

## **CORRECTED REPORT**

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM JC/OH  
COVER SHEET PG 1**

The JC/OH Instruction Guide explains how to complete this form.				1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 45	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MRS. ABIGAIL SULLIVAN</b>			MI <b>KWELLER</b>	OFFICE USE ONLY <b>RECEIVED AT 3:21P o'clock PM M</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS						
<input checked="" type="checkbox"/> Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( 903 )	PHONE NUMBER 883-6077	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MS. GENA FELKER</b>	FIRST LAST	MI <b>E</b>	Date Hand Delivered or Date Postmarked Report # Date Processed Date Imaged STATE ZIP CODE		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; <b>508 FOX TRAIL, GREENVILLE, TX 75402</b>					
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 903 )	PHONE NUMBER 883-6077	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)	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.					
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE	COMMITTEE NAME			
		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
			COMMITTEE CAMPAIGN TREASURER ADDRESS			

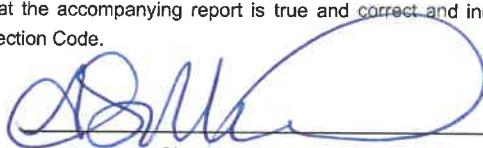
GO TO PAGE 2

# 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			

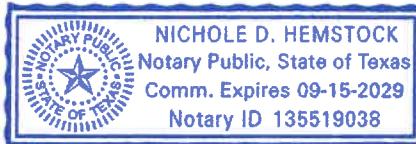
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



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 23<sup>rd</sup> day of January,  
20 2018, to certify which, witness my hand and seal of office.

Nichole Hemstock  
Signature of officer administering oath

Nichole Hemstock  
Printed name of officer administering oath

Deputy Clerk  
Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 13												
2 FILER NAME <b>ABIGAIL "ABBY" KWELLER SULLIAN</b>		3 Filer ID (Ethics Commission Filers)												
4 Date 9/22/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <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 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 10/11/25</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>DENNIS D. DAVIS</b> Contributor address; City; State; Zip Code <b>PO BOX 32, GREENVILLE, TX 75403</b></td> <td>Amount of contribution (\$) <b>1000.00</b></td> </tr> <tr> <td colspan="2">Contributor's principal occupation <b>ATTORNEY AT LAW</b></td> <td>Contributor's job title <b>ATTORNEY AT LAW</b></td> </tr> <tr> <td colspan="2">Contributor's employer/law firm <b>DENNIS D. DAVIS ATTORNEY AT LAW, PLLC</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 10/11/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <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 10/11/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <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)														
<table border="1"> <tr> <td>Date 10/14/25</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>ABIGAIL KWELLER SULLIVAN</b> Contributor address; City; State; Zip Code <b>2 OAK VILLAGE, GREENVILLE, TX 75402</b></td> <td>Amount of contribution (\$) <b>3000.00</b></td> </tr> <tr> <td colspan="2">Contributor's principal occupation <b>ATTORNEY AT LAW</b></td> <td>Contributor's job title <b>ATTORNEY AT LAW</b></td> </tr> <tr> <td colspan="2">Contributor's employer/law firm <b>ABIGAIL KWELLER SULLIVAN, PLLC</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 10/14/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>ABIGAIL KWELLER SULLIVAN</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 SULLIVAN, 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 <input type="checkbox"/> out-of-state PAC ID#: _____ <b>ABIGAIL KWELLER SULLIVAN</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 SULLIVAN, 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**

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: <b>13</b>												
<b>2 FILER NAME</b>  <b>ABIGAIL "ABBY" KWELLER SULLIAN</b>		<b>3 Filer ID (Ethics Commission Filers)</b>												
<b>4 Date</b>  10/29/25	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____  <b>ABIGAIL KWELLER SULLIAN</b> <b>6 Contributor address;</b> City; State; Zip Code  <b>2 OAK VILLAGE, GREENVILLE, TX 75402</b>	<b>7 Amount of contribution (\$)</b>  <b>5678.90</b>												
<b>8 Contributor's principal occupation</b>  <b>ATTORNEY AT LAW</b>		<b>9 Contributor's job title</b>  <b>ATTORNEY AT LAW</b>												
<b>10 Contributor's employer/law firm</b>  <b>ABIGAIL KWELLER SULLIAN, PLLC</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  10/29/25</td> <td>Full name of contributor  <b>MICHAEL CHEEK</b>  Contributor address; City; State; Zip Code  <b>3407 HWY 69, GREENVILLE, TX 75402</b></td> <td>Amount of contribution (\$)  <b>50.00</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  10/29/25	Full name of contributor  <b>MICHAEL CHEEK</b>  Contributor address; City; State; Zip Code  <b>3407 HWY 69, GREENVILLE, TX 75402</b>	Amount of contribution (\$)  <b>50.00</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  10/29/25	Full name of contributor  <b>MICHAEL CHEEK</b>  Contributor address; City; State; Zip Code  <b>3407 HWY 69, GREENVILLE, TX 75402</b>	Amount of contribution (\$)  <b>50.00</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  11/03/25</td> <td>Full name of contributor  <b>ABIGAIL KWELLER SULLIAN</b>  Contributor address; City; State; Zip Code  <b>2 OAK VILLAGE, GREENVILLE, TX 75402</b></td> <td>Amount of contribution (\$)  <b>4000.00</b></td> </tr> <tr> <td colspan="2">Contributor's principal occupation  <b>ATTORNEY AT LAW</b></td> <td>Contributor's job title  <b>ATTORNEY AT LAW</b></td> </tr> <tr> <td colspan="2">Contributor's employer/law firm  <b>ABIGAIL KWELLER SULLIAN, PLLC</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  11/03/25	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>4000.00</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)		
Date  11/03/25	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>4000.00</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

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>		<b>3 Filer ID (Ethics Commission Filers)</b>												
<b>4 Date</b> 11/03/25	<b>5 Full name of contributor</b> CANDACE DENARI <b>6 Contributor address;</b> City; State; Zip Code 6456 GARLAND, FORT WORTH, TX 76116	<b>7 Amount of contribution (\$)</b> 50.00												
<b>8 Contributor's principal occupation</b> <b>RETIRED</b>		<b>9 Contributor's job title</b> <b>RETIRED</b>												
<b>10 Contributor's employer/law firm</b> <b>RETIRED</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> <b>Date</b>  11/03/25 </td> <td> <b>Full name of contributor</b>  AMY MAIURO  <b>Contributor address;</b> City; State; Zip Code  802 DICKEY, EULESS, TX 76040 </td> <td> <b>Amount of contribution (\$)</b>  250.00 </td> </tr> <tr> <td colspan="2"> <b>Contributor's principal occupation</b>  <b>DATA RISK ANALYST</b> </td> <td> <b>Contributor's job title</b>  <b>DATA RISK MANAGER</b> </td> </tr> <tr> <td colspan="2"> <b>Contributor's employer/law firm</b>  <b>BARTON MALLOW</b> </td> <td> <b>Law firm of contributor's spouse (if any)</b> </td> </tr> <tr> <td colspan="3"> <b>If contributor is a child, law firm of parent(s) (if any)</b> </td> </tr> </table>			<b>Date</b> 11/03/25	<b>Full name of contributor</b> AMY MAIURO <b>Contributor address;</b> City; State; Zip Code 802 DICKEY, EULESS, TX 76040	<b>Amount of contribution (\$)</b> 250.00	<b>Contributor's principal occupation</b> <b>DATA RISK ANALYST</b>		<b>Contributor's job title</b> <b>DATA RISK MANAGER</b>	<b>Contributor's employer/law firm</b> <b>BARTON MALLOW</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> 11/03/25	<b>Full name of contributor</b> AMY MAIURO <b>Contributor address;</b> City; State; Zip Code 802 DICKEY, EULESS, TX 76040	<b>Amount of contribution (\$)</b> 250.00												
<b>Contributor's principal occupation</b> <b>DATA RISK ANALYST</b>		<b>Contributor's job title</b> <b>DATA RISK MANAGER</b>												
<b>Contributor's employer/law firm</b> <b>BARTON MALLOW</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>														
<table border="1"> <tr> <td> <b>Date</b>  11/04/25 </td> <td> <b>Full name of contributor</b>  DONNA DENISE KWELLER  <b>Contributor address;</b> City; State; Zip Code  2407 TWILIGHT PENINSULA, GREENVILLE, TX 75402 </td> <td> <b>Amount of contribution (\$)</b>  1000.00 </td> </tr> <tr> <td colspan="2"> <b>Contributor's principal occupation</b>  <b>LICENSED PROFESSIONAL COUNSELOR</b> </td> <td> <b>Contributor's job title</b>  <b>LICENSED PROFESSIONAL COUNSELOR</b> </td> </tr> <tr> <td colspan="2"> <b>Contributor's employer/law firm</b>  <b>SELF-EMPLOYED</b> </td> <td> <b>Law firm of contributor's spouse (if any)</b> </td> </tr> <tr> <td colspan="3"> <b>If contributor is a child, law firm of parent(s) (if any)</b> </td> </tr> </table>			<b>Date</b> 11/04/25	<b>Full name of contributor</b> DONNA DENISE KWELLER <b>Contributor address;</b> City; State; Zip Code 2407 TWILIGHT PENINSULA, GREENVILLE, TX 75402	<b>Amount of contribution (\$)</b> 1000.00	<b>Contributor's principal occupation</b> <b>LICENSED PROFESSIONAL COUNSELOR</b>		<b>Contributor's job title</b> <b>LICENSED PROFESSIONAL COUNSELOR</b>	<b>Contributor's employer/law firm</b> <b>SELF-EMPLOYED</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> 11/04/25	<b>Full name of contributor</b> DONNA DENISE KWELLER <b>Contributor address;</b> City; State; Zip Code 2407 TWILIGHT PENINSULA, GREENVILLE, TX 75402	<b>Amount of contribution (\$)</b> 1000.00												
<b>Contributor's principal occupation</b> <b>LICENSED PROFESSIONAL COUNSELOR</b>		<b>Contributor's job title</b> <b>LICENSED PROFESSIONAL COUNSELOR</b>												
<b>Contributor's employer/law firm</b> <b>SELF-EMPLOYED</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

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

**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.

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A(J)1: <b>13</b></p>												
<p><b>2 FILER NAME</b> <b>ABIGAIL "ABBY" KWELLER SULLIAN</b></p>		<p><b>3 Filer ID (Ethics Commission Filers)</b></p>												
<p><b>4 Date</b> <b>11/14/25</b></p>	<p><b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ <b>ELSIE FELKER</b></p> <p><b>6 Contributor address;</b> _____ <b>City;</b> _____ <b>State;</b> _____ <b>Zip Code</b> <b>2314 DARTMOUTH, ARTLINGTON, TX 76015</b></p>	<p><b>7 Amount of contribution (\$)</b> <b>200.00</b></p>												
<p><b>8 Contributor's principal occupation</b> <b>HOMEMAKER</b></p>		<p><b>9 Contributor's job title</b> <b>HOMEMAKER</b></p>												
<p><b>10 Contributor's employer/law firm</b> <b>HOMEMAKER</b></p>		<p><b>11 Law firm of contributor's spouse (if any)</b></p>												
<p><b>12 If contributor is a child, law firm of parent(s) (if any)</b></p>														
<table border="1"> <tr> <td> <p><b>Date</b> <b>11/16/25</b></p> </td> <td> <p><b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ <b>DR. STEVEN BRANCHEAU</b></p> <p><b>Contributor address;</b> _____ <b>City;</b> _____ <b>State;</b> _____ <b>Zip Code</b> <b>1871 HWY 69 S., GREENVILLE, TX 75402</b></p> </td> <td> <p><b>Amount of contribution (\$)</b> <b>500.00</b></p> </td> </tr> <tr> <td colspan="2"> <p><b>Contributor's principal occupation</b> <b>PODIATRIST</b></p> </td> <td> <p><b>Contributor's job title</b> <b>PODIATRIST</b></p> </td> </tr> <tr> <td colspan="2"> <p><b>Contributor's employer/law firm</b> <b>FAMILY FOOT AND ANKLE SPECIALISTS</b></p> </td> <td> <p><b>Law firm of contributor's spouse (if any)</b></p> </td> </tr> <tr> <td colspan="3"> <p><b>If contributor is a child, law firm of parent(s) (if any)</b></p> </td> </tr> </table>			<p><b>Date</b> <b>11/16/25</b></p>	<p><b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ <b>DR. STEVEN BRANCHEAU</b></p> <p><b>Contributor address;</b> _____ <b>City;</b> _____ <b>State;</b> _____ <b>Zip Code</b> <b>1871 HWY 69 S., GREENVILLE, TX 75402</b></p>	<p><b>Amount of contribution (\$)</b> <b>500.00</b></p>	<p><b>Contributor's principal occupation</b> <b>PODIATRIST</b></p>		<p><b>Contributor's job title</b> <b>PODIATRIST</b></p>	<p><b>Contributor's employer/law firm</b> <b>FAMILY FOOT AND ANKLE SPECIALISTS</b></p>		<p><b>Law firm of contributor's spouse (if any)</b></p>	<p><b>If contributor is a child, law firm of parent(s) (if any)</b></p>		
<p><b>Date</b> <b>11/16/25</b></p>	<p><b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ <b>DR. STEVEN BRANCHEAU</b></p> <p><b>Contributor address;</b> _____ <b>City;</b> _____ <b>State;</b> _____ <b>Zip Code</b> <b>1871 HWY 69 S., GREENVILLE, TX 75402</b></p>	<p><b>Amount of contribution (\$)</b> <b>500.00</b></p>												
<p><b>Contributor's principal occupation</b> <b>PODIATRIST</b></p>		<p><b>Contributor's job title</b> <b>PODIATRIST</b></p>												
<p><b>Contributor's employer/law firm</b> <b>FAMILY FOOT AND ANKLE SPECIALISTS</b></p>		<p><b>Law firm of contributor's spouse (if any)</b></p>												
<p><b>If contributor is a child, law firm of parent(s) (if any)</b></p>														
<table border="1"> <tr> <td> <p><b>Date</b> <b>11/16/25</b></p> </td> <td> <p><b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ <b>GARY UTSLER</b></p> <p><b>Contributor address;</b> _____ <b>City;</b> _____ <b>State;</b> _____ <b>Zip Code</b> <b>201 PARK LANE, POTTSBORO, TX 75076</b></p> </td> <td> <p><b>Amount of contribution (\$)</b> <b>100.00</b></p> </td> </tr> <tr> <td colspan="2"> <p><b>Contributor's principal occupation</b> <b>RETIRED</b></p> </td> <td> <p><b>Contributor's job title</b> <b>POTTSBORO, TX COUNCIL MEMBER</b></p> </td> </tr> <tr> <td colspan="2"> <p><b>Contributor's employer/law firm</b> <b>RETIRED</b></p> </td> <td> <p><b>Law firm of contributor's spouse (if any)</b></p> </td> </tr> <tr> <td colspan="3"> <p><b>If contributor is a child, law firm of parent(s) (if any)</b></p> </td> </tr> </table>			<p><b>Date</b> <b>11/16/25</b></p>	<p><b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ <b>GARY UTSLER</b></p> <p><b>Contributor address;</b> _____ <b>City;</b> _____ <b>State;</b> _____ <b>Zip Code</b> <b>201 PARK LANE, POTTSBORO, TX 75076</b></p>	<p><b>Amount of contribution (\$)</b> <b>100.00</b></p>	<p><b>Contributor's principal occupation</b> <b>RETIRED</b></p>		<p><b>Contributor's job title</b> <b>POTTSBORO, TX COUNCIL MEMBER</b></p>	<p><b>Contributor's employer/law firm</b> <b>RETIRED</b></p>		<p><b>Law firm of contributor's spouse (if any)</b></p>	<p><b>If contributor is a child, law firm of parent(s) (if any)</b></p>		
<p><b>Date</b> <b>11/16/25</b></p>	<p><b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ <b>GARY UTSLER</b></p> <p><b>Contributor address;</b> _____ <b>City;</b> _____ <b>State;</b> _____ <b>Zip Code</b> <b>201 PARK LANE, POTTSBORO, TX 75076</b></p>	<p><b>Amount of contribution (\$)</b> <b>100.00</b></p>												
<p><b>Contributor's principal occupation</b> <b>RETIRED</b></p>		<p><b>Contributor's job title</b> <b>POTTSBORO, TX COUNCIL MEMBER</b></p>												
<p><b>Contributor's employer/law firm</b> <b>RETIRED</b></p>		<p><b>Law firm of contributor's spouse (if any)</b></p>												
<p><b>If contributor is a child, law firm of parent(s) (if any)</b></p>														
<p style="text-align: center;"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>  <b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b></p>														

# 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> PUD KEARNS <b>6 Contributor address;</b> City; State; Zip Code 2411 TWILIGHT PENINSULA, GREENVILLE, TX 75402	<b>7 Amount of contribution (\$)</b> 75.00												
<b>8 Contributor's principal occupation</b> <b>RETIRED</b>		<b>9 Contributor's job title</b> <b>RETIRED</b>												
<b>10 Contributor's employer/law firm</b> <b>RETIRED</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> <b>Date</b>  11/16/25 </td> <td> <b>Full name of contributor</b>  <b>DR. GRAHAM SWEENEY</b>  <b>Contributor address;</b> City; State; Zip Code  309 CR 3504, QUINLAN, TX 75474 </td> <td> <b>Amount of contribution (\$)</b>  200.00 </td> </tr> <tr> <td colspan="2"> <b>Contributor's principal occupation</b>  <b>RETIRED</b> </td> <td> <b>Contributor's job title</b>  <b>RETIRED</b> </td> </tr> <tr> <td colspan="2"> <b>Contributor's employer/law firm</b>  <b>RETIRED</b> </td> <td> <b>Law firm of contributor's spouse (if any)</b> </td> </tr> <tr> <td colspan="3"> <b>If contributor is a child, law firm of parent(s) (if any)</b> </td> </tr> </table>			<b>Date</b> 11/16/25	<b>Full name of contributor</b> <b>DR. GRAHAM SWEENEY</b> <b>Contributor address;</b> City; State; Zip Code 309 CR 3504, QUINLAN, TX 75474	<b>Amount of contribution (\$)</b> 200.00	<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> 11/16/25	<b>Full name of contributor</b> <b>DR. GRAHAM SWEENEY</b> <b>Contributor address;</b> City; State; Zip Code 309 CR 3504, QUINLAN, TX 75474	<b>Amount of contribution (\$)</b> 200.00												
<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>														
<table border="1"> <tr> <td> <b>Date</b>  11/16/25 </td> <td> <b>Full name of contributor</b>  <b>DAWN BURNET</b>  <b>Contributor address;</b> City; State; Zip Code  511 HIGHLAND OAK, GREENVILLE, TX 75402 </td> <td> <b>Amount of contribution (\$)</b>  100.00 </td> </tr> <tr> <td colspan="2"> <b>Contributor's principal occupation</b>  <b>RETIRED</b> </td> <td> <b>Contributor's job title</b>  <b>RETIRED</b> </td> </tr> <tr> <td colspan="2"> <b>Contributor's employer/law firm</b>  <b>RETIRED</b> </td> <td> <b>Law firm of contributor's spouse (if any)</b> </td> </tr> <tr> <td colspan="3"> <b>If contributor is a child, law firm of parent(s) (if any)</b> </td> </tr> </table>			<b>Date</b> 11/16/25	<b>Full name of contributor</b> <b>DAWN BURNET</b> <b>Contributor address;</b> City; State; Zip Code 511 HIGHLAND OAK, GREENVILLE, TX 75402	<b>Amount of contribution (\$)</b> 100.00	<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> 11/16/25	<b>Full name of contributor</b> <b>DAWN BURNET</b> <b>Contributor address;</b> City; State; Zip Code 511 HIGHLAND OAK, GREENVILLE, TX 75402	<b>Amount of contribution (\$)</b> 100.00												
<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>														

**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: <b>13</b>																
<b>2 FILER NAME</b> <b>ABIGAIL "ABBY" KWELLER SULLIAN</b>			<b>3 Filer ID (Ethics Commission Filers)</b>																
<b>4 Date</b>  11/16/25	<b>5 Full name of contributor</b>  SAMANTHA MAIYRO	<b>6 Contributor address;</b> 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>																			
<table border="1"> <tr> <td><b>Date</b>  11/16/25</td> <td><b>Full name of contributor</b>  HOLLY GOTCHER</td> <td><b>Amount of contribution (\$)</b>  500.00</td> </tr> <tr> <td colspan="2"><b>Contributor address;</b> PO BOX 556, GREENVILLE, TX 75403</td> <td><b>Contributor address;</b> City; State; Zip Code</td> </tr> <tr> <td colspan="2"><b>Contributor's principal occupation</b> ATTORNEY AT LAW</td> <td><b>Contributor's job title</b> ATTORNEY AT LAW</td> </tr> <tr> <td colspan="2"><b>Contributor's employer/law firm</b> LAW OFFICES OF MORGAN AND GOTCHER</td> <td><b>Law firm of contributor's spouse (if any)</b></td> </tr> <tr> <td colspan="4"><b>If contributor is a child, law firm of parent(s) (if any)</b></td> </tr> </table>				<b>Date</b>  11/16/25	<b>Full name of contributor</b>  HOLLY GOTCHER	<b>Amount of contribution (\$)</b>  500.00	<b>Contributor address;</b> PO BOX 556, GREENVILLE, TX 75403		<b>Contributor address;</b> City; State; Zip Code	<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>  HOLLY GOTCHER	<b>Amount of contribution (\$)</b>  500.00																	
<b>Contributor address;</b> PO BOX 556, GREENVILLE, TX 75403		<b>Contributor address;</b> City; State; Zip Code																	
<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>																			
<table border="1"> <tr> <td><b>Date</b>  11/16/25</td> <td><b>Full name of contributor</b>  SHARON LEONARD</td> <td><b>Amount of contribution (\$)</b>  250.00</td> </tr> <tr> <td colspan="2"><b>Contributor address;</b> 519 TURTLE CREEK, GREENVILLE, TX 75402</td> <td><b>Contributor address;</b> City; State; Zip Code</td> </tr> <tr> <td colspan="2"><b>Contributor's principal occupation</b> RETIRED</td> <td><b>Contributor's job title</b> RETIRED</td> </tr> <tr> <td colspan="2"><b>Contributor's employer/law firm</b> RETIRED</td> <td><b>Law firm of contributor's spouse (if any)</b></td> </tr> <tr> <td colspan="4"><b>If contributor is a child, law firm of parent(s) (if any)</b></td> </tr> </table>				<b>Date</b>  11/16/25	<b>Full name of contributor</b>  SHARON LEONARD	<b>Amount of contribution (\$)</b>  250.00	<b>Contributor address;</b> 519 TURTLE CREEK, GREENVILLE, TX 75402		<b>Contributor address;</b> City; State; Zip Code	<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>			
<b>Date</b>  11/16/25	<b>Full name of contributor</b>  SHARON LEONARD	<b>Amount of contribution (\$)</b>  250.00																	
<b>Contributor address;</b> 519 TURTLE CREEK, GREENVILLE, TX 75402		<b>Contributor address;</b> City; State; Zip Code																	
<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>																			

**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: <b>13</b>												
<b>2 FILER NAME</b> <b>ABIGAIL "ABBY" KWELLER SULLIAN</b>		<b>3 Filer ID (Ethics Commission Filers)</b>												
<b>4 Date</b> <b>11/17/25</b>	<b>5 Full name of contributor</b> <b>LORI MCCONNELL</b> <b>6 Contributor address;</b> <b>2346 CR 4106, GREENVILLE, TX 75401</b>	<b>7 Amount of contribution (\$)</b> <b>500.00</b>												
<b>8 Contributor's principal occupation</b> <b>HOMEMAKER</b>		<b>9 Contributor's job title</b> <b>HOMEMAKER</b>												
<b>10 Contributor's employer/law firm</b> <b>HOMEMAKER</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><b>Date</b> <b>11/21/25</b></td> <td><b>Full name of contributor</b> <b>VERONICA DEWITT</b> <b>Contributor address;</b> <b>213 WILSON, SAN MARCOS, TX 78666</b></td> <td><b>Amount of contribution (\$)</b> <b>100.00</b></td> </tr> <tr> <td colspan="2"><b>Contributor's principal occupation</b> <b>REAL ESTATE AGENT</b></td> <td><b>Contributor's job title</b> <b>REAL ESTATE AGENT</b></td> </tr> <tr> <td colspan="2"><b>Contributor's employer/law firm</b> <b>SELF-EMPLOYED</b></td> <td><b>Law firm of contributor's spouse (if any)</b></td> </tr> <tr> <td colspan="3"><b>If contributor is a child, law firm of parent(s) (if any)</b></td> </tr> </table>			<b>Date</b> <b>11/21/25</b>	<b>Full name of contributor</b> <b>VERONICA DEWITT</b> <b>Contributor address;</b> <b>213 WILSON, SAN MARCOS, TX 78666</b>	<b>Amount of contribution (\$)</b> <b>100.00</b>	<b>Contributor's principal occupation</b> <b>REAL ESTATE AGENT</b>		<b>Contributor's job title</b> <b>REAL ESTATE AGENT</b>	<b>Contributor's employer/law firm</b> <b>SELF-EMPLOYED</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>11/21/25</b>	<b>Full name of contributor</b> <b>VERONICA DEWITT</b> <b>Contributor address;</b> <b>213 WILSON, SAN MARCOS, TX 78666</b>	<b>Amount of contribution (\$)</b> <b>100.00</b>												
<b>Contributor's principal occupation</b> <b>REAL ESTATE AGENT</b>		<b>Contributor's job title</b> <b>REAL ESTATE AGENT</b>												
<b>Contributor's employer/law firm</b> <b>SELF-EMPLOYED</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>														
<table border="1"> <tr> <td><b>Date</b> <b>11/21/25</b></td> <td><b>Full name of contributor</b> <b>BRIAN FELKER</b> <b>Contributor address;</b> <b>213 WILSON, SAN MARCOS, TX 78666</b></td> <td><b>Amount of contribution (\$)</b> <b>100.00</b></td> </tr> <tr> <td colspan="2"><b>Contributor's principal occupation</b> <b>RETIRED</b></td> <td><b>Contributor's job title</b> <b>RETIRED</b></td> </tr> <tr> <td colspan="2"><b>Contributor's employer/law firm</b> <b>RETIRED</b></td> <td><b>Law firm of contributor's spouse (if any)</b></td> </tr> <tr> <td colspan="3"><b>If contributor is a child, law firm of parent(s) (if any)</b></td> </tr> </table>			<b>Date</b> <b>11/21/25</b>	<b>Full name of contributor</b> <b>BRIAN FELKER</b> <b>Contributor address;</b> <b>213 WILSON, SAN MARCOS, TX 78666</b>	<b>Amount of contribution (\$)</b> <b>100.00</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>11/21/25</b>	<b>Full name of contributor</b> <b>BRIAN FELKER</b> <b>Contributor address;</b> <b>213 WILSON, SAN MARCOS, TX 78666</b>	<b>Amount of contribution (\$)</b> <b>100.00</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>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b>														

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 13	
2 FILER NAME <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)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b>			

# 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 <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)												
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>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)		
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)														
<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>												
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: <b>13</b>												
<b>2 FILER NAME</b> <b>ABIGAIL "ABBY" KWELLER SULLIAN</b>		<b>3 Filer ID (Ethics Commission Filers)</b>												
<b>4 Date</b>  <b>12/31/25</b>	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____  <b>ELIZABETH KWELLER</b> <b>6 Contributor address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip Code</b> _____  <b>333 HEARTSPRINGS, DRIPPING SPRINGS, TX 75402</b>	<b>7 Amount of contribution (\$)</b>  <b>100.00</b>												
<b>8 Contributor's principal occupation</b> <b>REAL ESTATE AGENT</b>		<b>9 Contributor's job title</b> <b>REAL ESTATE AGENT</b>												
<b>10 Contributor's employer/law firm</b> <b>SELF-EMPLOYED</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><b>Date</b>  <b>12/31/25</b></td> <td><b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____  <b>MISTY APPLING</b> <b>Contributor address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip Code</b> _____  <b>3616 BENTLEY COURT, DENTON, TX 76201</b></td> <td><b>Amount of contribution (\$)</b>  <b>200.00</b></td> </tr> <tr> <td colspan="2"><b>Contributor's principal occupation</b> <b>PHARMACIST</b></td> <td><b>Contributor's job title</b> <b>PHARMACIST</b></td> </tr> <tr> <td colspan="2"><b>Contributor's employer/law firm</b> <b>SELF-EMPLOYED</b></td> <td><b>Law firm of contributor's spouse (if any)</b></td> </tr> <tr> <td colspan="3"><b>If contributor is a child, law firm of parent(s) (if any)</b></td> </tr> </table>			<b>Date</b>  <b>12/31/25</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____  <b>MISTY APPLING</b> <b>Contributor address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip Code</b> _____  <b>3616 BENTLEY COURT, DENTON, TX 76201</b>	<b>Amount of contribution (\$)</b>  <b>200.00</b>	<b>Contributor's principal occupation</b> <b>PHARMACIST</b>		<b>Contributor's job title</b> <b>PHARMACIST</b>	<b>Contributor's employer/law firm</b> <b>SELF-EMPLOYED</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>12/31/25</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____  <b>MISTY APPLING</b> <b>Contributor address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip Code</b> _____  <b>3616 BENTLEY COURT, DENTON, TX 76201</b>	<b>Amount of contribution (\$)</b>  <b>200.00</b>												
<b>Contributor's principal occupation</b> <b>PHARMACIST</b>		<b>Contributor's job title</b> <b>PHARMACIST</b>												
<b>Contributor's employer/law firm</b> <b>SELF-EMPLOYED</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>														
<table border="1"> <tr> <td><b>Date</b>  <b>12/31/25</b></td> <td><b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____  <b>BRITT UTSLER</b> <b>Contributor address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip Code</b> _____  <b>508 FOX TRAIL, GREENVILLE, TX 75402</b></td> <td><b>Amount of contribution (\$)</b>  <b>1000.00</b></td> </tr> <tr> <td colspan="2"><b>Contributor's principal occupation</b> <b>RETIRED</b></td> <td><b>Contributor's job title</b> <b>RETIRED</b></td> </tr> <tr> <td colspan="2"><b>Contributor's employer/law firm</b> <b>RETIRED</b></td> <td><b>Law firm of contributor's spouse (if any)</b></td> </tr> <tr> <td colspan="3"><b>If contributor is a child, law firm of parent(s) (if any)</b></td> </tr> </table>			<b>Date</b>  <b>12/31/25</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____  <b>BRITT UTSLER</b> <b>Contributor address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip Code</b> _____  <b>508 FOX TRAIL, GREENVILLE, TX 75402</b>	<b>Amount of contribution (\$)</b>  <b>1000.00</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>12/31/25</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____  <b>BRITT UTSLER</b> <b>Contributor address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip Code</b> _____  <b>508 FOX TRAIL, GREENVILLE, TX 75402</b>	<b>Amount of contribution (\$)</b>  <b>1000.00</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>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> <b>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</b>														

# 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 12/31/25	5 Full name of contributor <b>GENA FELKER</b> 6 Contributor address; City; State; Zip Code <b>508 FOX TRAIL, GREENVILLE, TX 75402</b>	7 Amount of contribution (\$) <b>1000.00</b>												
8 Contributor's principal occupation <b>PARALEGAL</b>		9 Contributor's job title <b>PARALEGAL</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 12/31/25</td> <td>Full name of contributor <b>JOSHUA RITTER</b> Contributor address; City; State; Zip Code <b>8400 SUNSET SLVD., #9101, ROWLETT, TX 75088</b></td> <td>Amount of contribution (\$) <b>250.00</b></td> </tr> <tr> <td colspan="2">Contributor's principal occupation <b>DRILLING AND FLUID SPECIALIST</b></td> <td>Contributor's job title <b>DRILLING AND FLUID SPECIALIST</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 12/31/25	Full name of contributor <b>JOSHUA RITTER</b> Contributor address; City; State; Zip Code <b>8400 SUNSET SLVD., #9101, ROWLETT, TX 75088</b>	Amount of contribution (\$) <b>250.00</b>	Contributor's principal occupation <b>DRILLING AND FLUID SPECIALIST</b>		Contributor's job title <b>DRILLING AND FLUID SPECIALIST</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 12/31/25	Full name of contributor <b>JOSHUA RITTER</b> Contributor address; City; State; Zip Code <b>8400 SUNSET SLVD., #9101, ROWLETT, TX 75088</b>	Amount of contribution (\$) <b>250.00</b>												
Contributor's principal occupation <b>DRILLING AND FLUID SPECIALIST</b>		Contributor's job title <b>DRILLING AND FLUID SPECIALIST</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 12/31/25</td> <td>Full name of contributor <b>MICHAEL VILLEARREAL</b> Contributor address; City; State; Zip Code <b>374 OLE WAGON RD., QUINLAN, TX 75474</b></td> <td>Amount of contribution (\$) <b>50.00</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 12/31/25	Full name of contributor <b>MICHAEL VILLEARREAL</b> Contributor address; City; State; Zip Code <b>374 OLE WAGON RD., QUINLAN, TX 75474</b>	Amount of contribution (\$) <b>50.00</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 12/31/25	Full name of contributor <b>MICHAEL VILLEARREAL</b> Contributor address; City; State; Zip Code <b>374 OLE WAGON RD., QUINLAN, TX 75474</b>	Amount of contribution (\$) <b>50.00</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.**

# 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 \$   1. 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)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule B(J):</p>	
<p><b>2</b> FILER NAME</p>		<p><b>3</b> Filer ID (Ethics Commission Filers)</p>	
<p><b>4</b> TOTAL OF UNITEMIZED PLEDGES</p>		<p>\$</p>	
<p><b>5</b> Date</p>	<p><b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#:</p>		<p><b>8</b> Amount of Pledge \$</p> <p><b>9</b> In-kind contribution description</p>
	<p><b>7</b> Pledgor address; City; State; Zip Code</p>		
<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>			
<p><b>10</b> Pledgor's principal occupation</p>		<p><b>11</b> Pledgor's job title</p>	
<p><b>12</b> Pledgor's employer/law firm</p>		<p><b>13</b> Law firm of pledgor's spouse (if any)</p>	
<p><b>14</b> If pledgor is a child, law firm of parent(s) (if any)</p>			
<p>Date</p>		<p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>Amount of Pledge \$</p>
<p>Pledgor address; City; State; Zip Code</p>		<p>In-kind contribution description</p>	
<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>			
<p>Pledgor's principal occupation</p>		<p>Pledgor's job title</p>	
<p>Pledgor's employer/law firm</p>		<p>Law firm of pledgor's spouse (if any)</p>	
<p>If pledgor is a child, law firm of parent(s) (if any)</p>			
<p>Date</p>		<p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>Amount of Pledge \$</p>
<p>Pledgor address; City; State; Zip Code</p>		<p>In-kind contribution description</p>	
<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>			
<p>Pledgor's principal occupation</p>		<p>Pledgor's job title</p>	
<p>Pledgor's employer/law firm</p>		<p>Law firm of pledgor's spouse (if any)</p>	
<p>If pledgor is a child, law firm of parent(s) (if any)</p>			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p>			
<p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

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

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

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<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: 14	2 FILER NAME ABIGAIL "ABBY" KWELLER SULLIVAN	3 Filer ID (Ethics Commission Filers)	
4 Date 9/26/25	5 Payee name ENGAGE VOTERS US		
6 Amount (\$) 1897.76	7 Payee address; 44 SOUTH BROADWAY, SUITE 100, WHITE PLAINS, NY 10601	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)  ADVERTISING EXPENSE	(b) Description  GRAPHIC DESIGN AND WEBSITE *	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 9/29/25	Payee name UNITED STATES POSTAL SERVICE		
Amount (\$) 210.00	Payee address; 6305 WESLEY ST., GREENVILLE, TX 75402	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)  OFFICE OVERHEAD	Description  POST OFFICE BOX	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10/2/25	Payee name BANK OF AMERICA		
Amount (\$) 42.17	Payee address; 5903 WESLEY ST., GREENVILLE, TX 75402	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)  ACCOUNTING/BANKING	Description  CHECKBOOK	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
<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>	
<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>	
<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
<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	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>
	(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 <b>ONLY</b> 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; City; State; Zip Code <b>11525-B STONEHOLLOW DR., STE. 220, AUSTIN, TX 78758</b>	
<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 <b>ONLY</b> 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; City; State; Zip Code <b>410 TERRY AVE. NORTH, SEATTLE, WA 98109</b>	
<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 <b>ONLY</b> 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	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: 14	2 FILER NAME ABIGAIL "ABBY" KWELLER SULLIVAN	3 Filer ID (Ethics Commission Filers)
4 Date 10/21/25	5 Payee name VITSA PRINT	
6 Amount (\$) 264.13	7 Payee address; 275 WYMAN STREET, WALTHAM, MA 02451	City; State; Zip Code
<input type="checkbox"/> Check if individual's residence address.		
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  PRINTING EXPENSE	(b) Description  FLYERS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held
Date 10/21/25	Payee name SOCIALLY SPIRITED, LLC	
Amount (\$) 389.70	Payee address; 1411 MUSTANG CROSSING, MISSOURI CITY, TX 77459	
<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  EVENT EXPENSE	Description  TABC BARTENDING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held
Date 10/31/25	Payee name TONY'S ITALIAN KITCHEN	
Amount (\$) 2000.00	Payee address; 6106 WESLEY ST., GREENVILLE, TX 75402	
<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  EVENT EXPENSE	Description  CATERING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held
<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	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: 14	2 FILER NAME ABIGAIL "ABBY" KWELLER SULLIVAN	3 Filer ID (Ethics Commission Filers)
4 Date 11/03/25	5 Payee name PAPERLESS POST	
6 Amount (\$) 138.58	7 Payee address; 115 BROADWAY, FLOOR 5, NEW YORK, NY 10006	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)  EVENT EXPENSE	(b) Description  INVITATIONS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held
Date 11/10/25	Payee name PAPERLESS POST	
Amount (\$) 30.91	Payee address; 115 BROADWAY, FLOOR 5, NEW YORK, NY 10006	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)  EVENT EXPENSE	Description  INVITATIONS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held
Date 11/06/25	Payee name KENDALL'S KREATIONS	
Amount (\$) 2291.25	Payee address; 1203 BETA DR., STE. 100, ROCKWALL, TX 75087	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)  EVENT EXPENSE	Description  COORDINATING, DECOR, SETUP/ CLEANUP
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held
<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	<small>Category (See Categories listed at the top of this schedule if category not listed above)</small>	

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
<b>8 PURPOSE OF EXPENDITURE</b>  <b>EVENT EXPENSE</b>		<b>(a) Category (See Categories listed at the top of this schedule)</b>  <b>MUSIC AND ENTERTAINMENT</b>
<b>(c)</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>11/10/25</b>	Payee name <b>ECANVASSER</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.		
<b>PURPOSE OF EXPENDITURE</b>  <b>ADVERTISING EXPENSE</b>		<b>Description</b>  <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.		
<b>PURPOSE OF EXPENDITURE</b>  <b>PRINTING EXPENSE</b>		<b>Description</b>  <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
<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	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
<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		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>		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; City; State; Zip Code <b>2606 LEE STREET, GREENVILLE, TX 75401</b>	
<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		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		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; City; State; Zip Code <b>44 SOUTH BROADWAY, SUITE 100, WHITE PLAINS, NY 10601</b>	
<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		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>		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

Gift/Awards/Memorials Expense

Printing Expense

Travel Out Of District

Candidate/Officeholder/Political Committee

Legal Services

Salaries/Wages/Contract Labor

Other (enter a category not listed above)

Credit Card Payment

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <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						
<table border="1"> <tr> <td>8 <b>PURPOSE OF EXPENDITURE</b></td> <td>(a) Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b></td> <td>(b) Description <b>YARD SIGNS</b></td> </tr> <tr> <td></td> <td colspan="2"> (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>			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	
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 <b>ONLY</b> 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>							
<table border="1"> <tr> <td>Check if individual's residence address.</td> </tr> </table>			Check if individual's residence address.					
Check if individual's residence address.								
<table border="1"> <tr> <td>Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b></td> <td>Description <b>MUSIC AND ENTERTAINMENT</b></td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>			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			
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 <b>ONLY</b> 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>							
<table border="1"> <tr> <td>Check if individual's residence address.</td> </tr> </table>			Check if individual's residence address.					
Check if individual's residence address.								
<table border="1"> <tr> <td>Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b></td> <td>Description <b>PARTY SUPPLIES</b></td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>			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			
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 <b>ONLY</b> 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	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: 14	2 FILER NAME ABIGAIL "ABBY" KWELLER SULLIVAN	3 Filer ID (Ethics Commission Filers)	
4 Date 11/17/25	5 Payee name WALMART, INC.		
6 Amount (\$) 77.69	7 Payee address; 7401 I-30 FRONTAGE RD., GREENVILLE, TX 75402 <input type="checkbox"/>	City; State; Zip Code	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  EVENT EXPENSE	(b) Description  PARTY SUPPLIES	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 11/17/25	Payee name KENDALL'S KREATIONS		
Amount (\$) 700.00	Payee address; 1203 BETA DR., STE. 100, ROCKWALL, TX 75087 <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)  EVENT EXPENSE	Description  COORDINATING, DECOR, SETUP/ CLEANUP (TIP)	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 11/17/25	Payee name SOCIALLY SPIRITED, LLC		
Amount (\$) 111.00	Payee address; 1411 MUSTANG CROSSING, MISSOURI CITY, TX 77459 <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)  EVENT EXPENSE	Description  TABC BARTENDING (TIP)	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
<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	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: 14	2 FILER NAME ABIGAIL "ABBY" KWELLER SULLIVAN	3 Filer ID (Ethics Commission Filers)	
4 Date 11/17/25	5 Payee name TONY'S ITALIAN KITCHEN		
6 Amount (\$) 200.00	7 Payee address; 6106 WESLEY STREET, GREENVILLE, TX 75402 <input type="checkbox"/>	City; State; Zip Code	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  EVENT EXPENSE	(b) Description  DELIVERY FEE AND TIP	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 11/17/25	Payee name DJ FRANCO		
Amount (\$) 300.00	Payee address; 3206 LONGMIRE DR., SUITE A42, COLLEGE STATION, TX 77845 <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)  EVENT EXPENSE	Description  MUSIC AND ENTERTAINMENT (DJ TIP)	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 11/17/25	Payee name DJ FRANCO		
Amount (\$) 200.00	Payee address; 3206 LONGMIRE DR., SUITE A42, COLLEGE STATION, TX 77845 <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)  EVENT EXPENSE	Description  MUSIC AND ENTERTAINMENT (PHOTOGRAPHER TIP)	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
<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	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>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>11/19/25</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
	<input checked="" 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>	<b>PHOTOBOOTH (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
	<input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  <b>ADVERTISING EXPENSE</b>	Description  <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		
<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	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>12/08/25</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
<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>	<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		Office sought
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
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  <b>ADVERTISING EXPENSE</b>	Description  <b>SOCIAL MEDIAL MANAGEMENT</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		Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By 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>433.00</b>	7 Payee address;  <b>1 HACKER WAY, MENLO PARK, CA 94025</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>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>9.26</b>	Payee address;  <b>1 HACKER WAY, MENLO PARK, CA 94025</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>	  <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  <b>12/29/25</b>	Payee name  <b>META PLATFORMS, INC.</b>		
Amount (\$)  <b>17.00</b>	Payee address;  <b>1 HACKER WAY, MENLO PARK, CA 94025</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>	  <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

### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

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>	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 ONLY 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>	City; State; Zip Code	
PURPOSE OF EXPENDITURE	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	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
	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 F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)																												
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$																												
5 Date	6 Payee name																													
7 Amount (\$)	8 Payee address;	City; State; Zip Code																												
<input type="checkbox"/> Check if individual's residence address.																														
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political																													
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description																												
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense																													
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held																											
<table border="1"> <tr> <td>Date</td> <td colspan="3">Payee name</td> </tr> <tr> <td>Amount (\$)</td> <td>Payee address;</td> <td>City;</td> <td>State; Zip Code</td> </tr> <tr> <td colspan="4"> <input type="checkbox"/> Check if individual's residence address.         </td> </tr> <tr> <td>TYPE OF EXPENDITURE</td> <td colspan="3"> <input type="checkbox"/> Political      <input type="checkbox"/> Non-Political         </td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td>Category (See Categories listed at the top of this schedule)</td> <td colspan="2">Description</td> </tr> <tr> <td colspan="3"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.    <input type="checkbox"/> Check if Austin, TX, officeholder living expense         </td> </tr> <tr> <td>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td>Candidate / Officeholder name</td> <td>Office sought</td> <td>Office held</td> </tr> </table>				Date	Payee name			Amount (\$)	Payee address;	City;	State; Zip Code	<input type="checkbox"/> Check if individual's residence address.				TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political			PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name																													
Amount (\$)	Payee address;	City;	State; Zip Code																											
<input type="checkbox"/> Check if individual's residence address.																														
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political																													
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description																												
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense																													
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held																											
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED																														

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

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 F3:	
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date	<b>5</b> Name of person from whom investment is purchased		
	<b>6</b> Address of person from whom investment is purchased; City; State; Zip Code		
	<input type="checkbox"/> Check if individual's residence address.		
	<b>7</b> Description of investment		
<b>8</b> Amount of investment (\$)			
Date	Name of person from whom investment is purchased		
	Address of person from whom investment is purchased; City; State; Zip Code		
	<input type="checkbox"/> Check if individual's residence address.		
	Description of investment		
Amount of investment (\$)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(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
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME			3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$	
5 CREDIT CARD ISSUER	Name of financial institution			
6 PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
			<input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political				
	(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
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name		(b) Payee address;	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) Description	
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political				
	(c) <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
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name		(b) Payee address;	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) Description	
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political				
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/>	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought	Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking

Fees

Office Overhead/Rental Expense

Transportation Equipment & Related Expense

Consulting Expense

Food/Beverage Expense

Polling Expense

Travel In District

Contributions/Donations Made By

Gift/Awards/Memorials Expense

Printing Expense

Travel Out Of District

Candidate/Officeholder/Political Committee

Legal Services

Salaries/Wages/Contract Labor

Other (enter a category not listed above)

Credit Card Payment

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

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 H:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name		
6 Amount (\$)	7 Business address;	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) Description	
	(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	Business name		
Amount (\$)	Business address;	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)	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
Date	Business name		
Amount (\$)	Business address;	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)	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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 I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address;	City      State      Zip Code
8 <b>PURPOSE OF EXPENDITURE</b>	(a)Category (See instructions for examples of acceptable categories.)	(b)Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City      State      Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City      State      Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City      State      Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**INTEREST, CREDITS, GAINS, REFUNDS, AND  
CONTRIBUTIONS RETURNED TO FILER****SCHEDULE K**

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 K:
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Name of person from whom amount is received  .....	<b>8</b> Amount (\$)
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code	
	<b>7</b> Purpose for which amount is received  <input type="checkbox"/> Check if political contribution returned to filer	
Date	Name of person from whom amount is received  .....	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received  <input type="checkbox"/> Check if political contribution returned to filer	
Date	Name of person from whom amount is received  .....	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received  <input type="checkbox"/> Check if political contribution returned to filer	
Date	Name of person from whom amount is received  .....	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received  <input type="checkbox"/> Check if political contribution returned to filer	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

## OUTSTANDING LOANS

### SCHEDULE L

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 L:	
<b>2 FILER NAME</b>		<b>3 Filer ID (Ethics Commission Filers)</b>	
LENDER INFORMATION	<b>4 Name of lender</b> .....		
	<b>5 Lender address;</b> .....	City;	State;
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>6 Name of guarantor</b> .....		
	<b>7 Guarantor address;</b> .....	City;	State;
LENDER INFORMATION	<b>Name of lender</b> .....		
	<b>Lender address;</b> .....	City;	State;
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>Name of guarantor</b> .....		
	<b>Guarantor address;</b> .....	City;	State;
LENDER INFORMATION	<b>Name of lender</b> .....		
	<b>Lender address;</b> .....	City;	State;
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>Name of guarantor</b> .....		
	<b>Guarantor address;</b> .....	City;	State;
LENDER INFORMATION	<b>Name of lender</b> .....		
	<b>Lender address;</b> .....	City;	State;
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>Name of guarantor</b> .....		
	<b>Guarantor address;</b> .....	City;	State;

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

## ASSETS PURCHASED WITH CONTRIBUTIONS

**SCHEDULE M**

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

**The Instruction Guide explains when and how to complete this form.**

**1 Total pages Schedule M:**

**2 FILER NAME**

**3 Filer ID (Ethics Commission Filers)**

**4 Description of Asset**

Description of Asset

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

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

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<b>1</b> Total pages Schedule T:												
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)												
<b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor / Payee														
<b>5</b> Contribution / Expenditure reported on: <table> <tr> <td><input type="checkbox"/> Schedule A2</td> <td><input type="checkbox"/> Schedule B</td> <td><input type="checkbox"/> Schedule B(J)</td> <td><input type="checkbox"/> Schedule C2</td> <td><input type="checkbox"/> Schedule D</td> <td><input type="checkbox"/> Schedule F1</td> </tr> <tr> <td><input type="checkbox"/> Schedule F2</td> <td><input type="checkbox"/> Schedule F4</td> <td><input type="checkbox"/> Schedule G</td> <td><input type="checkbox"/> Schedule H</td> <td><input type="checkbox"/> Schedule COH-UC</td> <td><input type="checkbox"/> Schedule B-SS</td> </tr> </table>			<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	<input type="checkbox"/> Schedule B-SS
<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1									
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	<input type="checkbox"/> Schedule B-SS									
<b>6</b> Dates of travel	<b>7</b> Name of person(s) traveling													
	<b>8</b> Departure city or name of departure location													
	<b>9</b> Destination city or name of destination location													
<b>10</b> Means of transportation	<b>11</b> Purpose of travel (including name of conference, seminar, or other event)													
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee														
Contribution / Expenditure reported on: <table> <tr> <td><input type="checkbox"/> Schedule A2</td> <td><input type="checkbox"/> Schedule B</td> <td><input type="checkbox"/> Schedule B(J)</td> <td><input type="checkbox"/> Schedule C2</td> <td><input type="checkbox"/> Schedule D</td> <td><input type="checkbox"/> Schedule F1</td> </tr> <tr> <td><input type="checkbox"/> Schedule F2</td> <td><input type="checkbox"/> Schedule F4</td> <td><input type="checkbox"/> Schedule G</td> <td><input type="checkbox"/> Schedule H</td> <td><input type="checkbox"/> Schedule COH-UC</td> <td><input type="checkbox"/> Schedule B-SS</td> </tr> </table>			<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	<input type="checkbox"/> Schedule B-SS
<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1									
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	<input type="checkbox"/> Schedule B-SS									
Dates of travel	Name of person(s) traveling													
	Departure city or name of departure location													
	Destination city or name of destination location													
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)													
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee														
Contribution / Expenditure reported on: <table> <tr> <td><input type="checkbox"/> Schedule A2</td> <td><input type="checkbox"/> Schedule B</td> <td><input type="checkbox"/> Schedule B(J)</td> <td><input type="checkbox"/> Schedule C2</td> <td><input type="checkbox"/> Schedule D</td> <td><input type="checkbox"/> Schedule F1</td> </tr> <tr> <td><input type="checkbox"/> Schedule F2</td> <td><input type="checkbox"/> Schedule F4</td> <td><input type="checkbox"/> Schedule G</td> <td><input type="checkbox"/> Schedule H</td> <td><input type="checkbox"/> Schedule COH-UC</td> <td><input type="checkbox"/> Schedule B-SS</td> </tr> </table>			<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1	<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	<input type="checkbox"/> Schedule B-SS
<input type="checkbox"/> Schedule A2	<input type="checkbox"/> Schedule B	<input type="checkbox"/> Schedule B(J)	<input type="checkbox"/> Schedule C2	<input type="checkbox"/> Schedule D	<input type="checkbox"/> Schedule F1									
<input type="checkbox"/> Schedule F2	<input type="checkbox"/> Schedule F4	<input type="checkbox"/> Schedule G	<input type="checkbox"/> Schedule H	<input type="checkbox"/> Schedule COH-UC	<input type="checkbox"/> Schedule B-SS									
Dates of travel	Name of person(s) traveling													
	Departure city or name of departure location													
	Destination city or name of destination location													
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)													
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>														

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below only if you are not an officeholder. \*\*

**A. CAMPAIGN FUNDS**

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

5 OFFICEHOLDER

\*\* Complete this section only if you are an officeholder \*\*

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder



## AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

*An exemption affidavit must be submitted with each paper report.*

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

Filer name

Filer ID #

### OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #      Amount \$

Date Processed

Date Imaged

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

**Please complete either option below:**

**(1) Affidavit**

Signature of Filer

NOTARY STAMP / SEAL

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is

and my date of birth is

My address is \_\_\_\_\_

(street)

, (state), (zip code), (country)

Executed in

County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of

20 \_\_\_\_\_  
(month) (year)

Signature of Filer (Declarant)

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