hand and seal of office.

Almina Cook Almina Cook Deputy Clerk
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Abigail "Abby" Kweller Sullivan, and my date of birth is September 12, 1986
My address is PO Box 8112, Greenville, TX, 75404, USA
(street) (city) (state) (zip code) (country)
Executed in HUNT County, State of TEXAS, on the 15 day of JANUARY, 20 26
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH**FORM JC/OH
COVER SHEET PG 3****19 FILER NAME****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 32,343.90
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 24,865.28
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)****SCHEDULE A(J)1**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 A(J)1: 13
2 FILER NAME ABIGAIL "ABBY" KWELLER SULLIAN		3 Filer ID (Ethics Commission Filers)
4 Date 9/22/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ ABIGAIL KWELLER SULLIAN 6 Contributor address; City; State; Zip Code 2 OAK VILLAGE, GREENVILLE, TX 75402	7 Amount of contribution (\$) 3000.00
8 Contributor's principal occupation ATTORNEY AT LAW		9 Contributor's job title ATTORNEY AT LAW
10 Contributor's employer/law firm ABIGAIL KWELLER SULLIVAN, PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/11/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ DENNIS D. DAVIS Contributor address; City; State; Zip Code PO BOX 32, GREENVILLE, TX 75403	Amount of contribution (\$) 1000.00
Contributor's principal occupation ATTORNEY AT LAW		Contributor's job title ATTORNEY AT LAW
Contributor's employer/law firm DENNIS D. DAVIS ATTORNEY AT LAW, PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/14/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ ABIGAIL KWELLER SULLIVAN Contributor address; City; State; Zip Code 2 OAK VILLAGE, GREENVILLE, TX 75402	Amount of contribution (\$) 3000.00
Contributor's principal occupation ATTORNEY AT LAW		Contributor's job title ATTORNEY AT LAW
Contributor's employer/law firm ABIGAIL KWELLER SULLIVAN, PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
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
(JUDICIAL)****SCHEDULE A(J)1**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 A(J)1: 13
2 FILER NAME ABIGAIL "ABBY" KWELLER SULLIAN		3 Filer ID (Ethics Commission Filers)
4 Date 10/29/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: ABIGAIL KWELLER SULLIAN 6 Contributor address; City; State; Zip Code 2 OAK VILLAGE, GREENVILLE, TX 75402	7 Amount of contribution (\$) 5678.90
8 Contributor's principal occupation ATTORNEY AT LAW		9 Contributor's job title ATTORNEY AT LAW
10 Contributor's employer/law firm ABIGAIL KWELLER SULLIVAN, PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/29/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: MICHAEL CHEEK Contributor address; City; State; Zip Code 3407 HWY 69, GREENVILLE, TX 75402	Amount of contribution (\$) 50.00
Contributor's principal occupation RETIRED		Contributor's job title RETIRED
Contributor's employer/law firm RETIRED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/03/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: ABIGAIL KWELLER SULLIVAN Contributor address; City; State; Zip Code 2 OAK VILLAGE, GREENVILLE, TX 75402	Amount of contribution (\$) 4000.00
Contributor's principal occupation ATTORNEY AT LAW		Contributor's job title ATTORNEY AT LAW
Contributor's employer/law firm ABIGAIL KWELLER SULLIVAN, PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
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
(JUDICIAL)****SCHEDULE A(J)1**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 A(J)1: 13
2 FILER NAME ABIGAIL "ABBY" KWELLER SULLIAN		3 Filer ID (Ethics Commission Filers)
4 Date 11/03/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ CANDACE DENARI 6 Contributor address; City; State; Zip Code 6456 GARLAND, FORT WORTH, TX 76116	7 Amount of contribution (\$) 50.00
8 Contributor's principal occupation RETIRED		9 Contributor's job title RETIRED
10 Contributor's employer/law firm RETIRED		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/03/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ AMY MAIURO Contributor address; City; State; Zip Code 802 DICKEY, EULESS, TX 76040	Amount of contribution (\$) 250.00
Contributor's principal occupation DATA RISK ANALYST		Contributor's job title DATA RISK MANAGER
Contributor's employer/law firm BARTON MALLOW		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/04/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ DONNA DENISE KWELLER Contributor address; City; State; Zip Code 2407 TWILIGHT PENINSULA, GREENVILLE, TX 75402	Amount of contribution (\$) 1000.00
Contributor's principal occupation LICENSED PROFESSIONAL COUNSELOR		Contributor's job title LICENSED PROFESSIONAL COUNSELOR
Contributor's employer/law firm SELF-EMPLOYED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
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
(JUDICIAL)****SCHEDULE A(J)1**

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 A(J)1: 13
2 FILER NAME ABIGAIL "ABBY" KWELLER SULLIAN		3 Filer ID (Ethics Commission Filers)
4 Date 11/07/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ ABIGAIL KWELLER SULLIAN <hr/> 6 Contributor address; City; State; Zip Code 2 OAK VILLAGE, GREENVILLE, TX 75402	7 Amount of contribution (\$) 5000.00
8 Contributor's principal occupation ATTORNEY AT LAW		9 Contributor's job title ATTORNEY AT LAW
10 Contributor's employer/law firm ABIGAIL KWELLER SULLIVAN, PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/10/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ EMILY GRADY <hr/> Contributor address; City; State; Zip Code 3 CEDAR RIDGE, GREENVILLE, TX 75402	Amount of contribution (\$) 200.00
Contributor's principal occupation DATA RISK ANALYST		Contributor's job title DATA RISK MANAGER
Contributor's employer/law firm BARTON MALLOW		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/14/25	<input type="checkbox"/> out-of-state PAC ID#: _____ MASSOUD EBRAHIM, PE <hr/> Contributor address; City; State; Zip Code 1202 WESTMINISTER, GREENVILLE, TX 75402	Amount of contribution (\$) 25.00
Contributor's principal occupation RETIRED		Contributor's job title RETIRED
Contributor's employer/law firm RETIRED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
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
(JUDICIAL)****SCHEDULE A(J)1**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 A(J)1: 13
2 FILER NAME ABIGAIL "ABBY" KWELLER SULLIAN		3 Filer ID (Ethics Commission Filers)
4 Date 11/14/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: ELSIE FELKER 6 Contributor address; City; State; Zip Code 2314 DARTMOUTH, ARTLINGTON, TX 76015	7 Amount of contribution (\$) 5000.00
8 Contributor's principal occupation HOMEMAKER		9 Contributor's job title HOMEMAKER
10 Contributor's employer/law firm HOMEMAKER		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: DR. STEVEN BRANCHEAU Contributor address; City; State; Zip Code 1871 HWY 69 S., GREENVILLE, TX 75402	Amount of contribution (\$) 500.00
Contributor's principal occupation PODIATRIST		Contributor's job title PODIATRIST
Contributor's employer/law firm FAMILY FOOT AND ANKLE SPECIALISTS		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: GARY UTSLER Contributor address; City; State; Zip Code 201 PARK LANE, POTTSBORO, TX 75076	Amount of contribution (\$) 100.00
Contributor's principal occupation RETIRED		Contributor's job title POTTSBORO, TX COUNCIL MEMBER
Contributor's employer/law firm RETIRED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
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
(JUDICIAL)****SCHEDULE A(J)1**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 A(J)1: 13
2 FILER NAME ABIGAIL "ABBY" KWELLER SULLIAN		3 Filer ID (Ethics Commission Filers)
4 Date 11/16/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: PUD KEARNS 6 Contributor address; City; State; Zip Code 2411 TWILIGHT PENINSULA, GREENVILLE, TX 75402	7 Amount of contribution (\$) 75.00
8 Contributor's principal occupation RETIRED		9 Contributor's job title RETIRED
10 Contributor's employer/law firm RETIRED		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: DR. GRAHAM SWEENEY Contributor address; City; State; Zip Code 309 CR 3504, QUINLAN, TX 75474	Amount of contribution (\$) 200.00
Contributor's principal occupation RETIRED		Contributor's job title RETIRED
Contributor's employer/law firm RETIRED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: DAWN BURNEY Contributor address; City; State; Zip Code 511 HIGHLAND OAK, GREENVILLE, TX 75402	Amount of contribution (\$) 100.00
Contributor's principal occupation RETIRED		Contributor's job title RETIRED
Contributor's employer/law firm RETIRED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
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
(JUDICIAL)****SCHEDULE A(J)1**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 A(J)1: 13
2 FILER NAME ABIGAIL "ABBY" KWELLER SULLIAN		3 Filer ID (Ethics Commission Filers)
4 Date 11/16/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: SAMANTHA MAIURO 6 Contributor address; City; State; Zip Code 802 DICKEY, ARLINGTON, TX 76040	7 Amount of contribution (\$) 1000.00
8 Contributor's principal occupation STUDENT		9 Contributor's job title STUDENT - PART-TIME OPERATIONS MANAGER
10 Contributor's employer/law firm ABGAIL KWELLER SULLIVAN, PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: HOLLY GOTCHER Contributor address; City; State; Zip Code PO BOX 556, GREENVILLE, TX 75403	Amount of contribution (\$) 500.00
Contributor's principal occupation ATTORNEY AT LAW		Contributor's job title ATTORNEY AT LAW
Contributor's employer/law firm LAW OFFICES OF MORGAN AND GOTCHER		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: SHARON LEONARD Contributor address; City; State; Zip Code 519 TURTLE CREEK, GREENVILLE, TX 75402	Amount of contribution (\$) 250.00
Contributor's principal occupation RETIRED		Contributor's job title RETIRED
Contributor's employer/law firm RETIRED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
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
(JUDICIAL)****SCHEDULE A(J)1**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 A(J)1: 13
2 FILER NAME ABIGAIL "ABBY" KWELLER SULLIAN		3 Filer ID (Ethics Commission Filers)
4 Date 11/17/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ LORI MCCONNELL <hr/> 6 Contributor address; City; State; Zip Code 2346 CR 4106, GREENVILLE, TX 75401	7 Amount of contribution (\$) 500.00
8 Contributor's principal occupation HOMEMAKER		9 Contributor's job title HOMEMAKER
10 Contributor's employer/law firm HOMEMAKER		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/21/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ VERONICA DEWITT <hr/> Contributor address; City; State; Zip Code 213 WILSON, SAN MARCOS, TX 78666	Amount of contribution (\$) 100.00
Contributor's principal occupation REAL ESTATE AGENT		Contributor's job title REAL ESTATE AGENT
Contributor's employer/law firm SELF-EMPLOYED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/21/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ BRIAN FELKER <hr/> Contributor address; City; State; Zip Code 213 WILSON, SAN MARCOS, TX 78666	Amount of contribution (\$) 100.00
Contributor's principal occupation RETIRED		Contributor's job title RETIRED
Contributor's employer/law firm RETIRED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
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
(JUDICIAL)****SCHEDULE A(J)1**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 A(J)1: 13
2 FILER NAME ABIGAIL "ABBY" KWELLER SULLIAN		3 Filer ID (Ethics Commission Filers)
4 Date 12/05/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ BETHANY GEORGE <hr/> 6 Contributor address; City; State; Zip Code 2725 WOODSIDE, HIGHLAND VILLAGE, TX 75077	7 Amount of contribution (\$) 1000.00
8 Contributor's principal occupation MEDICAL STAFFING DIRECTOR		9 Contributor's job title MEDICAL STAFFING DIRECTOR
10 Contributor's employer/law firm SPEACIALYSTS, INC.		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/29/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ ANONYMOUS <hr/> Contributor address; City; State; Zip Code N/A	Amount of contribution (\$) 20.00
Contributor's principal occupation N/A		Contributor's job title N/A
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/31/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ JULIE TAPLEY <hr/> Contributor address; City; State; Zip Code 1008 OAK DR., DURANGO, CO 81301	Amount of contribution (\$) 25.00
Contributor's principal occupation BUSINESS MANAGER		Contributor's job title BUSINESS MANAGER
Contributor's employer/law firm FORT LEWIS COLLEGE		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
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
(JUDICIAL)****SCHEDULE A(J)1**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 A(J)1: 13
2 FILER NAME ABIGAIL "ABBY" KWELLER SULLIAN		3 Filer ID (Ethics Commission Filers)
4 Date 12/31/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ BRIAN SULLIVAN 6 Contributor address; City; State; Zip Code 1416 PLUMMER, ROCKWALL, TX 75087	7 Amount of contribution (\$) 500.00
8 Contributor's principal occupation CONSTRUCTION ENGINEER		9 Contributor's job title PROJECT ENGINEER
10 Contributor's employer/law firm PRISM, INC.		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/31/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ JOYCE SULLIVAN Contributor address; City; State; Zip Code 1416 PLUMMER, ROCKWALL, TX 75087	Amount of contribution (\$) 200.00
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/31/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ TIMOTHY SULLIVAN Contributor address; City; State; Zip Code 2 OAK VILLAGE, GREENVILLE, TX 75402	Amount of contribution (\$) 1000.00
Contributor's principal occupation SOFTWARE ENGINEER		Contributor's job title SOFTWARE ENGINEER
Contributor's employer/law firm L3HARRIS TECHNOLOGIES		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
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
(JUDICIAL)****SCHEDULE A(J)1**If the requested information is not applicable, **DO NOT** include this page in the report.

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2 FILER NAME ABIGAIL "ABBY" KWELLER SULLIAN		3 Filer ID (Ethics Commission Filers)
4 Date 12/31/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ JANIE SMITH 6 Contributor address; City; State; Zip Code 2373 TWILIGHT PENINSULA, GREENVILLE, TX 75402	7 Amount of contribution (\$) 100.00
8 Contributor's principal occupation CONSTRUCTION ENGINEER		9 Contributor's job title PROJECT ENGINEER
10 Contributor's employer/law firm PRISM, INC.		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/31/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ GAIL NORRIS Contributor address; City; State; Zip Code 313 WEST COLUMBIA, WEATHERFORD, TX 76087	Amount of contribution (\$) 10.00
Contributor's principal occupation RETIRED		Contributor's job title RETIRED
Contributor's employer/law firm RETIRED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/31/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ LYNN NORRIS Contributor address; City; State; Zip Code 313 WEST COLUMBIA, WEATHERFORD, TX 76087	Amount of contribution (\$) 10.00
Contributor's principal occupation RETIRED		Contributor's job title RETIRED
Contributor's employer/law firm RETIRED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
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
(JUDICIAL)****SCHEDULE A(J)1**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 A(J)1: 13
2 FILER NAME ABIGAIL "ABBY" KWELLER SULLIAN		3 Filer ID (Ethics Commission Filers)
4 Date 12/31/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ ELIZABETH KWELLER 6 Contributor address; City; State; Zip Code 333 HEARTSPRINGS, DRIPPING SPRINGS, TX 75402	7 Amount of contribution (\$) 100.00
8 Contributor's principal occupation REAL ESTATE AGENT		9 Contributor's job title REAL ESTATE AGENT
10 Contributor's employer/law firm SELF-EMPLOYED		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/31/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ MISTY APPLING Contributor address; City; State; Zip Code 3616 BENTLEY COURT, DENTON, TX 76201	Amount of contribution (\$) 200.00
Contributor's principal occupation PHARMACIST		Contributor's job title PHARMACIST
Contributor's employer/law firm SELF-EMPLOYED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/31/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ BRITT UTSLER Contributor address; City; State; Zip Code 508 FOX TRAIL, GREENVILLE, TX 75402	Amount of contribution (\$) 1000.00
Contributor's principal occupation RETIRED		Contributor's job title RETIRED
Contributor's employer/law firm RETIRED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
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
(JUDICIAL)****SCHEDULE A(J)1**

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 A(J)1: 13
2 FILER NAME ABIGAIL "ABBY" KWELLER SULLIAN		3 Filer ID (Ethics Commission Filers)
4 Date 12/31/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ GENA FELKER <hr/> 6 Contributor address; City; State; Zip Code 508 FOX TRAIL, GREENVILLE, TX 75402	7 Amount of contribution (\$) 1000.00
8 Contributor's principal occupation PARALEGAL		9 Contributor's job title PARALEGAL
10 Contributor's employer/law firm ABIGAIL KWELLER SULLIVAN, PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/31/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ JOSHUA RITTER <hr/> Contributor address; City; State; Zip Code 8400 SUNSET SLVD., #9101, ROWLETT, TX 75088	Amount of contribution (\$) 250.00
Contributor's principal occupation DRILLING AND FLUID SPECIALIST		Contributor's job title DRILLING AND FLUID SPECIALIST
Contributor's employer/law firm SELF-EMPLOYED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/31/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ MICHAEL VILLEARREAL <hr/> Contributor address; City; State; Zip Code 374 OLE WAGON RD., QUINLAN, TX 75474	Amount of contribution (\$) 50.00
Contributor's principal occupation RETIRED		Contributor's job title RETIRED
Contributor's employer/law firm RETIRED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

SCHEDULE A2

The Instruction Guide explains how to complete this form.

2 FILER NAME

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

5 Date

8 Amount of Contribution \$

9 In-kind contribution description

☐ Check if travel outside of Texas. Complete Schedule T.**11 Employer (FOR NON-JUDICIAL)(See Instructions)**

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

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

Date _____

Amount of Contribution \$

In-kind contribution description

☐ Check if travel outside of Texas. Complete Schedule T.

Employer (FOR NON-JUDICIAL) (See Instructions)

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

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

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

PLEDGED CONTRIBUTIONS (JUDICIAL)**SCHEDULE B(J)**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 B(J):	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)		8 Amount of Pledge \$
	7 Pledgor address; City; State; Zip Code		
		9 In-kind contribution description	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Pledgor's principal occupation		11 Pledgor's job title	
12 Pledgor's employer/law firm		13 Law firm of pledgor's spouse (if any)	
14 If pledgor is a child, law firm of parent(s) (if any)			
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of Pledge \$
	Pledgor address; City; State; Zip Code		
			In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Pledgor's principal occupation		Pledgor's job title	
Pledgor's employer/law firm		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of Pledge \$
	Pledgor address; City; State; Zip Code		
			In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Pledgor's principal occupation		Pledgor's job title	
Pledgor's employer/law firm		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of Pledge \$
	Pledgor address; City; State; Zip Code		
			In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Pledgor's principal occupation		Pledgor's job title	
Pledgor's employer/law firm		Law firm of pledgor's spouse (if any)	
If pledgor is a child, law firm of parent(s) (if any)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

LOANS (JUDICIAL)**SCHEDULE E(J)**

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(J):	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS				\$	
5 Date of loan		7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)		9 Loan Amount (\$)	
6 Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N		8 Lender address; City; State; Zip Code		10 Interest rate	
12 Lender's Principal Occupation				13 Lender's Job Title	
		14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)	
16 If lender is a child, law firm of parent(s) (if any)					
17 Description of Collateral <input type="checkbox"/> none				18 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
19 GUARANTOR INFORMATION <input type="checkbox"/> not applicable		20 Name of guarantor		22 Amount Guaranteed (\$)	
		21 Guarantor address; City; State; Zip Code			
23 Guarantor's Principal Occupation				24 Guarantor's Job Title	
25 Guarantor's Employer/Law Firm				26 Law Firm of guarantor's spouse (if any)	
27 If guarantor is a child, law firm of parent(s) (if any)					
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: 14		2 FILER NAME ABIGAIL "ABBY" KWELLER SULLIVAN		3 Filer ID (Ethics Commission Filers)	
4 Date 9/26/25		5 Payee name ENGAGE VOTERS US			
6 Amount (\$) 1897.76		7 Payee address; City; State; Zip Code 44 SOUTH BROADWAY, SUITE 100, WHITE PLAINS, NY 10601 <input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description GRAPHIC DESIGN AND WEBSITE		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 9/29/25		Payee name UNITED STATES POSTAL SERVICE			
Amount (\$) 210.00		Payee address; City; State; Zip Code 6305 WESLEY ST., GREENVILLE, TX 75402 <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD		Description POST OFFICE BOX		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 10/2/25		Payee name BANK OF AMERICA			
Amount (\$) 42.17		Payee address; City; State; Zip Code 5903 WESLEY ST., GREENVILLE, TX 75402 <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING		Description CHECKBOOK		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 14		2 FILER NAME ABIGAIL "ABBY" KWELLER SULLIVAN		3 Filer ID (Ethics Commission Filers)	
4 Date 10/07/25		5 Payee name STAPLES, INC.			
6 Amount (\$) 297.67		7 Payee address; City; State; Zip Code 6834 WESLEY ST., SUITE D, GREENVILLE, TX 75402 <input type="checkbox"/> 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		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 10/07/25		Payee name SIGNS ON THE CHEAP			
Amount (\$) 1404.02		Payee address; City; State; Zip Code 11525-B STONEHOLLOW DR., STE. 220, AUSTIN, TX 78758 <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	PRINTING EXPENSE		Description YARD SIGNS		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 10/14/25		Payee name ZAZZLE, INC.			
Amount (\$) 326.49		Payee address; City; State; Zip Code 1800 SEAPORT BLVD., REDWOOD CITY, CA 94063 <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		Description BUSINESS CARDS		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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: 14	2 FILER NAME ABIGAIL "ABBY" KWELLER SULLIVAN	3 Filer ID (Ethics Commission Filers)
4 Date 10/14/25	5 Payee name ECANVASSER	
6 Amount (\$) 179.10	7 Payee address; City; State; Zip Code SUITE 10568, 26/27 UPPER PEMBROKE ST., DUBLIN, REP. OF IRELAND <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description DATA ANALYSIS SOFTWARE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 10/14/25	Payee name SIGNS ON THE CHEAP	
Amount (\$) 863.37	Payee address; City; State; Zip Code 11525-B STONEHOLLOW DR., STE. 220, AUSTIN, TX 78758 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description YARD SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 10/14/25	Payee name AMAZON, INC.	
Amount (\$) 119.06	Payee address; City; State; Zip Code 410 TERRY AVE. NORTH, SEATTLE, WA 98109 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	Description OFFICE SUPPLIES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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: 14	2 FILER NAME ABIGAIL "ABBY" KWELLER SULLIVAN	3 Filer ID (Ethics Commission Filers)
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4 Date 10/21/25	5 Payee name VITSA PRINT
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6 Amount (\$) 264.13	7 Payee address; City; State; Zip Code 275 WYMAN STREET, WALTHAM, MA 02451
<input type="checkbox"/> 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 FLYERS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/21/25	Payee name SOCIALLY SPIRITED, LLC
Amount (\$) 389.70	Payee address; City; State; Zip Code 1411 MUSTANG CROSSING, MISSOURI CITY, TC 77459
<input type="checkbox"/> Check if individual's residence address.	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description TABC BARTENDING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/31/25	Payee name TONY'S ITALIAN KITCHEN
Amount (\$) 2000.00	Payee address; City; State; Zip Code 6106 WESLEY ST., GREENVILLE, TX 75402
<input type="checkbox"/> Check if individual's residence address.	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description CATERING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 14	2 FILER NAME ABIGAIL "ABBY" KWELLER SULLIVAN	3 Filer ID (Ethics Commission Filers)
4 Date 11/03/25	5 Payee name PAPERLESS POST	
6 Amount (\$) 138.58	7 Payee address; City; State; Zip Code 115 BROADWAY, FLOOR 5, NEW YORK, NY 10006 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description INVITATIONS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 11/10/25	Payee name PAPERLESS POST	
Amount (\$) 30.91	Payee address; City; State; Zip Code 115 BROADWAY, FLOOR 5, NEW YORK, NY 10006 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description INVITATIONS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 11/06/25	Payee name KENDALL'S KREATIONS	
Amount (\$) 2291.25	Payee address; City; State; Zip Code 1203 BETA DR., STE. 100, ROCKWALL, TX 75087 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description COORDINATING, DECOR, SETUP/ CLEANUP
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 14	2 FILER NAME ABIGAIL "ABBY" KWELLER SULLIVAN	3 Filer ID (Ethics Commission Filers)
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4 Date 11/10/25	5 Payee name DJ FRANCO
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6 Amount (\$) 1295.00	7 Payee address; 3206 LONGMIRE DR., SUITE A42, COLLEGE STATION, TX 77845	City; TX	State; TX	Zip Code 77845
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description MUSIC AND ENTERTAINMENT
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/10/25	Payee name ECANVASSER
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Amount (\$) 199.00	Payee address; SUITE 10568, 26/27 UPPER PEMBROKE ST., DUBLIN, REP. OF IRELAND	City; IRELAND	State; IRELAND	Zip Code IRELAND
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PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	Description DATA ANALYSIS SOFTWARE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/12/25	Payee name SIGNS ON THE CHEAP
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Amount (\$) 1569.15	Payee address; 11525-B STONEHOLLOW DR., STE. 220, AUSTIN, TX 78758	City; TX	State; TX	Zip Code 78758
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description YARD SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 14	2 FILER NAME ABIGAIL "ABBY" KWELLER SULLIVAN	3 Filer ID (Ethics Commission Filers)
4 Date 11/12/25	5 Payee name GREENVILLE CLUB LAKE & WATER COMPANY	
6 Amount (\$) 420.00	7 Payee address; City; State; Zip Code 4466 CLUBHOUSE ROAD, GREENVILLE, TEXAS 75402 <input type="checkbox"/>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description VENUE FEE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 11/12/25	Payee name HUNT COUNTY REPUBLICAN PARTY	
Amount (\$) 1500.00	Payee address; City; State; Zip Code 2606 LEE STREET, GREENVILLE, TX 75401 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description FILING FEE FOR CANDIDACY ON BALLOT
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 11/13/25	Payee name ENGAGE VOTERS	
Amount (\$) 38.43	Payee address; City; State; Zip Code 44 SOUTH BROADWAY, SUITE 100, WHITE PLAINS, NY 10601 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description WEBSITE HOSTING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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: 14	2 FILER NAME ABIGAIL "ABBY" KWELLER SULLIVAN	3 Filer ID (Ethics Commission Filers)
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4 Date 11/13/25	5 Payee name SIGNS ON THE CHEAP
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6 Amount (\$) 1411.64	7 Payee address; City; State; Zip Code 11525-B STONEHOLLOW DR., STE. 220, AUSTIN, TX 78758 <input type="checkbox"/>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description YARD SIGNS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/17/25	Payee name DJ FRANCO
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Amount (\$) 1000.00	Payee address; City; State; Zip Code 3206 LONGMIRE DR., SUITE A42, COLLEGE STATION, TX 77845 <input type="checkbox"/> Check if individual's residence address.
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description MUSIC AND ENTERTAINMENT
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/17/25	Payee name DOLLAR TREE
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Amount (\$) 41.39	Payee address; City; State; Zip Code 7812 WESLEY STREET, GREENVILLE, TX 75402 <input type="checkbox"/> Check if individual's residence address.
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description PARTY SUPPLIES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 14	2 FILER NAME ABIGAIL "ABBY" KWELLER SULLIVAN	3 Filer ID (Ethics Commission Filers)
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4 Date 11/17/25	5 Payee name WALMART, INC.
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6 Amount (\$) 77.69	7 Payee address; City; State; Zip Code 7401 I-30 FRONTAGE RD., GREENVILLE, TX 75402 <input type="checkbox"/>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description PARTY SUPPLIES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/17/25	Payee name KENDALL'S KREATIONS
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Amount (\$) 700.00	Payee address; City; State; Zip Code 1203 BETA DR., STE. 100, ROCKWALL, TX 75087 <input type="checkbox"/> Check if individual's residence address.
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description COORDINATING, DECOR, SETUP/ CLEANUP (TIP)
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/17/25	Payee name SOCIALLY SPIRITED, LLC
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Amount (\$) 111.00	Payee address; City; State; Zip Code 1411 MUSTANG CROSSING, MISSOURI CITY, TC 77459 <input type="checkbox"/> Check if individual's residence address.
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description TABC BARTENDING (TIP)
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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: 14	2 FILER NAME ABIGAIL "ABBY" KWELLER SULLIVAN	3 Filer ID (Ethics Commission Filers)
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4 Date 11/17/25	5 Payee name TONY'S ITALIAN KITCHEN
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6 Amount (\$) 200.00	7 Payee address; 6106 WESLEY STREET, GREENVILLE, TX 75402	City; GREENVILLE	State; TX	Zip Code 75402
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description DELIVERY FEE AND TIP
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/17/25	Payee name DJ FRANCO
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Amount (\$) 300.00	Payee address; 3206 LONGMIRE DR., SUITE A42, COLLEGE STATION, TX 77845	City; COLLEGE STATION	State; TX	Zip Code 77845
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description MUSIC AND ENTERTAINMENT (DJ TIP)
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/17/25	Payee name DJ FRANCO
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Amount (\$) 200.00	Payee address; 3206 LONGMIRE DR., SUITE A42, COLLEGE STATION, TX 77845	City; COLLEGE STATION	State; TX	Zip Code 77845
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description MUSIC AND ENTERTAINMENT (PHOTOGRAPHER TIP)
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 14	2 FILER NAME ABIGAIL "ABBY" KWELLER SULLIVAN	3 Filer ID (Ethics Commission Filers)
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4 Date 11/25/25	5 Payee name DJ FRANCO
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6 Amount (\$) 200.00	7 Payee address; 3206 LONGMIRE DR., SUITE A42, COLLEGE STATION, TX 77845	City; TX	State; TX	Zip Code 77845
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description FEE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/19/25	Payee name CHASE STOKES
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Amount (\$) 1000.00	Payee address; 1577 CR 3327, Lone Oak, TX 75453	City; TX	State; TX	Zip Code 75453
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	PHOTOBOOTH (plus TIP)
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/26/25	Payee name GREENVILLE HERALD BANNER
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Amount (\$) 2442.48	Payee address; 2305 KING STREET, GREENVILLE, TX 75401	City; TX	State; TX	Zip Code 75401
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description 1 FULL-PAGE COLOR + 14 B&W 1/8
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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: 14	2 FILER NAME ABIGAIL "ABBY" KWELLER SULLIVAN		3 Filer ID (Ethics Commission Filers)
4 Date 12/08/25	5 Payee name ECANVASSER		
6 Amount (\$) 199.00	7 Payee address; City; State; Zip Code SUITE 10568, 26/27 UPPER PEMBROKE ST., DUBLIN, REP. OF IRELAND <input type="checkbox"/>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description DATA ANALYSIS SOFTWARE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date 12/16/25	Payee name ZAZZLE, INC.		
Amount (\$) 315.89	Payee address; City; State; Zip Code 1800 SEAPORT BLVD., REDWOOD CITY, CA 94063 <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		BUSINESS CARDS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date 12/19/25	Payee name SOCIAL BEE		
Amount (\$) 309.14	Payee address; City; State; Zip Code 320 ADAMS STREET, SUITE 101, FAIRMONT, WV 26555 <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		DESCRIPTION SOCIAL MEDIAL MANAGEMENT
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 14	2 FILER NAME ABIGAIL "ABBY" KWELLER SULLIVAN		3 Filer ID (Ethics Commission Filers)
4 Date 12/29/25	5 Payee name META PLATFORMS, INC.		
6 Amount (\$) 433.00	7 Payee address; City; State; Zip Code 1 HACKER WAY, MENLO PARK, CA 94025 <input type="checkbox"/>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description ADVERTISEMENT IMPRESSIONS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date 12/29/25	Payee name META PLATFORMS, INC.		
Amount (\$) 9.26	Payee address; City; State; Zip Code 1 HACKER WAY, MENLO PARK, CA 94025 <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		ADVERTISEMENT IMPRESSIONS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date 12/29/25	Payee name META PLATFORMS, INC.		
Amount (\$) 17.00	Payee address; City; State; Zip Code 1 HACKER WAY, MENLO PARK, CA 94025 <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		ADVERTISEMENT IMPRESSIONS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 14	2 FILER NAME ABIGAIL "ABBY" KWELLER SULLIVAN		3 Filer ID (Ethics Commission Filers)
4 Date 12/29/25	5 Payee name META PLATFORMS, INC.		
6 Amount (\$) 17.00	7 Payee address; City; State; Zip Code 1 HACKER WAY, MENLO PARK, CA 94025 <input type="checkbox"/>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description ADVERTISEMENT IMPRESSIONS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 12/29/25	Payee name META PLATFORMS, INC.		
Amount (\$) 405.00	Payee address; City; State; Zip Code 1 HACKER WAY, MENLO PARK, CA 94025 <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		ADVERTISEMENT IMPRESSIONS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code <input type="checkbox"/>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name	Filer ID #
------------	------------

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the Semi-Annual report due on January 15, 2026.
I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit



Signature of Filer

NOTARY STAMP / SEAL

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

Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
OR		

(2) Unsworn Declaration

My name is ABIGAIL "ABBY" KWELLER SULLIVAN, and my date of birth is SEPTEMBER 12, 1986
My address is PO BOX 8112 GREENVILLE TX 75404 USA
(street) (city) (state) (zip code) (country)
Executed in HUNT County, State of TEXAS, on the 15 day of JANUARY, 2026
(month) (year)

Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**