

# 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: <b>45</b>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MRS. ABIGAIL KWELLER</b>			OFFICE USE ONLY		
	NICKNAME <b>"ABBY"</b>	LAST <b>SULLIVAN</b>	MI SUFFIX	Date Received <b>RECEIVED</b> AT <b>11:30 o'clock A.M.</b> <b>JAN 15 2026</b> JEANNIE ASH Elections Administrator, Hunt County, TX By: <i>[Signature]</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: <b>PO BOX 8112</b>	APT / SUITE #: <b></b>	CITY: <b>GREENVILLE</b>	STATE: ZIP CODE <b>TX 75404</b>		
<input checked="" type="checkbox"/> Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <b>( 903 )</b>	PHONE NUMBER <b>883-6077</b>	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MS. GENA FELKER</b>			MI E SUFFIX		
	NICKNAME	LAST	MI E SUFFIX	Date Hand-delivered or Date Postmarked Receipt # Date Processed Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY; <b>508 FOX TRAIL, GREENVILLE, TX 75402</b>					
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>( 903 )</b>	PHONE NUMBER <b>883-6077</b>	EXTENSION			
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 <b>09</b>	Day <b>22</b>	Year <b>2025</b>	Month <b>12</b>	Day <b>31</b>	Year <b>2025</b>
11 ELECTION	ELECTION DATE Month Day Year <b>03 / 03 / 2026</b>		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any) <b>Associate Municipal Judge Greenville &amp; Caddo Mills</b>			13 OFFICE SOUGHT (if known) <b>Hunt County Court at Law No. 1</b>		
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> 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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

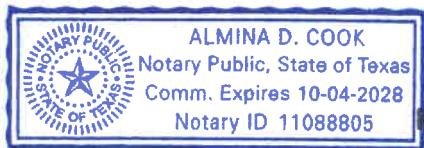
FORM JC/OH  
COVER SHEET PG 2

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
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS		

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 15<sup>th</sup> day of January,  
20 26, to certify which, witness my hand and seal of office.

Almina Cook  
Signature of officer administering oath

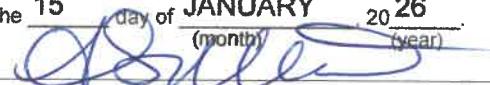
Almina Cook  
Printed name of officer administering oath

Deputy Clerk  
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**

<b>19</b> FILER NAME	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	
4. <input type="checkbox"/> SCHEDULE E: LOANS	
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	

**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 <b>ABIGAIL "ABBY" KWELLER SULLIAN</b>		3 Filer ID (Ethics Commission Filers)	
4 Date 9/22/25	5 Full name of contributor <b>ABIGAIL KWELLER SULLIAN</b> 6 Contributor address; City; State; Zip Code <b>2 OAK VILLAGE, GREENVILLE, TX 75402</b>	7 Amount of contribution (\$) <b>3000.00</b>	
8 Contributor's principal occupation <b>ATTORNEY AT LAW</b>		9 Contributor's job title <b>ATTORNEY AT LAW</b>	
10 Contributor's employer/law firm <b>ABIGAIL KWELLER SULLIAN, PLLC</b>		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 <b>DENNIS D. DAVIS</b> Contributor address; City; State; Zip Code <b>PO BOX 32, GREENVILLE, TX 75403</b>	Amount of contribution (\$) <b>1000.00</b>
Contributor's principal occupation <b>ATTORNEY AT LAW</b>		Contributor's job title <b>ATTORNEY AT LAW</b>	
Contributor's employer/law firm <b>DENNIS D. DAVIS ATTORNEY AT LAW, PLLC</b>		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 <b>ABIGAIL KWELLER SULLIAN</b> Contributor address; City; State; Zip Code <b>2 OAK VILLAGE, GREENVILLE, TX 75402</b>	Amount of contribution (\$) <b>3000.00</b>
Contributor's principal occupation <b>ATTORNEY AT LAW</b>		Contributor's job title <b>ATTORNEY AT LAW</b>	
Contributor's employer/law firm <b>ABIGAIL KWELLER SULLIAN, PLLC</b>		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

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<p>The Instruction Guide explains how to complete this form.</p>				<b>1</b> Total pages Schedule A(J)1: <b>13</b>
<b>2</b> FILER NAME  <b>ABIGAIL "ABBY" KWELLER SULLIAN</b>				<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  <b>10/29/25</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____  <b>ABIGAIL KWELLER SULLIAN</b> <b>6</b> Contributor address; City; State; Zip Code  <b>2 OAK VILLAGE, GREENVILLE, TX 75402</b>			<b>7</b> Amount of contribution (\$)  <b>5678.90</b>
<b>8</b> Contributor's principal occupation  <b>ATTORNEY AT LAW</b>			<b>9</b> Contributor's job title  <b>ATTORNEY AT LAW</b>	
<b>10</b> Contributor's employer/law firm  <b>ABIGAIL KWELLER SULLIAN, PLLC</b>			<b>11</b> Law firm of contributor's spouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)				
<b>Date</b>  <b>10/29/25</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____  <b>MICHAEL CHEEK</b> <b>Contributor address;</b> <b>City;</b> <b>State;</b> <b>Zip Code</b> <b>3407 HWY 69, GREENVILLE, TX 75402</b>			<b>Amount of contribution (\$)</b>  <b>50.00</b>
<b>Contributor's principal occupation</b>  <b>RETIRED</b>			<b>Contributor's job title</b>  <b>RETIRED</b>	
<b>Contributor's employer/law firm</b>  <b>RETIRED</b>			<b>Law firm of contributor's spouse (if any)</b>	
<b>If contributor is a child, law firm of parent(s) (if any)</b>				
<b>Date</b>  <b>11/03/25</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____  <b>ABIGAIL KWELLER SULLIAN</b> <b>Contributor address;</b> <b>City;</b> <b>State;</b> <b>Zip Code</b> <b>2 OAK VILLAGE, GREENVILLE, TX 75402</b>			<b>Amount of contribution (\$)</b>  <b>4000.00</b>
<b>Contributor's principal occupation</b>  <b>ATTORNEY AT LAW</b>			<b>Contributor's job title</b>  <b>ATTORNEY AT LAW</b>	
<b>Contributor's employer/law firm</b>  <b>ABIGAIL KWELLER SULLIAN, PLLC</b>			<b>Law firm of contributor's spouse (if any)</b>	
<b>If contributor is a child, law firm of parent(s) (if any)</b>				

### 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

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1 Total pages Schedule A(J)1:  
13

2 FILER NAME <b>ABIGAIL "ABBY" KWELLER SULLIAN</b>		3 Filer ID (Ethics Commission Filers)
4 Date 11/03/25	5 Full name of contributor <b>CANDACE DENARI</b> 6 Contributor address; City; State; Zip Code <b>6456 GARLAND, FORT WORTH, TX 76116</b>	7 Amount of contribution (\$) <b>50.00</b>
8 Contributor's principal occupation <b>RETIRED</b>		9 Contributor's job title <b>RETIRED</b>
10 Contributor's employer/law firm <b>RETIRED</b>		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 <b>AMY MAIURO</b> Contributor address; City; State; Zip Code <b>802 DICKEY, EULESS, TX 76040</b>	Amount of contribution (\$) <b>250.00</b>
------------------	--	--

Contributor's principal occupation <b>DATA RISK ANALYST</b>	Contributor's job title <b>DATA RISK MANAGER</b>
Contributor's employer/law firm <b>BARTON MALLOW</b>	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 <b>DONNA DENISE KWELLER</b> Contributor address; City; State; Zip Code <b>2407 TWILIGHT PENINSULA, GREENVILLE, TX 75402</b>	Amount of contribution (\$) <b>1000.00</b>
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Contributor's principal occupation <b>LICENSED PROFESSIONAL COUNSELOR</b>	Contributor's job title <b>LICENSED PROFESSIONAL COUNSELOR</b>
Contributor's employer/law firm <b>SELF-EMPLOYED</b>	Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)	

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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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2 FILER NAME <b>ABIGAIL "ABBY" KWELLER SULLIAN</b>		3 Filer ID (Ethics Commission Filers)												
4 Date <b>11/07/25</b>	5 Full name of contributor <b>ABIGAIL KWELLER SULLIAN</b> ..... 6 Contributor address; City; State; Zip Code <b>2 OAK VILLAGE, GREENVILLE, TX 75402</b>	7 Amount of contribution (\$) <b>5000.00</b>												
8 Contributor's principal occupation <b>ATTORNEY AT LAW</b>		9 Contributor's job title <b>ATTORNEY AT LAW</b>												
10 Contributor's employer/law firm <b>ABIGAIL KWELLER SULLIVAN, PLLC</b>		11 Law firm of contributor's spouse (if any)												
12 If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date <b>11/10/25</b></td> <td>Full name of contributor <b>EMILY GRADY</b> ..... Contributor address; City; State; Zip Code <b>3 CEDAR RIDGE, GREENVILLE, TX 75402</b></td> <td>Amount of contribution (\$) <b>200.00</b></td> </tr> <tr> <td colspan="2">Contributor's principal occupation <b>DATA RISK ANALYST</b></td> <td>Contributor's job title <b>DATA RISK MANAGER</b></td> </tr> <tr> <td colspan="2">Contributor's employer/law firm <b>BARTON MALLOW</b></td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date <b>11/10/25</b>	Full name of contributor <b>EMILY GRADY</b> ..... Contributor address; City; State; Zip Code <b>3 CEDAR RIDGE, GREENVILLE, TX 75402</b>	Amount of contribution (\$) <b>200.00</b>	Contributor's principal occupation <b>DATA RISK ANALYST</b>		Contributor's job title <b>DATA RISK MANAGER</b>	Contributor's employer/law firm <b>BARTON MALLOW</b>		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date <b>11/10/25</b>	Full name of contributor <b>EMILY GRADY</b> ..... Contributor address; City; State; Zip Code <b>3 CEDAR RIDGE, GREENVILLE, TX 75402</b>	Amount of contribution (\$) <b>200.00</b>												
Contributor's principal occupation <b>DATA RISK ANALYST</b>		Contributor's job title <b>DATA RISK MANAGER</b>												
Contributor's employer/law firm <b>BARTON MALLOW</b>		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date <b>11/14/25</b></td> <td>□ out-of-state PAC ID# <b>MASSOUD EBRAHIM, PE</b> ..... Contributor address; City; State; Zip Code <b>1202 WESTMINISTER, GREENVILLE, TX 75402</b></td> <td>Amount of contribution (\$) <b>25.00</b></td> </tr> <tr> <td colspan="2">Contributor's principal occupation <b>RETIRED</b></td> <td>Contributor's job title <b>RETIRED</b></td> </tr> <tr> <td colspan="2">Contributor's employer/law firm <b>RETIRED</b></td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date <b>11/14/25</b>	□ out-of-state PAC ID# <b>MASSOUD EBRAHIM, PE</b> ..... Contributor address; City; State; Zip Code <b>1202 WESTMINISTER, GREENVILLE, TX 75402</b>	Amount of contribution (\$) <b>25.00</b>	Contributor's principal occupation <b>RETIRED</b>		Contributor's job title <b>RETIRED</b>	Contributor's employer/law firm <b>RETIRED</b>		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date <b>11/14/25</b>	□ out-of-state PAC ID# <b>MASSOUD EBRAHIM, PE</b> ..... Contributor address; City; State; Zip Code <b>1202 WESTMINISTER, GREENVILLE, TX 75402</b>	Amount of contribution (\$) <b>25.00</b>												
Contributor's principal occupation <b>RETIRED</b>		Contributor's job title <b>RETIRED</b>												
Contributor's employer/law firm <b>RETIRED</b>		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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 13	
2 FILER NAME <b>ABIGAIL "ABBY" KWELLER SULLIAN</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>11/14/25</b>	5 Full name of contributor <b>ELSIE FELKER</b> .....	6 Contributor address; City; State; Zip Code <b>2314 DARTMOUTH, ARTLINGTON, TX 76015</b>	7 Amount of contribution (\$) <b>5000.00</b>
8 Contributor's principal occupation <b>HOMEMAKER</b>		9 Contributor's job title <b>HOMEMAKER</b>	
10 Contributor's employer/law firm <b>HOMEMAKER</b>		11 Law firm of contributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)			
Date <b>11/16/25</b>	Full name of contributor <b>DR. STEVEN BRANCHEAU</b> .....	Contributor address; City; State; Zip Code <b>1871 HWY 69 S., GREENVILLE, TX 75402</b>	Amount of contribution (\$) <b>500.00</b>
Contributor's principal occupation <b>PODIATRIST</b>		Contributor's job title <b>PODIATRIST</b>	
Contributor's employer/law firm <b>FAMILY FOOT AND ANKLE SPECIALISTS</b>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date <b>11/16/25</b>	Full name of contributor <b>GARY UTSLER</b> .....	Contributor address; City; State; Zip Code <b>201 PARK LANE, POTTSBORO, TX 75076</b>	Amount of contribution (\$) <b>100.00</b>
Contributor's principal occupation <b>RETIRED</b>		Contributor's job title <b>POTTSBORO, TX COUNCIL MEMBER</b>	
Contributor's employer/law firm <b>RETIRED</b>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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2 FILER NAME <b>ABIGAIL "ABBY" KWELLER SULLIAN</b>		3 Filer ID (Ethics Commission Filers)												
4 Date <b>11/16/25</b>	5 Full name of contributor <b>PUD KEARNS</b> ..... 6 Contributor address; City; State; Zip Code <b>2411 TWILIGHT PENINSULA, GREENVILLE, TX 75402</b>	7 Amount of contribution (\$) <b>75.00</b>												
8 Contributor's principal occupation <b>RETIRED</b>		9 Contributor's job title <b>RETIRED</b>												
10 Contributor's employer/law firm <b>RETIRED</b>		11 Law firm of contributor's spouse (if any)												
12 If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date <b>11/16/25</b></td> <td>Full name of contributor <b>DR. GRAHAM SWEENEY</b> ..... Contributor address; City; State; Zip Code <b>309 CR 3504, QUINLAN, TX 75474</b></td> <td>Amount of contribution (\$) <b>200.00</b></td> </tr> <tr> <td colspan="2">Contributor's principal occupation <b>RETIRED</b></td> <td>Contributor's job title <b>RETIRED</b></td> </tr> <tr> <td colspan="2">Contributor's employer/law firm <b>RETIRED</b></td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date <b>11/16/25</b>	Full name of contributor <b>DR. GRAHAM SWEENEY</b> ..... Contributor address; City; State; Zip Code <b>309 CR 3504, QUINLAN, TX 75474</b>	Amount of contribution (\$) <b>200.00</b>	Contributor's principal occupation <b>RETIRED</b>		Contributor's job title <b>RETIRED</b>	Contributor's employer/law firm <b>RETIRED</b>		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date <b>11/16/25</b>	Full name of contributor <b>DR. GRAHAM SWEENEY</b> ..... Contributor address; City; State; Zip Code <b>309 CR 3504, QUINLAN, TX 75474</b>	Amount of contribution (\$) <b>200.00</b>												
Contributor's principal occupation <b>RETIRED</b>		Contributor's job title <b>RETIRED</b>												
Contributor's employer/law firm <b>RETIRED</b>		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date <b>11/16/25</b></td> <td>Full name of contributor <b>DAWN BURNLEY</b> ..... Contributor address; City; State; Zip Code <b>511 HIGHLAND OAK, GREENVILLE, TX 75402</b></td> <td>Amount of contribution (\$) <b>100.00</b></td> </tr> <tr> <td colspan="2">Contributor's principal occupation <b>RETIRED</b></td> <td>Contributor's job title <b>RETIRED</b></td> </tr> <tr> <td colspan="2">Contributor's employer/law firm <b>RETIRED</b></td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date <b>11/16/25</b>	Full name of contributor <b>DAWN BURNLEY</b> ..... Contributor address; City; State; Zip Code <b>511 HIGHLAND OAK, GREENVILLE, TX 75402</b>	Amount of contribution (\$) <b>100.00</b>	Contributor's principal occupation <b>RETIRED</b>		Contributor's job title <b>RETIRED</b>	Contributor's employer/law firm <b>RETIRED</b>		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date <b>11/16/25</b>	Full name of contributor <b>DAWN BURNLEY</b> ..... Contributor address; City; State; Zip Code <b>511 HIGHLAND OAK, GREENVILLE, TX 75402</b>	Amount of contribution (\$) <b>100.00</b>												
Contributor's principal occupation <b>RETIRED</b>		Contributor's job title <b>RETIRED</b>												
Contributor's employer/law firm <b>RETIRED</b>		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
<b>2 FILER NAME</b> <b>ABIGAIL "ABBY" KWELLER SULLIAN</b>		3 Filer ID (Ethics Commission Filers)
<b>4 Date</b> 11/16/25	<b>5 Full name of contributor</b> SAMANTHA MAIURO ..... <b>6 Contributor address;</b> City; State; Zip Code 802 DICKEY, ARLINGTON, TX 76040	<b>7 Amount of contribution (\$)</b> 1000.00
<b>8 Contributor's principal occupation</b> STUDENT		<b>9 Contributor's job title</b> STUDENT - PART-TIME OPERATIONS MANAGER
<b>10 Contributor's employer/law firm</b> ABGIAIL KWELLER SULLIVAN, PLLC		<b>11 Law firm of contributor's spouse (if any)</b>
<b>12 If contributor is a child, law firm of parent(s) (if any)</b>		
<b>Date</b> 11/16/25	<b>Full name of contributor</b> HOLLY GOTCHER ..... <b>Contributor address;</b> City; State; Zip Code PO BOX 556, GREENVILLE, TX 75403	<b>Amount of contribution (\$)</b> 500.00
<b>Contributor's principal occupation</b> ATTORNEY AT LAW		<b>Contributor's job title</b> ATTORNEY AT LAW
<b>Contributor's employer/law firm</b> LAW OFFICES OF MORGAN AND GOTCHER		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		
<b>Date</b> 11/16/25	<b>Full name of contributor</b> SHARON LEONARD ..... <b>Contributor address;</b> City; State; Zip Code 519 TURTLE CREEK, GREENVILLE, TX 75402	<b>Amount of contribution (\$)</b> 250.00
<b>Contributor's principal occupation</b> RETIRED		<b>Contributor's job title</b> RETIRED
<b>Contributor's employer/law firm</b> RETIRED		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		

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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 13												
2 FILER NAME <b>ABIGAIL "ABBY" KWELLER SULLIAN</b>		3 Filer ID (Ethics Commission Filers)												
4 Date 11/17/25	5 Full name of contributor <b>LORI MCCONNELL</b> 6 Contributor address; City; State; Zip Code 2346 CR 4106, GREENVILLE, TX 75401	7 Amount of contribution (\$) 500.00												
8 Contributor's principal occupation <b>HOMEMAKER</b>		9 Contributor's job title <b>HOMEMAKER</b>												
10 Contributor's employer/law firm <b>HOMEMAKER</b>		11 Law firm of contributor's spouse (if any)												
12 If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 11/21/25</td> <td>Full name of contributor <b>VERONICA DEWITT</b> Contributor address; City; State; Zip Code 213 WILSON, SAN MARCOS, TX 78666</td> <td>Amount of contribution (\$) 100.00</td> </tr> <tr> <td colspan="2">Contributor's principal occupation <b>REAL ESTATE AGENT</b></td> <td>Contributor's job title <b>REAL ESTATE AGENT</b></td> </tr> <tr> <td colspan="2">Contributor's employer/law firm <b>SELF-EMPLOYED</b></td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 11/21/25	Full name of contributor <b>VERONICA DEWITT</b> Contributor address; City; State; Zip Code 213 WILSON, SAN MARCOS, TX 78666	Amount of contribution (\$) 100.00	Contributor's principal occupation <b>REAL ESTATE AGENT</b>		Contributor's job title <b>REAL ESTATE AGENT</b>	Contributor's employer/law firm <b>SELF-EMPLOYED</b>		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 <b>VERONICA DEWITT</b> Contributor address; City; State; Zip Code 213 WILSON, SAN MARCOS, TX 78666	Amount of contribution (\$) 100.00												
Contributor's principal occupation <b>REAL ESTATE AGENT</b>		Contributor's job title <b>REAL ESTATE AGENT</b>												
Contributor's employer/law firm <b>SELF-EMPLOYED</b>		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 11/21/25</td> <td>Full name of contributor <b>BRIAN FELKER</b> Contributor address; City; State; Zip Code 213 WILSON, SAN MARCOS, TX 78666</td> <td>Amount of contribution (\$) 100.00</td> </tr> <tr> <td colspan="2">Contributor's principal occupation <b>RETIRED</b></td> <td>Contributor's job title <b>RETIRED</b></td> </tr> <tr> <td colspan="2">Contributor's employer/law firm <b>RETIRED</b></td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date 11/21/25	Full name of contributor <b>BRIAN FELKER</b> Contributor address; City; State; Zip Code 213 WILSON, SAN MARCOS, TX 78666	Amount of contribution (\$) 100.00	Contributor's principal occupation <b>RETIRED</b>		Contributor's job title <b>RETIRED</b>	Contributor's employer/law firm <b>RETIRED</b>		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 <b>BRIAN FELKER</b> Contributor address; City; State; Zip Code 213 WILSON, SAN MARCOS, TX 78666	Amount of contribution (\$) 100.00												
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Contributor's employer/law firm <b>RETIRED</b>		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

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**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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<b>2 FILER NAME</b> <b>ABIGAIL "ABBY" KWELLER SULLIAN</b>		3 Filer ID (Ethics Commission Filers)																					
<b>4 Date</b> 12/05/25	<b>5 Full name of contributor</b> BETHANY GEORGE	<b>7 Amount of contribution (\$)</b> 1000.00																					
	6 Contributor address; City; State; Zip Code 2725 WOODSIDE, HIGHLAND VILLAGE, TX 75077																						
<b>8 Contributor's principal occupation</b> <b>MEDICAL STAFFING DIRECTOR</b>		<b>9 Contributor's job title</b> <b>MEDICAL STAFFING DIRECTOR</b>																					
<b>10 Contributor's employer/law firm</b> <b>SPEACIALYSTS, INC.</b>		<b>11 Law firm of contributor's spouse (if any)</b>																					
<b>12 If contributor is a child, law firm of parent(s) (if any)</b>																							
<table border="1"> <tr> <td>Date 12/29/25</td> <td>Full name of contributor ANONYMOUS</td> <td>Amount of contribution (\$) 20.00</td> </tr> <tr> <td></td> <td>Contributor address; City; State; Zip Code N/A</td> <td></td> </tr> <tr> <td colspan="3">Contributor's principal occupation N/A</td> </tr> <tr> <td colspan="3">Contributor's job title N/A</td> </tr> <tr> <td colspan="3">Contributor's employer/law firm N/A</td> </tr> <tr> <td colspan="3">Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3"><b>13 If contributor is a child, law firm of parent(s) (if any)</b></td> </tr> </table>			Date 12/29/25	Full name of contributor ANONYMOUS	Amount of contribution (\$) 20.00		Contributor address; City; State; Zip Code N/A		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)			<b>13 If contributor is a child, law firm of parent(s) (if any)</b>		
Date 12/29/25	Full name of contributor ANONYMOUS	Amount of contribution (\$) 20.00																					
	Contributor address; City; State; Zip Code N/A																						
Contributor's principal occupation N/A																							
Contributor's job title N/A																							
Contributor's employer/law firm N/A																							
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<b>13 If contributor is a child, law firm of parent(s) (if any)</b>																							
<table border="1"> <tr> <td>Date 12/31/25</td> <td>Full name of contributor JULIE TAPLEY</td> <td>Amount of contribution (\$) 25.00</td> </tr> <tr> <td></td> <td>Contributor address; City; State; Zip Code 1008 OAK DR., DURANGO, CO 81301</td> <td></td> </tr> <tr> <td colspan="3">Contributor's principal occupation BUSINESS MANAGER</td> </tr> <tr> <td colspan="3">Contributor's job title BUSINESS MANAGER</td> </tr> <tr> <td colspan="3">Contributor's employer/law firm FORT LEWIS COLLEGE</td> </tr> <tr> <td colspan="3">Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3"><b>14 If contributor is a child, law firm of parent(s) (if any)</b></td> </tr> </table>			Date 12/31/25	Full name of contributor JULIE TAPLEY	Amount of contribution (\$) 25.00		Contributor address; City; State; Zip Code 1008 OAK DR., DURANGO, CO 81301		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)			<b>14 If contributor is a child, law firm of parent(s) (if any)</b>		
Date 12/31/25	Full name of contributor JULIE TAPLEY	Amount of contribution (\$) 25.00																					
	Contributor address; City; State; Zip Code 1008 OAK DR., DURANGO, CO 81301																						
Contributor's principal occupation BUSINESS MANAGER																							
Contributor's job title BUSINESS MANAGER																							
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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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2 FILER NAME <b>ABIGAIL "ABBY" KWELLER SULLIAN</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>12/31/25</b>	5 Full name of contributor <b>BRIAN SULLIVAN</b> ..... 6 Contributor address; City; State; Zip Code <b>1416 PLUMMER, ROCKWALL, TX 75087</b>	7 Amount of contribution (\$) <b>500.00</b>	
8 Contributor's principal occupation <b>CONSTRUCTION ENGINEER</b>		9 Contributor's job title <b>PROJECT ENGINEER</b>	
10 Contributor's employer/law firm <b>PRISM, INC.</b>		11 Law firm of contributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)			
Date <b>12/31/25</b>		Full name of contributor <b>JOYCE SULLIVAN</b> ..... Contributor address; City; State; Zip Code <b>1416 PLUMMER, ROCKWALL, TX 75087</b>	Amount of contribution (\$) <b>200.00</b>
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 <b>12/31/25</b>		Full name of contributor <b>TIMOTHY SULLIVAN</b> ..... Contributor address; City; State; Zip Code <b>2 OAK VILLAGE, GREENVILLE, TX 75402</b>	Amount of contribution (\$) <b>1000.00</b>
Contributor's principal occupation <b>SOFTWARE ENGINEER</b>		Contributor's job title <b>SOFTWARE ENGINEER</b>	
Contributor's employer/law firm <b>L3HARRIS TECHNOLOGIES</b>		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

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2 FILER NAME <b>ABIGAIL "ABBY" KWELLER SULLIAN</b>		3 Filer ID (Ethics Commission Filers)												
4 Date <b>12/31/25</b>	5 Full name of contributor <b>JANIE SMITH</b> ..... 6 Contributor address; City; State; Zip Code <b>2373 TWILIGHT PENINSULA, GREENVILLE, TX 75402</b>	7 Amount of contribution (\$) <b>100.00</b>												
8 Contributor's principal occupation <b>CONSTRUCTION ENGINEER</b>		9 Contributor's job title <b>PROJECT ENGINEER</b>												
10 Contributor's employer/law firm <b>PRISM, INC.</b>		11 Law firm of contributor's spouse (if any)												
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<table border="1"> <tr> <td>Date <b>12/31/25</b></td> <td>Full name of contributor <b>GAIL NORRIS</b> ..... Contributor address; City; State; Zip Code <b>313 WEST COLUMBIA, WEATHERFORD, TX 76087</b></td> <td>Amount of contribution (\$) <b>10.00</b></td> </tr> <tr> <td colspan="2">Contributor's principal occupation <b>RETIRED</b></td> <td>Contributor's job title <b>RETIRED</b></td> </tr> <tr> <td colspan="2">Contributor's employer/law firm <b>RETIRED</b></td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date <b>12/31/25</b>	Full name of contributor <b>GAIL NORRIS</b> ..... Contributor address; City; State; Zip Code <b>313 WEST COLUMBIA, WEATHERFORD, TX 76087</b>	Amount of contribution (\$) <b>10.00</b>	Contributor's principal occupation <b>RETIRED</b>		Contributor's job title <b>RETIRED</b>	Contributor's employer/law firm <b>RETIRED</b>		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
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Contributor's principal occupation <b>RETIRED</b>		Contributor's job title <b>RETIRED</b>												
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<table border="1"> <tr> <td>Date <b>12/31/25</b></td> <td>Full name of contributor <b>LYNN NORRIS</b> ..... Contributor address; City; State; Zip Code <b>313 WEST COLUMBIA, WEATHERFORD, TX 76087</b></td> <td>Amount of contribution (\$) <b>10.00</b></td> </tr> <tr> <td colspan="2">Contributor's principal occupation <b>RETIRED</b></td> <td>Contributor's job title <b>RETIRED</b></td> </tr> <tr> <td colspan="2">Contributor's employer/law firm <b>RETIRED</b></td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date <b>12/31/25</b>	Full name of contributor <b>LYNN NORRIS</b> ..... Contributor address; City; State; Zip Code <b>313 WEST COLUMBIA, WEATHERFORD, TX 76087</b>	Amount of contribution (\$) <b>10.00</b>	Contributor's principal occupation <b>RETIRED</b>		Contributor's job title <b>RETIRED</b>	Contributor's employer/law firm <b>RETIRED</b>		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date <b>12/31/25</b>	Full name of contributor <b>LYNN NORRIS</b> ..... Contributor address; City; State; Zip Code <b>313 WEST COLUMBIA, WEATHERFORD, TX 76087</b>	Amount of contribution (\$) <b>10.00</b>												
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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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2 FILER NAME <b>ABIGAIL "ABBY" KWELLER SULLIAN</b>		3 Filer ID (Ethics Commission Filers)												
4 Date <b>12/31/25</b>	5 Full name of contributor <b>ELIZABETH KWELLER</b> 6 Contributor address; City; State; Zip Code <b>333 HEARTSPRINGS, DRIPPING SPRINGS, TX 75402</b>	7 Amount of contribution (\$) <b>100.00</b>												
8 Contributor's principal occupation <b>REAL ESTATE AGENT</b>		9 Contributor's job title <b>REAL ESTATE AGENT</b>												
10 Contributor's employer/law firm <b>SELF-EMPLOYED</b>		11 Law firm of contributor's spouse (if any)												
12 If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date <b>12/31/25</b></td> <td>Full name of contributor <b>MISTY APPLING</b> Contributor address; City; State; Zip Code <b>3616 BENTLEY COURT, DENTON, TX 76201</b></td> <td>Amount of contribution (\$) <b>200.00</b></td> </tr> <tr> <td colspan="2">Contributor's principal occupation <b>PHARMACIST</b></td> <td>Contributor's job title <b>PHARMACIST</b></td> </tr> <tr> <td colspan="2">Contributor's employer/law firm <b>SELF-EMPLOYED</b></td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date <b>12/31/25</b>	Full name of contributor <b>MISTY APPLING</b> Contributor address; City; State; Zip Code <b>3616 BENTLEY COURT, DENTON, TX 76201</b>	Amount of contribution (\$) <b>200.00</b>	Contributor's principal occupation <b>PHARMACIST</b>		Contributor's job title <b>PHARMACIST</b>	Contributor's employer/law firm <b>SELF-EMPLOYED</b>		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date <b>12/31/25</b>	Full name of contributor <b>MISTY APPLING</b> Contributor address; City; State; Zip Code <b>3616 BENTLEY COURT, DENTON, TX 76201</b>	Amount of contribution (\$) <b>200.00</b>												
Contributor's principal occupation <b>PHARMACIST</b>		Contributor's job title <b>PHARMACIST</b>												
Contributor's employer/law firm <b>SELF-EMPLOYED</b>		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date <b>12/31/25</b></td> <td>Full name of contributor <b>BRITT UTSLER</b> Contributor address; City; State; Zip Code <b>508 FOX TRAIL, GREENVILLE, TX 75402</b></td> <td>Amount of contribution (\$) <b>1000.00</b></td> </tr> <tr> <td colspan="2">Contributor's principal occupation <b>RETIRED</b></td> <td>Contributor's job title <b>RETIRED</b></td> </tr> <tr> <td colspan="2">Contributor's employer/law firm <b>RETIRED</b></td> <td>Law firm of contributor's spouse (if any)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date <b>12/31/25</b>	Full name of contributor <b>BRITT UTSLER</b> Contributor address; City; State; Zip Code <b>508 FOX TRAIL, GREENVILLE, TX 75402</b>	Amount of contribution (\$) <b>1000.00</b>	Contributor's principal occupation <b>RETIRED</b>		Contributor's job title <b>RETIRED</b>	Contributor's employer/law firm <b>RETIRED</b>		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date <b>12/31/25</b>	Full name of contributor <b>BRITT UTSLER</b> Contributor address; City; State; Zip Code <b>508 FOX TRAIL, GREENVILLE, TX 75402</b>	Amount of contribution (\$) <b>1000.00</b>												
Contributor's principal occupation <b>RETIRED</b>		Contributor's job title <b>RETIRED</b>												
Contributor's employer/law firm <b>RETIRED</b>		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
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# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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2 FILER NAME <b>ABIGAIL "ABBY" KWELLER SULLIAN</b>		3 Filer ID (Ethics Commission Filers)
4 Date 12/31/25	5 Full name of contributor GENA FELKER 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 SULLIAN, PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: 12/31/25 JOSHUA RITTER Contributor address; City; State; Zip Code 8400 SUNSET SLVD., #9101, ROWLETT, TX 75088		
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 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: 12/31/25 MICHAEL VILLEARREAL Contributor address; City; State; Zip Code 374 OLE WAGON RD., QUINLAN, TX 75474		
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)		

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# 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:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ..... 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$   9 In-kind contribution description       <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: ..... Contributor address; City; State; Zip Code	Amount of Contribution \$   In-kind contribution description       <input type="checkbox"/> 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.

# 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 \$   9 In-kind contribution description																																	
7 Pledgor address; City; State; Zip Code		<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)																																			
<table border="1"> <tr> <td>Date</td> <td>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#:</td> <td>Amount of Pledge \$   In-kind contribution description</td> </tr> <tr> <td colspan="2">Pledgor address; City; State; Zip Code</td> <td><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</td> </tr> <tr> <td colspan="2">Pledgor's principal occupation</td> <td>Pledgor's job title</td> </tr> <tr> <td colspan="2">Pledgor's employer/law firm</td> <td>Law firm of pledgor's spouse (if any)</td> </tr> <tr> <td colspan="3">If pledgor is a child, law firm of parent(s) (if any)</td> </tr> <tr> <td colspan="3"> <table border="1"> <tr> <td>Date</td> <td>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#:</td> <td>Amount of Pledge \$   In-kind contribution description</td> </tr> <tr> <td colspan="2">Pledgor address; City; State; Zip Code</td> <td><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</td> </tr> <tr> <td colspan="2">Pledgor's principal occupation</td> <td>Pledgor's job title</td> </tr> <tr> <td colspan="2">Pledgor's employer/law firm</td> <td>Law firm of pledgor's spouse (if any)</td> </tr> <tr> <td colspan="3">If pledgor is a child, law firm of parent(s) (if any)</td> </tr> </table> </td> </tr> </table>			Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of Pledge \$   In-kind contribution description	Pledgor address; City; State; Zip Code		<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)			<table border="1"> <tr> <td>Date</td> <td>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#:</td> <td>Amount of Pledge \$   In-kind contribution description</td> </tr> <tr> <td colspan="2">Pledgor address; City; State; Zip Code</td> <td><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</td> </tr> <tr> <td colspan="2">Pledgor's principal occupation</td> <td>Pledgor's job title</td> </tr> <tr> <td colspan="2">Pledgor's employer/law firm</td> <td>Law firm of pledgor's spouse (if any)</td> </tr> <tr> <td colspan="3">If pledgor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of Pledge \$   In-kind contribution description	Pledgor address; City; State; Zip Code		<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 \$   In-kind contribution description																																	
Pledgor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.																																	
Pledgor's principal occupation		Pledgor's job title																																	
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If pledgor is a child, law firm of parent(s) (if any)																																			
<table border="1"> <tr> <td>Date</td> <td>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#:</td> <td>Amount of Pledge \$   In-kind contribution description</td> </tr> <tr> <td colspan="2">Pledgor address; City; State; Zip Code</td> <td><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</td> </tr> <tr> <td colspan="2">Pledgor's principal occupation</td> <td>Pledgor's job title</td> </tr> <tr> <td colspan="2">Pledgor's employer/law firm</td> <td>Law firm of pledgor's spouse (if any)</td> </tr> <tr> <td colspan="3">If pledgor is a child, law firm of parent(s) (if any)</td> </tr> </table>			Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of Pledge \$   In-kind contribution description	Pledgor address; City; State; Zip Code		<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 \$   In-kind contribution description																																	
Pledgor address; City; State; Zip Code		<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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J):
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#:	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest rate <b>11</b> Maturity date
<b>12</b> Lender's Principal Occupation		<b>13</b> Lender's Job Title
<b>14</b> Lender's Employer/Law Firm		<b>15</b> Law Firm of lender's spouse (if any)
<b>16</b> If lender is a child, law firm of parent(s) (if any)		
<b>17</b> Description of Collateral <input type="checkbox"/> none		<b>18</b> <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>19</b> GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>20</b> Name of guarantor	
	<b>21</b> Guarantor address; City; State; Zip Code	
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)
<b>27</b> If guarantor is a child, law firm of parent(s) (if any)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By 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: <b>14</b>	2 FILER NAME <b>ABIGAIL "ABBY" KWELLER SULLIVAN</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>9/26/25</b>	5 Payee name <b>ENGAGE VOTERS US</b>		
6 Amount (\$) <b>1897.76</b>	7 Payee address; <b>44 SOUTH BROADWAY, SUITE 100, WHITE PLAINS, NY 10601</b>	City; State; Zip Code	
	<input type="checkbox"/> Check if individual's residence address.		
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  <b>ADVERTISING EXPENSE</b>	(b) Description  <b>GRAPHIC DESIGN AND WEBSITE</b>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <b>9/29/25</b>	Payee name <b>UNITED STATES POSTAL SERVICE</b>		
Amount (\$) <b>210.00</b>	Payee address; <b>6305 WESLEY ST., GREENVILLE, TX 75402</b>	City; State; Zip Code	
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  <b>OFFICE OVERHEAD</b>	Description  <b>POST OFFICE BOX</b>	
	<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 <b>10/2/25</b>	Payee name <b>BANK OF AMERICA</b>		
Amount (\$) <b>42.17</b>	Payee address; <b>5903 WESLEY ST., GREENVILLE, TX 75402</b>	City; State; Zip Code	
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  <b>ACCOUNTING/BANKING</b>	Description  <b>CHECKBOOK</b>	
	<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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# 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		

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>14</b>	2 FILER NAME <b>ABIGAIL "ABBY" KWELLER SULLIVAN</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>10/07/25</b>	5 Payee name <b>STAPLES, INC.</b>		
6 Amount (\$) <b>297.67</b>	7 Payee address; <b>6834 WESLEY ST., SUITE D, GREENVILLE, TX 75402</b>	City; State; Zip Code	
	<input type="checkbox"/> Check if individual's residence address.		
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	(b) Description <b>DOOR HANGERS</b>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <b>10/07/25</b>	Payee name <b>SIGNS ON THE CHEAP</b>		
Amount (\$) <b>1404.02</b>	Payee address; <b>11525-B STONEHOLLOW DR., STE. 220, AUSTIN, TX 78758</b>	City; State; Zip Code	
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	Description <b>YARD SIGNS</b>	
	<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 <b>10/14/25</b>	Payee name <b>ZAZZLE, INC.</b>		
Amount (\$) <b>326.49</b>	Payee address; <b>1800 SEAPORT BLVD., REDWOOD CITY, CA 94063</b>	City; State; Zip Code	
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	Description <b>BUSINESS CARDS</b>	
	<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	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: <b>14</b>	2 FILER NAME <b>ABIGAIL "ABBY" KWELLER SULLIVAN</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>10/14/25</b>	5 Payee name <b>ECANVASSER</b>		
6 Amount (\$) <b>179.10</b>	7 Payee address: <b>SUITE 10568, 26/27 UPPER PEMBROKE ST., DUBLIN, REP. OF IRELAND</b>	City: _____ State: _____ Zip Code: _____	
<input type="checkbox"/> Check if individual's residence address.			
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  <b>ADVERTISING EXPENSE</b>	(b) Description  <b>DATA ANALYSIS SOFTWARE</b>	
	<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 <b>10/14/25</b>	Payee name <b>SIGNS ON THE CHEAP</b>		
Amount (\$) <b>863.37</b>	Payee address: <b>11525-B STONEHOLLOW DR., STE. 220, AUSTIN, TX 78758</b>	City: _____	State: _____ Zip Code: _____
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  <b>PRINTING EXPENSE</b>	Description  <b>YARD SIGNS</b>	
	<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 <b>10/14/25</b>	Payee name <b>AMAZON, INC.</b>		
Amount (\$) <b>119.06</b>	Payee address: <b>410 TERRY AVE. NORTH, SEATTLE, WA 98109</b>	City: _____	State: _____ Zip Code: _____
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  <b>OFFICE OVERHEAD</b>	Description  <b>OFFICE SUPPLIES</b>	
	<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	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: <b>14</b>	2 FILER NAME <b>ABIGAIL "ABBY" KWELLER SULLIVAN</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>10/21/25</b>	5 Payee name <b>VITSA PRINT</b>		
6 Amount (\$) <b>264.13</b>	7 Payee address; <b>275 WYMAN STREET, WALTHAM, MA 02451</b>	City; State; Zip Code	
	<input type="checkbox"/> Check if individual's residence address.		
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  <b>PRINTING EXPENSE</b>	(b) Description  <b>FLYERS</b>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <b>10/21/25</b>	Payee name <b>SOCIALLY SPIRITED, LLC</b>		
Amount (\$) <b>389.70</b>	Payee address;  <b>1411 MUSTANG CROSSING, MISSOURI CITY, TC 77459</b>	City; State; Zip Code	
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  <b>EVENT EXPENSE</b>	Description  <b>TABC BARTENDING</b>	
	<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 <b>10/31/25</b>	Payee name <b>TONY'S ITALIAN KITCHEN</b>		
Amount (\$) <b>2000.00</b>	Payee address;  <b>6106 WESLEY ST., GREENVILLE, TX 75402</b>	City; State; Zip Code	
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  <b>EVENT EXPENSE</b>	Description  <b>CATERING</b>	
	<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	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: <b>14</b>	2 FILER NAME <b>ABIGAIL "ABBY" KWELLER SULLIVAN</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>11/03/25</b>	5 Payee name <b>PAPERLESS POST</b>		
6 Amount (\$) <b>138.58</b>	7 Payee address; <b>115 BROADWAY, FLOOR 5, NEW YORK, NY 10006</b>	City; State; Zip Code	
	<input type="checkbox"/> Check if individual's residence address.		
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	(b) Description <b>INVITATIONS</b>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <b>11/10/25</b>	Payee name <b>PAPERLESS POST</b>		
Amount (\$) <b>30.91</b>	Payee address; <b>115 BROADWAY, FLOOR 5, NEW YORK, NY 10006</b>	City; State; Zip Code	
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description <b>INVITATIONS</b>	
	<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 <b>11/06/25</b>	Payee name <b>KENDALL'S KREATIONS</b>		
Amount (\$) <b>2291.25</b>	Payee address; <b>1203 BETA DR., STE. 100, ROCKWALL, TX 75087</b>	City; State; Zip Code	
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description <b>COORDINATING, DECOR, SETUP/ CLEANUP</b>	
	<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	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	Category (See Categories listed at the top of this schedule)	

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>14</b>	2 FILER NAME <b>ABIGAIL "ABBY" KWELLER SULLIVAN</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>11/10/25</b>	5 Payee name <b>DJ FRANCO</b>	
6 Amount (\$) <b>1295.00</b>	7 Payee address: <b>3206 LONGMIRE DR., SUITE A42, COLLEGE STATION, TX 77845</b>	City: _____ State: _____ Zip Code: _____
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  <b>EVENT EXPENSE</b>	(b) Description  <b>MUSIC AND ENTERTAINMENT</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH  Candidate / Officeholder name _____	
Office sought _____		Office held _____
Date <b>11/10/25</b>	Payee name <b>E CANVASSER</b>	
Amount (\$) <b>199.00</b>	Payee address: <b>SUITE 10568, 26/27 UPPER PEMBROKE ST., DUBLIN, REP. OF IRELAND</b>	City: _____ State: _____ Zip Code: _____
	<input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  <b>ADVERTISING EXPENSE</b>	Description  <b>DATA ANALYSIS SOFTWARE</b>
	<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 <b>11/12/25</b>	Payee name <b>SIGNS ON THE CHEAP</b>	
Amount (\$) <b>1569.15</b>	Payee address: <b>11525-B STONEHOLLOW DR., STE. 220, AUSTIN, TX 78758</b>	City: _____ State: _____ Zip Code: _____
	<input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  <b>PRINTING EXPENSE</b>	Description  <b>YARD SIGNS</b>
	<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	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: <b>14</b>	2 FILER NAME <b>ABIGAIL "ABBY" KWELLER SULLIVAN</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>11/12/25</b>	5 Payee name <b>GREENVILLE CLUB LAKE &amp; WATER COMPANY</b>		
6 Amount (\$) <b>420.00</b>	7 Payee address; <b>4466 CLUBHOUSE ROAD, GREENVILLE, TEXAS 75402</b>	City: _____ State: _____ Zip Code _____ <input type="checkbox"/>	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  <b>EVENT EXPENSE</b>	(b) Description  <b>VENUE FEE</b>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <b>11/12/25</b>	Payee name <b>HUNT COUNTY REPUBLICAN PARTY</b>		
Amount (\$) <b>1500.00</b>	Payee address; <b>2606 LEE STREET, GREENVILLE, TX 75401</b>	City: _____	State: _____ Zip Code _____ <input type="checkbox"/> Check if individual's residence address.
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>FEES</b>	Description  <b>FILING FEE FOR CANDIDACY ON BALLOT</b>	
	<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 <b>11/13/25</b>	Payee name <b>ENGAGE VOTERS</b>		
Amount (\$) <b>38.43</b>	Payee address; <b>44 SOUTH BROADWAY, SUITE 100, WHITE PLAINS, NY 10601</b>	City: _____	State: _____ Zip Code _____ <input type="checkbox"/> Check if individual's residence address.
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>ADVERTISING EXPENSE</b>	Description  <b>WEBSITE HOSTING</b>	
	<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	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: <b>14</b>	2 FILER NAME <b>ABIGAIL "ABBY" KWELLER SULLIVAN</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>11/13/25</b>	5 Payee name <b>SIGNS ON THE CHEAP</b>		
6 Amount (\$) <b>1411.64</b>	7 Payee address: <b>11525-B STONEHOLLOW DR., STE. 220, AUSTIN, TX 78758</b>	City: _____ State: _____ Zip Code: _____ <input type="checkbox"/>	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  <b>PRINTING EXPENSE</b>	(b) Description  <b>YARD SIGNS</b>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <b>11/17/25</b>	Payee name <b>DJ FRANCO</b>		
Amount (\$) <b>1000.00</b>	Payee address: <b>3206 LONGMIRE DR., SUITE A42, COLLEGE STATION, TX 77845</b>	City: _____ State: _____ Zip Code: _____ <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  <b>EVENT EXPENSE</b>	Description  <b>MUSIC AND ENTERTAINMENT</b>	
	<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 <b>11/17/25</b>	Payee name <b>DOLLAR TREE</b>		
Amount (\$) <b>41.39</b>	Payee address: <b>7812 WESLEY STREET, GREENVILLE, TX 75402</b>	City: _____ State: _____ Zip Code: _____ <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  <b>EVENT EXPENSE</b>	Description  <b>PARTY SUPPLIES</b>	
	<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	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 <b>ABIGAIL "ABBY" KWELLER SULLIVAN</b>	3 Filer ID (Ethics Commission Filers)	
14			
4 Date <b>11/17/25</b>	5 Payee name <b>WALMART, INC.</b>		
6 Amount (\$) <b>77.69</b>	7 Payee address;  <b>7401 I-30 FRONTAGE RD., GREENVILLE, TX 75402</b>	City; State; Zip Code	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  <b>EVENT EXPENSE</b>	(b) Description  <b>PARTY SUPPLIES</b>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <b>11/17/25</b>	Payee name <b>KENDALL'S KREATIONS</b>		
Amount (\$) <b>700.00</b>	Payee address;  <b>1203 BETA DR., STE. 100, ROCKWALL, TX 75087</b>	City; State; Zip Code	
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  <b>EVENT EXPENSE</b>	Description  <b>COORDINATING, DECOR, SETUP/ CLEANUP (TIP)</b>	
	<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 <b>11/17/25</b>	Payee name <b>SOCIALLY SPIRITED, LLC</b>		
Amount (\$) <b>111.00</b>	Payee address;  <b>1411 MUSTANG CROSSING, MISSOURI CITY, TX 77459</b>	City; State; Zip Code	
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  <b>EVENT EXPENSE</b>	Description  <b>TABC BARTENDING (TIP)</b>	
	<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	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: <b>14</b>	2 FILER NAME <b>ABIGAIL "ABBY" KWELLER SULLIVAN</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>11/17/25</b>	5 Payee name <b>TONY'S ITALIAN KITCHEN</b>		
6 Amount (\$) <b>200.00</b>	7 Payee address:  <b>6106 WESLEY STREET, GREENVILLE, TX 75402</b>	City; State; Zip Code	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  <b>EVENT EXPENSE</b>	(b) Description  <b>DELIVERY FEE AND TIP</b>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <b>11/17/25</b>	Payee name <b>DJ FRANCO</b>		
Amount (\$) <b>300.00</b>	Payee address:  <b>3206 LONGMIRE DR., SUITE A42, COLLEGE STATION, TX 77845</b>	City; State; Zip Code	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  <b>EVENT EXPENSE</b>	Description  <b>MUSIC AND ENTERTAINMENT (DJ TIP)</b>	
	<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 <b>11/17/25</b>	Payee name <b>DJ FRANCO</b>		
Amount (\$) <b>200.00</b>	Payee address:  <b>3206 LONGMIRE DR., SUITE A42, COLLEGE STATION, TX 77845</b>	City; State; Zip Code	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  <b>EVENT EXPENSE</b>	Description  <b>MUSIC AND ENTERTAINMENT (PHOTOGRAPHER TIP)</b>	
	<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	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: <b>14</b>	2 FILER NAME <b>ABIGAIL "ABBY" KWELLER SULLIVAN</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>11/25/25</b>	5 Payee name <b>DJ FRANCO</b>		
6 Amount (\$) <b>200.00</b>	7 Payee address: <b>3206 LONGMIRE DR., SUITE A42, COLLEGE STATION, TX 77845</b>	City; State; Zip Code	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	(b) Description <b>FEES</b>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <b>11/19/25</b>	Payee name <b>CHASE STOKES</b>		
Amount (\$) <b>1000.00</b>	Payee address: <b>1577 CR 3327, Lone Oak, TX 75453</b>	City; State; Zip Code	
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	<b>PHOTOBOTH (plus TIP)</b>	
	<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 <b>11/26/25</b>	Payee name <b>GREENVILLE HERALD BANNER</b>		
Amount (\$) <b>2442.48</b>	Payee address: <b>2305 KING STREET, GREENVILLE, TX 75401</b>	City; State; Zip Code	
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	<b>1 FULL-PAGE COLOR + 14 B&amp;W 1/8</b>	
	<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	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 <b>ABIGAIL "ABBY" KWELLER SULLIVAN</b>	3 Filer ID (Ethics Commission Filers)	
14			
4 Date <b>12/08/25</b>	5 Payee name <b>ECANVASSER</b>		
6 Amount (\$) <b>199.00</b>	7 Payee address;  <b>SUITE 10568, 26/27 UPPER PEMBROKE ST., DUBLIN, REP. OF IRELAND</b>	City; State; Zip Code	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  <b>ADVERTISING EXPENSE</b>	(b) Description  <b>DATA ANALYSIS SOFTWARE</b>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <b>12/16/25</b>	Payee name <b>ZAZZLE, INC.</b>		
Amount (\$) <b>315.89</b>	Payee address;  <b>1800 SEAPORT BLVD., REDWOOD CITY, CA 94063</b>	City;	State; Zip Code
  <b>PURPOSE OF EXPENDITURE</b>	<input type="checkbox"/> Check if individual's residence address.		
	Category (See Categories listed at the top of this schedule)  <b>PRINTING EXPENSE</b>	<b>BUSINESS CARDS</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <b>12/19/25</b>	Payee name <b>SOCIAL BEE</b>		
Amount (\$) <b>309.14</b>	Payee address;  <b>320 ADAMS STREET, SUITE 101, FAIRMONT, WV 26555</b>	City;	State; Zip Code
  <b>PURPOSE OF EXPENDITURE</b>	<input type="checkbox"/> Check if individual's residence address.		
	Category (See Categories listed at the top of this schedule)  <b>ADVERTISING EXPENSE</b>	<b>SOCIAL MEDIAL MANAGEMENT</b>	
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	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)	
14	ABIGAIL "ABBY" KWELLER SULLIVAN		
4 Date	5 Payee name		
12/29/25	META PLATFORMS, INC.		
6 Amount (\$)	7 Payee address:	City; State; Zip Code	
433.00	1 HACKER WAY, MENLO PARK, CA 94025		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	ADVERTISING EXPENSE	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	Payee name		
12/29/25	META PLATFORMS, INC.		
Amount (\$)	Payee address:	City; State; Zip Code	
9.26	1 HACKER WAY, MENLO PARK, CA 94025		
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		
12/29/25	META PLATFORMS, INC.		
Amount (\$)	Payee address:	City; State; Zip Code	
17.00	1 HACKER WAY, MENLO PARK, CA 94025		
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

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

<b>OFFICE USE ONLY</b>	
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**



Siller

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**

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Printed name of officer administering oath:

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**Title of officer administering oath**

03

**(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** (street) **GREENVILLE** (city) **TX** (state) **75404** (zip code) **USA** (country)

Executed in HUNT County, State of TEXAS, on the 15 day of JANUARY, 2026.

*Billie* (month) (year)  
Signature of Filer (Declarant)

**Signature of Filer (Declarant)**

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