

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>15</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MRS.</b>	FIRST <b>ABIGAIL</b>	MI <b>KWELLER</b>
	NICKNAME <b>"ABBY"</b>	LAST <b>SULLIVAN</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; <b>PO BOX 8112</b>	APT / SUITE #;	CITY; STATE; ZIP CODE <b>GREENVILLE, TX 75404</b>
	AREA CODE <b>( 903 )</b>	PHONE NUMBER <b>883-6077</b>	EXTENSION
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR <b>MS.</b>	FIRST <b>GENA</b>	MI <b>E</b>
	NICKNAME	LAST <b>FELKER</b>	SUFFIX
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; <b>508 FOX TRAIL, GREENVILLE, TX 75402</b>		
	AREA CODE <b>( 903 )</b>	PHONE NUMBER <b>883-6077</b>	EXTENSION
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officerholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
	Month    Day    Year <b>02 / 01 / 2026</b>	THROUGH	Month    Day    Year <b>02 / 21 / 2026</b>
8 CAMPAIGN TREASURER PHONE	ELECTION DATE Month    Day    Year <b>03 / 03 / 2026</b>		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
	12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

**OFFICE USE ONLY**

Date Received: **RECEIVED**  
AT **4:25** o'clock **P** M

**FEB 23 2026**

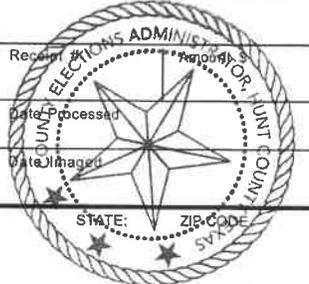
JEANNIE ASH  
Elections Administrator, Hunt County, TX  
By: **MA**

Date Hand-delivered or Date Postmarked

Received by: **JEANNIE ASH**

Date Processed

Date Imaged



**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

15 JC/OH NAME

16 Filer ID (Ethics Commission Filers)

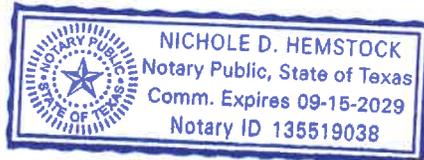
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,285.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,952.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,167.16
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 K. Keller Sullivan this the 23<sup>rd</sup> day of Feb., 2026, to certify which, witness my hand and seal of office.



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

<b>19 FILER NAME</b> ABIGAIL "ABBY" KWELLER SULLIAN	<b>20 Filer ID (Ethics Commission Filers)</b>
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<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,716.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$11,383.40
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 3,569.00
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3,569.00
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>1</b>
2 FILER NAME <b>ABIGAIL "ABBY" KWELLER SULLIAN</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/05/26</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>WENDY MILLSAP</b>	7 Amount of contribution (\$)  <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>5312 KAYWAY, GREENVILLE, TX US 75402</b>		
8 Contributor's principal occupation <b>BUSINESS OWNER</b>		9 Contributor's job title <b>OWNER</b>
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>02/05/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>HOWARD KWELLER</b>	Amount of contribution (\$)  <b>\$50.00</b>
Contributor address; City; State; Zip Code <b>2407 TWILIGHT PENINSULA, GREENVILLE, TX 75402</b>		
Contributor's principal occupation <b>MEDICAL DOCTOR</b>		Contributor's job title
Contributor's employer/law firm <b>GREENVILLE HEALTHCARE ASSOCIATES</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>02/05/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>HOWARD KWELLER</b>	Amount of contribution (\$)  <b>\$36.00</b>
Contributor address; City; State; Zip Code <b>2407 TWILIGHT PENINSULA, GREENVILLE, TX 75402</b>		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<p><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.</p>		

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A(J)1: <b>3</b>
<b>2</b> FILER NAME ABIGAIL "ABBY" KWELLER SULLIAN		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/05/26	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ CYNTHIA GOLDEN	<b>7</b> Amount of contribution (\$) 25.00
<b>6</b> Contributor address; City; State; Zip Code 403 VANCE, LEAGUE CITY, TX 77058		
<b>8</b> Contributor's principal occupation TEACHER		<b>9</b> TEACHER
<b>10</b> Contributor's employer/law firm RETIRED		<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> 02/05/26	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ SUZANNE WHITNEY	<b>Amount of contribution (\$)</b> \$50.00
<b>Contributor address; City; State; Zip Code</b> 6749 S FM 513, LONE OAK TX 75453		
<b>Contributor's principal occupation</b> HOMEMAKER		<b>Contributor's job title</b> HOMEMAKER
<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> 02/07/26	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC ID#: _____ CAITLIN HENDERSON	<b>Amount of contribution (\$)</b> \$100.00
<b>Contributor address; City; State; Zip Code</b> 788 FEATHERSTONE, ROCKWALL, TX 75087		
<b>Contributor's principal occupation</b> ATTORNEY		<b>Contributor's job title</b> ATTORNEY
<b>Contributor's employer/law firm</b> PITMAN & HENDERSON, PLLC		<b>Law firm of contributor's spouse (if any)</b>
<b>If contributor is a child, law firm of parent(s) (if any)</b>		
<p><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.</p>		

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <b>3</b>
2 FILER NAME <b>ABIGAIL "ABBY" KWELLER SULLIAN</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/07/26</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>ROBIN ALEXANDER</b>	7 Amount of contribution (\$)  <b>300.00</b>
6 Contributor address; City; State; Zip Code <b>2327 E BEACH DR, GREENVILLE TX 75402</b>		
8 Contributor's principal occupation <b>HOMEMAKER</b>		9 Contributor's job title
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>02/13/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>JULIE SICKELS</b>	Amount of contribution (\$)  <b>\$50.00</b>
Contributor address; City; State; Zip Code <b>9810 CLAUDETTE COURT, GREENVILLE, TX 75402</b>		
Contributor's principal occupation <b>REAL ESTATE AGENT</b>		Contributor's job title <b>REAL ESTATE AGENT</b>
Contributor's employer/law firm <b>SELF</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <b>02/17/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>ABIGAIL KWELLER SULLIVAN</b>	Amount of contribution (\$)  <b>\$5,000.00</b>
Contributor address; City; State; Zip Code <b>2 OAK VILLAGE, GREENVILLE, TX 75402</b>		
Contributor's principal occupation <b>ATTORNEY</b>		Contributor's job title <b>ATTORNEY</b>
Contributor's employer/law firm <b>ABIGAIL KWELLER SULLIVAN, PLLC</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>11</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>2/2/26</b>	<b>5</b> Payee name <b>META PLATFORMS, INC.</b>	
<b>6</b> Amount (\$) <b>712.00</b>	<b>7</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>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>DIGITAL ADVERTISING</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>2/4/26</b>	Payee name <b>META PLATFORMS, INC.</b>	
Amount (\$) <b>712.00</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>DIGITAL ADVERTISING</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>2/5/26</b>	Payee name <b>META PLATFORMS, INC.</b>	
Amount (\$) <b>900.00</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>DIGITAL ADVERTISING</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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>11</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>2/6/26</b>	<b>5</b> Payee name <b>ENGAGE VOTERS</b>	
<b>6</b> Amount (\$) <b>38.43</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>(b)</b> Description <b>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
<b>Date</b> <b>2/9/26</b>	<b>Payee name</b> <b>META PLATFORMS, INC.</b>	
<b>Amount (\$)</b> <b>900.00</b>	<b>Payee address; City; State; Zip Code</b> <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>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</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>Date</b> <b>2/9/26</b>	<b>Payee name</b> <b>ECANVASSER</b>	
<b>Amount (\$)</b> <b>199.00</b>	<b>Payee address; City; State; Zip Code</b> <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>Category</b> (See Categories listed at the top of this schedule)	<b>Description</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

**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>11</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>2/11/26</b>	<b>5</b> Payee name <b>META PLATFORMS, INC.</b>	
<b>6</b> Amount (\$) <b>900.00</b>	<b>7</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>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>DIGITAL ADVERTISING</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>2/11/26</b>	Payee name <b>META PLATFORMS, INC.</b>	
Amount (\$) <b>337.11</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>	<b>ADVERTISING EXPENSE</b>	<b>(b)</b> Description <b>DIGITAL ADVERTISING</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>2/13/26</b>	Payee name <b>ZAZZLE</b>	
Amount (\$) <b>\$142.14</b>	Payee address; City; State; Zip Code <b>1200 CHESTNUT ST., 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>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	Candidate / Officeholder name	Office sought      Office held

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>11</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>2/13/26</b>	<b>5</b> Payee name <b>EXPRESS SIGNS</b>	
<b>6</b> Amount (\$) <b>1244.88</b>	<b>7</b> Payee address; City; State; Zip Code <b>8000 TRADERS CIR., 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>PRINTING EXPENSE</b>	<b>(b)</b> Description <b>DIGITAL ADVERTISING</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>2/13/26</b>	Payee name <b>EXPRESS SIGNS</b>	
Amount (\$) <b>1245.00</b>	Payee address; City; State; Zip Code <b>8000 TRADERS CIR., GREENVILLE, TX 75402</b> <input type="checkbox"/> Check if individual's residence address.	
<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>
	<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>1/17/26</b>	Payee name <b>META PLATFORMS, INC.</b>	
Amount (\$) <b>900.00</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>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>DATA ANALYSIS SOFTWARE</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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>11</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>2/17/26</b>	<b>5</b> Payee name <b>META PLATFORMS, INC.</b>	
<b>6</b> Amount (\$) <b>900.00</b>	<b>7</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>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>DIGITAL ADVERTISING</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
<b>Date</b> <b>2/17/26</b>	<b>Payee name</b> <b>META PLATFORMS, INC.</b>	
<b>Amount (\$)</b> <b>258.00</b>	<b>Payee address;</b> 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>	<b>Category</b> (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	<b>(b)</b> Description <b>DIGITAL ADVERTISING</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>Date</b> <b>2/17/26</b>	<b>Payee name</b> <b>META PLATFORMS, INC.</b>	
<b>Amount (\$)</b> <b>302.00</b>	<b>Payee address;</b> 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>	<b>Category</b> (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	<b>Description</b> <b>DIGITAL ADVERTISING</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>11</b>	<b>2</b> FILER NAME <b>ABIGAIL "ABBY" KWELLER SULLIVAN</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>2/17/26</b>	<b>5</b> Payee name <b>META PLATFORMS, INC.</b>
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<b>6</b> Amount (\$) <b>792.84</b>	<b>7</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.
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	<b>(b) Description</b> <b>DIGITAL ADVERTISING</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
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Date <b>2/20/26</b>	Payee name <b>META PLATFORMS, INC.</b>
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Amount (\$) <b>900.00</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.
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	<b>DIGITAL ADVERTISING</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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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

<b>1 TOTAL PAGES</b> SCHEDULE F4: 1	<b>2 FILER NAME</b> ABIGAIL "ABBY" KWELLER SULLIAN	<b>3 FILER ID (Ethics Commission Filers)</b>
<b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b>		\$ 0
<b>5 CREDIT CARD ISSUER</b> VISA	Name of financial institution BANK OF AMERICA	
<b>6 PAYMENT</b>	(a) Amount Charged \$ 3,569.00	(b) Date Expenditure Charged 2/16/2026
	(c) Date(s) Credit Card Issuer Paid 2/20/2026	
<b>7 PAYEE</b>	(a) Payee name HERALD BANNER	(b) Payee address; City, State, Zip Code <input type="checkbox"/> Check if individual's residence address.
<b>8 PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description PRINTED AD IN Q&A INSERT
	(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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>1</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>2/20/26</b>	<b>5</b> Payee name <b>BANK OF AMERICA, N.A.</b>	
<b>6</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>100 NORTH TRYON, CHARLOTTE, NC 28255</b> <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>CREDIT CARD PAYMENT</b>	<b>(b)</b> Description <b>HERALD BANNER Q&amp;A AD</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.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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**



## 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.*

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

Filer name <b>ABIGAIL KWELLER SULLIVAN</b>	Filer ID #
---	------------

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 8-DAY REPORT report due on FEBRUARY 23, 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**

NOTARY STAMP / SEAL

\_\_\_\_\_  
Signature of Filer

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), \_\_\_\_\_ (city), \_\_\_\_\_ (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**