

## CORRECTED REPORT

JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORTFORM JC/OH  
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

45

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

MRS.

ABIGAIL

KWELLER

NICKNAME

LAST

SUFFIX

"ABBY"

SULLIVAN

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS☒ Change of Address

AREA CODE

PHONE NUMBER

EXTENSION

( 903 )

883-6077

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

MS.

GENA

E

NICKNAME

LAST

SUFFIX

FELKER

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or Business)

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

508 FOX TRAIL, GREENVILLE, TX 75402

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 903 )

883-6077

9 REPORT TYPE

☒

January 15

☐

30th day before election

☐

Runoff

☐15th day after campaign  
treasurer appointment  
(Officeholder Only)☐

July 15

☐

8th day before election

☐Exceeded Modified  
Reporting Limit☐

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

09

22

2025

THROUGH

Month

Day

Year

12

31

2025

11 ELECTION

ELECTION DATE

Month

Day

Year

03

03

2026

ELECTION TYPE

☒

Primary

☐

Runoff

☐Other  
Description☐

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

Associate Municipal Judge  
Greenville & Caddo Mills

13 OFFICE SOUGHT (if known)

Hunt County Court at Law No. 1

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

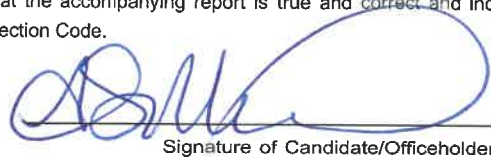
GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

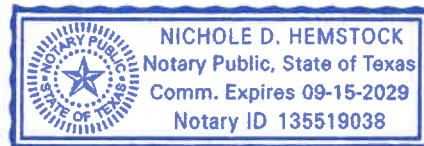
15 JC/OH NAME ABIGAIL "ABBY" KWELLER SULLIVAN		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES,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

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

  
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Abigail Kweller Sullivan this the 23<sup>rd</sup> day of January, 2024, to certify which, witness my hand and seal of office.

Alexandra Nichole Hemstock Deputy Clerk  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, 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****19** FILER NAME**20** Filer ID (Ethics Commission Filers)**21** SCHEDULE SUBTOTALS  
NAME OF SCHEDULESUBTOTAL  
AMOUNT

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

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)****SCHEDULE A(J)1**If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: <b>13</b>
<b>2</b> FILER NAME <b>ABIGAIL "ABBY" KWELLER SULLIAN</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>9/22/25</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>ABIGAIL KWELLER SULLIAN</b> <b>6</b> Contributor address; City; State; Zip Code <b>2 OAK VILLAGE, GREENVILLE, TX 75402</b>	<b>7</b> Amount of contribution (\$)  <b>3000.00</b>
<b>8</b> Contributor's principal occupation <b>ATTORNEY AT LAW</b>		<b>9</b> Contributor's job title <b>ATTORNEY AT LAW</b>
<b>10</b> Contributor's employer/law firm <b>ABIGAIL KWELLER SULLIVAN, PLLC</b>		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
<b>Date</b> <b>10/11/25</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ <b>DENNIS D. DAVIS</b> <b>Contributor address; City; State; Zip Code</b> <b>PO BOX 32, GREENVILLE, TX 75403</b>	<b>Amount of contribution (\$)</b>  <b>1000.00</b>
<b>Contributor's principal occupation</b> <b>ATTORNEY AT LAW</b>		<b>Contributor's job title</b> <b>ATTORNEY AT LAW</b>
<b>Contributor's employer/law firm</b> <b>DENNIS D. DAVIS ATTORNEY AT LAW, PLLC</b>		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		
<b>Date</b> <b>10/14/25</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ <b>ABIGAIL KWELLER SULLIVAN</b> <b>Contributor address; City; State; Zip Code</b> <b>2 OAK VILLAGE, GREENVILLE, TX 75402</b>	<b>Amount of contribution (\$)</b>  <b>3000.00</b>
<b>Contributor's principal occupation</b> <b>ATTORNEY AT LAW</b>		<b>Contributor's job title</b> <b>ATTORNEY AT LAW</b>
<b>Contributor's employer/law firm</b> <b>ABIGAIL KWELLER SULLIVAN, PLLC</b>		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		
<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>		

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(JUDICIAL)****SCHEDULE A(J)1**If the requested information is not applicable, **DO NOT** include this page in the report.

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

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(JUDICIAL)****SCHEDULE A(J)1**If the requested information is not applicable, **DO NOT** include this page in the report.

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<b>2</b> FILER NAME <b>ABIGAIL "ABBY" KWELLER SULLIAN</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/03/25</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>CANDACE DENARI</b> <b>6</b> Contributor address; City; State; Zip Code <b>6456 GARLAND, FORT WORTH, TX 76116</b>	<b>7</b> Amount of contribution (\$) <b>50.00</b>
<b>8</b> Contributor's principal occupation <b>RETIRED</b>		<b>9</b> Contributor's job title <b>RETIRED</b>
<b>10</b> Contributor's employer/law firm <b>RETIRED</b>		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
<b>Date</b> <b>11/03/25</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: <b>AMY MAIURO</b> <b>Contributor address; City; State; Zip Code</b> <b>802 DICKEY, EULESS, TX 76040</b>	<b>Amount of contribution (\$)</b> <b>250.00</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> <b>11/04/25</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: <b>DONNA DENISE KWELLER</b> <b>Contributor address; City; State; Zip Code</b> <b>2407 TWILIGHT PENINSULA, GREENVILLE, TX 75402</b>	<b>Amount of contribution (\$)</b> <b>1000.00</b>
<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>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>		

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(JUDICIAL)****SCHEDULE A(J)1**If the requested information is not applicable, **DO NOT** include this page in the report.

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**1** Total pages Schedule A(J)1:  
**13****2** FILER NAME**ABIGAIL "ABBY" KWELLER SULLIAN****3** Filer ID (Ethics Commission Filers)**4** Date**11/07/25****5** Full name of contributor☐ out-of-state PAC ID#: \_\_\_\_\_**ABIGAIL KWELLER SULLIAN****7** Amount of contribution (\$)**200.00****6** Contributor address;

City;

State;

Zip Code

**2 OAK VILLAGE, GREENVILLE, TX 75402****8** Contributor's principal occupation**ATTORNEY AT LAW****9** Contributor's job title**ATTORNEY AT LAW****10** Contributor's employer/law firm**ABIGAIL KWELLER SULLIVAN, PLLC****11** Law firm of contributor's spouse (if any)**12** If contributor is a child, law firm of parent(s) (if any)

Date

**11/10/25**

Full name of contributor

☐ out-of-state PAC ID#: \_\_\_\_\_**EMILY GRADY**

Amount of contribution (\$)

**200.00**

Contributor address;

City;

State;

Zip Code

**3 CEDAR RIDGE, GREENVILLE, TX 75402**

Contributor's principal occupation

**DATA RISK ANALYST**

Contributor's job title

**DATA RISK MANAGER**

Contributor's employer/law firm

**BARTON MALLOW**

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

**11/14/25**☐ out-of-state PAC ID#: \_\_\_\_\_**MASSOUD EBRAHIM, PE**

Amount of contribution (\$)

**25.00**

Contributor address;

City;

State;

Zip Code

**1202 WESTMINSTER, GREENVILLE, TX 75402**

Contributor's principal occupation

**RETIRED**

Contributor's job title

**RETIRED**

Contributor's employer/law firm

**RETIRED**

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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

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

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)****SCHEDULE A(J)1**If the requested information is not applicable, **DO NOT** include this page in the report.

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2 FILER NAME <b>ABIGAIL "ABBY" KWELLER SULLIAN</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/14/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>ELSIE FELKER</b> 6 Contributor address; City; State; Zip Code <b>2314 DARTMOUTH, ARTLINGTON, TX 76015</b>	7 Amount of contribution (\$) <b>200.00</b>
8 Contributor's principal occupation <b>HOMEMAKER</b>		9 Contributor's job title <b>HOMEMAKER</b>
10 Contributor's employer/law firm <b>HOMEMAKER</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>11/16/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>DR. STEVEN BRANCHEAU</b> Contributor address; City; State; Zip Code <b>1871 HWY 69 S., GREENVILLE, TX 75402</b>	Amount of contribution (\$) <b>500.00</b>
Contributor's principal occupation <b>PODIATRIST</b>		Contributor's job title <b>PODIATRIST</b>
Contributor's employer/law firm <b>FAMILY FOOT AND ANKLE SPECIALISTS</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>11/16/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>GARY UTSLER</b> Contributor address; City; State; Zip Code <b>201 PARK LANE, POTTSBORO, TX 75076</b>	Amount of contribution (\$) <b>100.00</b>
Contributor's principal occupation <b>RETIRED</b>		Contributor's job title <b>POTTSBORO, TX COUNCIL MEMBER</b>
Contributor's employer/law firm <b>RETIRED</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<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.		



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2 FILER NAME <b>ABIGAIL "ABBY" KWELLER SULLIAN</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/16/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>PUD KEARNS</b> 6 Contributor address; City; State; Zip Code <b>2411 TWILIGHT PENINSULA, GREENVILLE, TX 75402</b>	7 Amount of contribution (\$) <b>75.00</b>
8 Contributor's principal occupation <b>RETIRED</b>		9 Contributor's job title <b>RETIRED</b>
10 Contributor's employer/law firm <b>RETIRED</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>11/16/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>DR. GRAHAM SWEENEY</b> Contributor address; City; State; Zip Code <b>309 CR 3504, QUINLAN, TX 75474</b>	Amount of contribution (\$) <b>200.00</b>
Contributor's principal occupation <b>RETIRED</b>		Contributor's job title <b>RETIRED</b>
Contributor's employer/law firm <b>RETIRED</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>11/16/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>DAWN BURNEY</b> Contributor address; City; State; Zip Code <b>511 HIGHLAND OAK, GREENVILLE, TX 75402</b>	Amount of contribution (\$) <b>100.00</b>
Contributor's principal occupation <b>RETIRED</b>		Contributor's job title <b>RETIRED</b>
Contributor's employer/law firm <b>RETIRED</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<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.		

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)****SCHEDULE A(J)1**If the requested information is not applicable, **DO NOT** include this page in the report.

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2 FILER NAME ABIGAIL "ABBY" KWELLER SULLIAN		3 Filer ID (Ethics Commission Filers)
4 Date 11/16/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: SAMANTHA MAIURO 6 Contributor address; City; State; Zip Code 802 DICKEY, ARLINGTON, TX 76040	7 Amount of contribution (\$) 1000.00
8 Contributor's principal occupation STUDENT		9 Contributor's job title STUDENT - PART-TIME OPERATIONS MANAGER
10 Contributor's employer/law firm ABGAIL KWELLER SULLIVAN, PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: HOLLY GOTCHER Contributor address; City; State; Zip Code PO BOX 556, GREENVILLE, TX 75403	Amount of contribution (\$) 500.00
Contributor's principal occupation ATTORNEY AT LAW		Contributor's job title ATTORNEY AT LAW
Contributor's employer/law firm LAW OFFICES OF MORGAN AND GOTCHER		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: SHARON LEONARD Contributor address; City; State; Zip Code 519 TURTLE CREEK, GREENVILLE, TX 75402	Amount of contribution (\$) 250.00
Contributor's principal occupation RETIRED		Contributor's job title RETIRED
Contributor's employer/law firm RETIRED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<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.		

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)****SCHEDULE A(J)1**If the requested information is not applicable, **DO NOT** include this page in the report.

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2 FILER NAME ABIGAIL "ABBY" KWELLER SULLIAN		3 Filer ID (Ethics Commission Filers)
4 Date 11/17/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ LORI MCCONNELL	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 2346 CR 4106, GREENVILLE, TX 75401		
8 Contributor's principal occupation HOMEMAKER		9 Contributor's job title HOMEMAKER
10 Contributor's employer/law firm HOMEMAKER		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 11/21/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ VERONICA DEWITT	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 213 WILSON, SAN MARCOS, TX 78666		
Contributor's principal occupation REAL ESTATE AGENT		Contributor's job title REAL ESTATE AGENT
Contributor's employer/law firm SELF-EMPLOYED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/21/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ BRIAN FELKER	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 213 WILSON, SAN MARCOS, TX 78666		
Contributor's principal occupation RETIRED		Contributor's job title RETIRED
Contributor's employer/law firm RETIRED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
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**MONETARY POLITICAL CONTRIBUTIONS  
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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: <b>13</b>
<b>2</b> FILER NAME <b>ABIGAIL "ABBY" KWELLER SULLIAN</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/05/25</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>BETHANY GEORGE</b> <b>6</b> Contributor address; City; State; Zip Code <b>2725 WOODSIDE, HIGHLAND VILLAGE, TX 75077</b>	<b>7</b> Amount of contribution (\$) <b>1000.00</b>
<b>8</b> Contributor's principal occupation <b>MEDICAL STAFFING DIRECTOR</b>		<b>9</b> Contributor's job title <b>MEDICAL STAFFING DIRECTOR</b>
<b>10</b> Contributor's employer/law firm <b>SPEACIALYSTS, INC.</b>		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date <b>12/29/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>ANONYMOUS</b> Contributor address; City; State; Zip Code <b>N/A</b>	Amount of contribution (\$) <b>20.00</b>
Contributor's principal occupation <b>N/A</b>		Contributor's job title <b>N/A</b>
Contributor's employer/law firm <b>N/A</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 <input type="checkbox"/> out-of-state PAC ID#: _____ <b>JULIE TAPLEY</b> Contributor address; City; State; Zip Code <b>1008 OAK DR., DURANGO, CO 81301</b>	Amount of contribution (\$) <b>25.00</b>
Contributor's principal occupation <b>BUSINESS MANAGER</b>		Contributor's job title <b>BUSINESS MANAGER</b>
Contributor's employer/law firm <b>FORT LEWIS COLLEGE</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> 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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: <b>13</b>
<b>2</b> FILER NAME <b>ABIGAIL "ABBY" KWELLER SULLIAN</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/31/25</b>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>BRIAN SULLIVAN</b> <hr/> <b>6</b> Contributor address; City; State; Zip Code <b>1416 PLUMMER, ROCKWALL, TX 75087</b>	<b>7</b> Amount of contribution (\$)  <b>500.00</b>
<b>8</b> Contributor's principal occupation <b>CONSTRUCTION ENGINEER</b>		<b>9</b> Contributor's job title <b>PROJECT ENGINEER</b>
<b>10</b> Contributor's employer/law firm <b>PRISM, INC.</b>		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
<b>Date</b> <b>12/31/25</b>	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ <b>JOYCE SULLIVAN</b> <hr/> <b>Contributor address; City; State; Zip Code</b> <b>1416 PLUMMER, ROCKWALL, TX 75087</b>	<b>Amount of contribution (\$)</b>  <b>200.00</b>
<b>Contributor's principal occupation</b>		<b>Contributor's job title</b>
<b>Contributor's employer/law firm</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>TIMOTHY SULLIVAN</b> <hr/> <b>Contributor address; City; State; Zip Code</b> <b>2 OAK VILLAGE, GREENVILLE, TX 75402</b>	<b>Amount of contribution (\$)</b>  <b>1000.00</b>
<b>Contributor's principal occupation</b> <b>SOFTWARE ENGINEER</b>		<b>Contributor's job title</b> <b>SOFTWARE ENGINEER</b>
<b>Contributor's employer/law firm</b> <b>L3HARRIS TECHNOLOGIES</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> 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.		<b>1</b> Total pages Schedule A(J)1: 13
<b>2</b> FILER NAME ABIGAIL "ABBY" KWELLER SULLIAN		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 12/31/25	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ JANIE SMITH <b>6</b> Contributor address; City; State; Zip Code 2373 TWILIGHT PENINSULA, GREENVILLE, TX 75402	<b>7</b> Amount of contribution (\$) 100.00
<b>8</b> Contributor's principal occupation CONSTRUCTION ENGINEER		<b>9</b> Contributor's job title PROJECT ENGINEER
<b>10</b> Contributor's employer/law firm PRISM, INC.		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 12/31/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ GAIL NORRIS Contributor address; City; State; Zip Code 313 WEST COLUMBIA, WEATHERFORD, TX 76087	Amount of contribution (\$) 10.00
Contributor's principal occupation RETIRED		Contributor's job title RETIRED
Contributor's employer/law firm RETIRED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/31/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ LYNN NORRIS Contributor address; City; State; Zip Code 313 WEST COLUMBIA, WEATHERFORD, TX 76087	Amount of contribution (\$) 10.00
Contributor's principal occupation RETIRED		Contributor's job title RETIRED
Contributor's employer/law firm RETIRED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<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.		

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)****SCHEDULE A(J)1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 13
2 FILER NAME ABIGAIL "ABBY" KWELLER SULLIAN		3 Filer ID (Ethics Commission Filers)
4 Date 12/31/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ ELIZABETH KWELLER 6 Contributor address; City; State; Zip Code 333 HEARTSPRINGS, DRIPPING SPRINGS, TX 75402	7 Amount of contribution (\$) 100.00
8 Contributor's principal occupation REAL ESTATE AGENT		9 Contributor's job title REAL ESTATE AGENT
10 Contributor's employer/law firm SELF-EMPLOYED		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 12/31/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ MISTY APPLING Contributor address; City; State; Zip Code 3616 BENTLEY COURT, DENTON, TX 76201	Amount of contribution (\$) 200.00
Contributor's principal occupation PHARMACIST		Contributor's job title PHARMACIST
Contributor's employer/law firm SELF-EMPLOYED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/31/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ BRITT UTSLER Contributor address; City; State; Zip Code 508 FOX TRAIL, GREENVILLE, TX 75402	Amount of contribution (\$) 1000.00
Contributor's principal occupation RETIRED		Contributor's job title RETIRED
Contributor's employer/law firm RETIRED		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<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.		

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



## SCHEDULE A2

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2:	
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
<b>5</b> Date	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>8</b> Amount of Contribution \$	<b>9</b> In-kind contribution description
	<b>7</b> Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		<b>11</b> Employer (FOR NON-JUDICIAL)(See Instructions)	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL)(See Instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> 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#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
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)	

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Revise 1/1/2026

**PLEDGED CONTRIBUTIONS (JUDICIAL)****SCHEDULE B(J)**If the requested information is not applicable, **DO NOT** include this page in the report.

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

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

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J):
<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial Institution?  <input type="checkbox"/> Y <input type="checkbox"/> N	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest rate
		<b>11</b> Maturity date
<b>12</b> Lender's Principal Occupation		<b>13</b> Lender's Job Title
<b>14</b> Lender's Employer/Law Firm		<b>15</b> Law Firm of lender's spouse (if any)
<b>16</b> If lender is a child, law firm of parent(s) (if any)		
<b>17</b> Description of Collateral  <input type="checkbox"/> none		<b>18</b> <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>19</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>20</b> Name of guarantor	<b>22</b> Amount Guaranteed (\$)
	<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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>14</b>	<b>2</b> FILER NAME <b>ABIGAIL "ABBY" KWELLER SULLIVAN</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>9/26/25</b>	<b>5</b> Payee name <b>ENGAGE VOTERS US</b>	
<b>6</b> Amount (\$) <b>1897.76</b>	<b>7</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>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	<b>(b)</b> Description <b>GRAPHIC DESIGN AND WEBSITE</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	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <b>9/29/25</b>	Payee name <b>UNITED STATES POSTAL SERVICE</b>	
Amount (\$) <b>210.00</b>	Payee address; City; State; Zip Code <b>6305 WESLEY ST., GREENVILLE, TX 75402</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>OFFICE OVERHEAD</b>	Description <b>POST OFFICE BOX</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <b>10/2/25</b>	Payee name <b>BANK OF AMERICA</b>	
Amount (\$) <b>42.17</b>	Payee address; City; State; Zip Code <b>5903 WESLEY ST., GREENVILLE, TX 75402</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>ACCOUNTING/BANKING</b>	Description <b>CHECKBOOK</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>14</b>		<b>2</b> FILER NAME <b>ABIGAIL "ABBY" KWELLER SULLIVAN</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>10/07/25</b>		<b>5</b> Payee name <b>STAPLES, INC.</b>			
<b>6</b> Amount (\$) <b>297.67</b>		<b>7</b> Payee address; City; State; Zip Code <b>6834 WESLEY ST., SUITE D, GREENVILLE, TX 75402</b> <input type="checkbox"/> Check if individual's residence address.			
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>		<b>(b)</b> Description <b>DOOR HANGERS</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		
<b>9</b> 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; City; State; Zip Code <b>11525-B STONEHOLLOW DR., STE. 220, AUSTIN, TX 78758</b> <input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	<b>PRINTING EXPENSE</b>		<b>Description 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; City; State; Zip Code <b>1800 SEAPORT BLVD., REDWOOD CITY, CA 94063</b> <input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>		<b>Description 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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>14</b>		<b>2</b> FILER NAME <b>ABIGAIL "ABBY" KWELLER SULLIVAN</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>10/14/25</b>		<b>5</b> Payee name <b>ECANVASSER</b>			
<b>6</b> Amount (\$) <b>179.10</b>		<b>7</b> Payee address; City; State; Zip Code <b>SUITE 10568, 26/27 UPPER PEMBROKE ST., DUBLIN, REP. OF IRELAND</b> <input type="checkbox"/> Check if individual's residence address.			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		<b>(b)</b> Description <b>DATA ANALYSIS SOFTWARE</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		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date <b>10/14/25</b>		Payee name <b>SIGNS ON THE CHEAP</b>			
Amount (\$) <b>863.37</b>		Payee address; City; State; Zip Code <b>11525-B STONEHOLLOW DR., STE. 220, AUSTIN, TX 78758</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>PRINTING EXPENSE</b>		Description <b>YARD SIGNS</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date <b>10/14/25</b>		Payee name <b>AMAZON, INC.</b>			
Amount (\$) <b>119.06</b>		Payee address; City; State; Zip Code <b>410 TERRY AVE. NORTH, SEATTLE, WA 98109</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>OFFICE OVERHEAD</b>		Description <b>OFFICE SUPPLIES</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
<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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>14</b>	2 FILER NAME <b>ABIGAIL "ABBY" KWELLER SULLIVAN</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>10/21/25</b>	5 Payee name <b>VITSA PRINT</b>	
6 Amount (\$) <b>264.13</b>	7 Payee address; City; State; Zip Code <b>275 WYMAN STREET, WALTHAM, MA 02451</b> <input type="checkbox"/> Check if individual's residence address.	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	(b) Description <b>FLYERS</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <b>10/21/25</b>	Payee name <b>SOCIALLY SPIRITED, LLC</b>	
Amount (\$) <b>389.70</b>	Payee address; City; State; Zip Code <b>1411 MUSTANG CROSSING, MISSOURI CITY, TC 77459</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>EVENT EXPENSE</b>	Description <b>TABC BARTENDING</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <b>10/31/25</b>	Payee name <b>TONY'S ITALIAN KITCHEN</b>	
Amount (\$) <b>2000.00</b>	Payee address; City; State; Zip Code <b>6106 WESLEY ST., GREENVILLE, TX 75402</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>EVENT EXPENSE</b>	Description <b>CATERING</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
<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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salary/Wages/Contractual

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>14</b>	<b>2</b> FILER NAME <b>ABIGAIL "ABBY" KWELLER SULLIVAN</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/10/25</b>	<b>5</b> Payee name <b>DJ FRANCO</b>	
<b>6</b> Amount (\$) <b>1295.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>3206 LONGMIRE DR., SUITE A42, COLLEGE STATION, TX 77845</b> <input type="checkbox"/>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	<b>(b)</b> Description <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	
<b>9</b> 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; City; State; Zip Code <b>SUITE 10568, 26/27 UPPER PEMBROKE ST., DUBLIN, REP. OF IRELAND</b> <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	<b>ADVERTISING EXPENSE</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; City; State; Zip Code <b>11525-B STONEHOLLOW DR., STE. 220, AUSTIN, TX 78758</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>PRINTING EXPENSE</b>	Description <b>YARD SIGNS</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>14</b>	<b>2</b> FILER NAME <b>ABIGAIL "ABBY" KWELLER SULLIVAN</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/12/25</b>	<b>5</b> Payee name <b>GREENVILLE CLUB LAKE &amp; WATER COMPANY</b>	
<b>6</b> Amount (\$) <b>420.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>4466 CLUBHOUSE ROAD, GREENVILLE, TEXAS 75402</b> <input type="checkbox"/>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	<b>(b)</b> Description <b>VENUE FEE</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	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <b>11/12/25</b>	Payee name <b>HUNT COUNTY REPUBLICAN PARTY</b>	
Amount (\$) <b>1500.00</b>	Payee address; 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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <b>11/13/25</b>	Payee name <b>ENGAGE VOTERS</b>	
Amount (\$) <b>38.43</b>	Payee address; 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	
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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>14</b>	<b>2</b> FILER NAME <b>ABIGAIL "ABBY" KWELLER SULLIVAN</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/13/25</b>	<b>5</b> Payee name <b>SIGNS ON THE CHEAP</b>	
<b>6</b> Amount (\$) <b>1411.64</b>	<b>7</b> Payee address; City; State; Zip Code <b>11525-B STONEHOLLOW DR., STE. 220, AUSTIN, TX 78758</b> <input type="checkbox"/>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	<b>(b)</b> Description <b>YARD SIGNS</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	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <b>11/17/25</b>	Payee name <b>DJ FRANCO</b>	
Amount (\$) <b>1000.00</b>	Payee address; City; State; Zip Code <b>3206 LONGMIRE DR., SUITE A42, COLLEGE STATION, TX 77845</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>EVENT EXPENSE</b>	Description <b>MUSIC AND ENTERTAINMENT</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <b>11/17/25</b>	Payee name <b>DOLLAR TREE</b>	
Amount (\$) <b>41.39</b>	Payee address; City; State; Zip Code <b>7812 WESLEY STREET, GREENVILLE, TX 75402</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>EVENT EXPENSE</b>	Description <b>PARTY SUPPLIES</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>14</b>		<b>2</b> FILER NAME <b>ABIGAIL "ABBY" KWELLER SULLIVAN</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>11/17/25</b>		<b>5</b> Payee name <b>WALMART, INC.</b>			
<b>6</b> Amount (\$) <b>77.69</b>		<b>7</b> Payee address; City; State; Zip Code <b>7401 I-30 FRONTAGE RD., GREENVILLE, TX 75402</b> <input type="checkbox"/>			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>		<b>(b)</b> Description <b>PARTY SUPPLIES</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		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date <b>11/17/25</b>		Payee name <b>KENDALL'S KREATIONS</b>			
Amount (\$) <b>700.00</b>		Payee address; City; State; Zip Code <b>1203 BETA DR., STE. 100, ROCKWALL, TX 75087</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>EVENT EXPENSE</b>		Description <b>COORDINATING, DECOR, SETUP/ CLEANUP (TIP)</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date <b>11/17/25</b>		Payee name <b>SOCIALLY SPIRITED, LLC</b>			
Amount (\$) <b>111.00</b>		Payee address; City; State; Zip Code <b>1411 MUSTANG CROSSING, MISSOURI CITY, TC 77459</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>EVENT EXPENSE</b>		Description <b>TABC BARTENDING (TIP)</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>14</b>	<b>2</b> FILER NAME <b>ABIGAIL "ABBY" KWELLER SULLIVAN</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/17/25</b>	<b>5</b> Payee name <b>TONY'S ITALIAN KITCHEN</b>	
<b>6</b> Amount (\$) <b>200.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>6106 WESLEY STREET, GREENVILLE, TX 75402</b> <input type="checkbox"/>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	<b>(b)</b> Description <b>DELIVERY FEE AND TIP</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	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <b>11/17/25</b>	Payee name <b>DJ FRANCO</b>	
Amount (\$) <b>300.00</b>	Payee address; City; State; Zip Code <b>3206 LONGMIRE DR., SUITE A42, COLLEGE STATION, TX 77845</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>EVENT EXPENSE</b>	Description <b>MUSIC AND ENTERTAINMENT (DJ TIP)</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <b>11/17/25</b>	Payee name <b>DJ FRANCO</b>	
Amount (\$) <b>200.00</b>	Payee address; City; State; Zip Code <b>3206 LONGMIRE DR., SUITE A42, COLLEGE STATION, TX 77845</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>EVENT EXPENSE</b>	Description <b>MUSIC AND ENTERTAINMENT (PHOTOGRAPHER TIP)</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
<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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>14</b>	<b>2</b> FILER NAME <b>ABIGAIL "ABBY" KWELLER SULLIVAN</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/25/25</b>	<b>5</b> Payee name <b>DJ FRANCO</b>	
<b>6</b> Amount (\$) <b>200.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>3206 LONGMIRE DR., SUITE A42, COLLEGE STATION, TX 77845</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	<b>(b)</b> Description <b>FEE</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	
<b>9</b> 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; City; State; Zip Code <b>1577 CR 3327, Lone Oak, TX 75453</b> <input checked="" type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	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; City; State; Zip Code <b>2305 KING 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>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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>14</b>	<b>2</b> FILER NAME <b>ABIGAIL "ABBY" KWELLER SULLIVAN</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/08/25</b>	<b>5</b> Payee name <b>ECANVASSER</b>		
<b>6</b> Amount (\$) <b>199.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>SUITE 10568, 26/27 UPPER PEMBROKE ST., DUBLIN, REP. OF IRELAND</b> <input type="checkbox"/>		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		<b>(b)</b> Description <b>DATA ANALYSIS SOFTWARE</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		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>			

Date <b>12/16/25</b>	Payee name <b>ZAZZLE, INC.</b>		
Amount (\$) <b>315.89</b>	Payee address; City; State; Zip Code <b>1800 SEAPORT BLVD., REDWOOD CITY, CA 94063</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>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 <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>			

Date <b>12/19/25</b>	Payee name <b>SOCIAL BEE</b>		
Amount (\$) <b>309.14</b>	Payee address; City; State; Zip Code <b>320 ADAMS STREET, SUITE 101, FAIRMONT, WV 26555</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>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 <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>14</b>	<b>2</b> FILER NAME <b>ABIGAIL "ABBY" KWELLER SULLIVAN</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/29/25</b>	<b>5</b> Payee name <b>META PLATFORMS, INC.</b>	
<b>6</b> Amount (\$) <b>433.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>1 HACKER WAY, MENLO PARK, CA 94025</b> <input type="checkbox"/>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	<b>(b)</b> Description <b>ADVERTISEMENT IMPRESSIONS</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	
<b>9</b> 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; City; State; Zip Code <b>1 HACKER WAY, MENLO PARK, CA 94025</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>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; City; State; Zip Code <b>1 HACKER WAY, MENLO PARK, CA 94025</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>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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>14</b>	<b>2</b> FILER NAME <b>ABIGAIL "ABBY" KWELLER SULLIVAN</b>		<b>3</b> Filer ID (Ethics Commission Filers)									
<b>4</b> Date <b>12/29/25</b>	<b>5</b> Payee name <b>META PLATFORMS, INC.</b>											
<b>6</b> Amount (\$) <b>17.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>1 HACKER WAY, MENLO PARK, CA 94025</b> <input type="checkbox"/>											
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		<b>(b)</b> Description <b>ADVERTISEMENT IMPRESSIONS</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											
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH												
<table style="width: 100%;"> <tr> <td style="width: 25%;">Date <b>12/29/25</b></td> <td style="width: 75%;">Payee name <b>META PLATFORMS, INC.</b></td> </tr> <tr> <td>Amount (\$) <b>405.00</b></td> <td>Payee address; City; State; Zip Code <b>1 HACKER WAY, MENLO PARK, CA 94025</b> <input type="checkbox"/> Check if individual's residence address.</td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td>Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b></td> </tr> <tr> <td>ADVERTISEMENT IMPRESSIONS  <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>				Date <b>12/29/25</b>	Payee name <b>META PLATFORMS, INC.</b>	Amount (\$) <b>405.00</b>	Payee address; City; State; Zip Code <b>1 HACKER WAY, MENLO PARK, CA 94025</b> <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>	ADVERTISEMENT IMPRESSIONS  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Date <b>12/29/25</b>	Payee name <b>META PLATFORMS, INC.</b>											
Amount (\$) <b>405.00</b>	Payee address; City; State; Zip Code <b>1 HACKER WAY, MENLO PARK, CA 94025</b> <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>											
	ADVERTISEMENT IMPRESSIONS  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense											
<table style="width: 100%;"> <tr> <td style="width: 25%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width: 25%;">Candidate / Officeholder name</td> <td style="width: 25%;">Office sought</td> <td style="width: 25%;">Office held</td> </tr> </table>				Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held									
<table style="width: 100%;"> <tr> <td style="width: 25%;">Date</td> <td style="width: 75%;">Payee name</td> </tr> <tr> <td>Amount (\$)</td> <td>Payee address; City; State; Zip Code</td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td>Category (See Categories listed at the top of this schedule)</td> </tr> <tr> <td>Description</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>				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	
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												
<table style="width: 100%;"> <tr> <td style="width: 25%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width: 25%;">Candidate / Officeholder name</td> <td style="width: 25%;">Office sought</td> <td style="width: 25%;">Office held</td> </tr> </table>				Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held					
Complete <u>ONLY</u> 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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2:		<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS				\$	
<b>5</b> Date		<b>6</b> Payee name			
<b>7</b> Amount (\$)		<b>8</b> Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.			
<b>9</b> TYPE OF EXPENDITURE		<input type="checkbox"/> Political <input type="checkbox"/> Non-Political			
<b>10</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule)		<b>(b)</b> Description	
		<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			
<b>11</b> 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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F3:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Name of person from whom investment is purchased		
	6 Address of person from whom investment is purchased; City; State; Zip Code		
	<input type="checkbox"/> Check if individual's residence address.		
	7 Description of investment		
	8 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 (\$)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

# 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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

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

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

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

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

<b>1 TOTAL PAGES SCHEDULE F4:</b>	<b>2 FILER NAME</b>	<b>3 FILER ID (Ethics Commission Filers)</b>	
<b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b>		\$	
<b>5 CREDIT CARD ISSUER</b>	Name of financial institution		
<b>6 PAYMENT</b>	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
<b>7 PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code <input type="checkbox"/> Check if individual's residence address.	
<b>8 PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Office Sought Office Held		
<b>PAYMENT</b>	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Office Sought Office Held		
<b>PAYMENT</b>	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b> <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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		
<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 PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name	
<b>6</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code  <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule)	<b>(b) Description</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	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee 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	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee 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	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee 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**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule H:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Business name	
<b>6</b> Amount (\$)	<b>7</b> Business address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<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	
<b>9</b> 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		
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		

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# 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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code	
	7 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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# 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:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
LENDER INFORMATION	4 Name of lender		
	5 Lender address; City; State; Zip Code		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	6 Name of guarantor		
	7 Guarantor address; City; State; Zip Code		
LENDER INFORMATION	Name of lender		
	Lender address; City; State; Zip Code		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor		
	Guarantor address; City; State; Zip Code		
LENDER INFORMATION	Name of lender		
	Lender address; City; State; Zip Code		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor		
	Guarantor address; City; State; Zip Code		
LENDER INFORMATION	Name of lender		
	Lender address; City; State; Zip Code		
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor		
	Guarantor address; City; State; Zip Code		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

## SCHEDULE M

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

2 FILER NAME

#### 4 Description of Asset

Description of Asset

Revised 1/1/2026

# 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.

<b>The Instruction Guide explains how to complete this form.</b>		<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: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
<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: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
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: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>		
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**