

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00087997	2 Total pages filed: 62	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Dewie D.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/16/2024
	NICKNAME	LAST Duke	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; PO Box 23424 Waco, TX 76702		ZIP CODE	Date Hand-delivered or Date Postmarked
				Receipt # Amount
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Barbara K.	MI	
	NICKNAME	LAST White	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 317 Crye Circle Robinson, TX 76706		APT / SUITE #; CITY; STATE; ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE (254)	PHONE NUMBER 717-3251	EXTENSION	
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year 09/21/2023	THROUGH	Month Day Year 12/31/2023	
10 ELECTION	ELECTION DATE Month Day Year 03/05/2024		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
	11 OFFICE OFFICE HELD (if any) None		12 OFFICE SOUGHT (if known) State Representative District 56	

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Duke, Devvie D. (Mrs.)	14 Filer ID (Ethics Commission Filers) 00087997
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15 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. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS <hr/>

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	30.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	39,555.27
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	29,322.73
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	20,803.05
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	10,000.00

17 AFFIDAVIT

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.

Mrs. Devvie D. Duke

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Duke, Devvie D. (Mrs.)	19 Filer ID (Ethics Commission Filers) 00087997
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20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 39,052.44
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 502.83
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 10,000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 28,249.39
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 713.83
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 359.51
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/26 Rpt: 4/62
2 FILER NAME Duke, Devvie D. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087997
4 Date 10/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abad, Tony <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78232	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Riverside Engineering
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Carolyn <hr/> Contributor address; City; State; Zip Code Waco, TX 76708	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Candice <hr/> Contributor address; City; State; Zip Code Waco, TX 76712	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Deborah <hr/> Contributor address; City; State; Zip Code Waco, TX 76710	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Tyler <hr/> Contributor address; City; State; Zip Code Geneva, IL 60134	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) Student

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/26 Rpt: 5/62
2 FILER NAME Duke, Devvie D. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087997
4 Date 12/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beard, William <hr/> 6 Contributor address; City; State; Zip Code Moreland, GA 30259	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Sr. VP		9 Employer (See Instructions) V2X
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bottenfield, Ray <hr/> Contributor address; City; State; Zip Code Hewitt, TX 76643	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Instructor		Employer (See Instructions) Republic Gun Club
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkhardt, James <hr/> Contributor address; City; State; Zip Code Rockwall, TX 75087	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camancho, Ian <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90064	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castle, Phillip <hr/> Contributor address; City; State; Zip Code Woodway, TX 76712	Amount of Contribution (\$) \$349.00
Principal occupation / Job title (See Instructions) Advisor		Employer (See Instructions) Chad Castle, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/26 Rpt: 6/62
2 FILER NAME Duke, Devvie D. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087997
4 Date 12/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Vicky <hr/> 6 Contributor address; City; State; Zip Code Waco, TX 76712	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 10/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Mary <hr/> Contributor address; City; State; Zip Code Waco, TX 76710	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Melissa <hr/> Contributor address; City; State; Zip Code Crawford, TX 76638	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 11/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coulson, Sylvia <hr/> Contributor address; City; State; Zip Code Waxahachie, TX 75165	Amount of Contribution (\$) \$50.11
Principal occupation / Job title (See Instructions) Dietitian		Employer (See Instructions) Head Start
Date 10/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cross, Barbara <hr/> Contributor address; City; State; Zip Code McGregor, TX 76657	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/26 Rpt: 7/62
2 FILER NAME Duke, Devvie D. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087997
4 Date 12/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cross, Herbert <hr/> 6 Contributor address; City; State; Zip Code McGregor, TX 76657	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 10/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Croy, Julie <hr/> Contributor address; City; State; Zip Code China Spring, TX 76633	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker
Date 10/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Croy, Theodore <hr/> Contributor address; City; State; Zip Code China Spring, TX 76633	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Liberty University
Date 12/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Croy, Theodore <hr/> Contributor address; City; State; Zip Code China Spring, TX 76633	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Liberty University
Date 10/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummings, Patricia <hr/> Contributor address; City; State; Zip Code Lorena, TX 76655	Amount of Contribution (\$) \$800.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/26 Rpt: 8/62
2 FILER NAME Duke, Devvie D. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087997
4 Date 11/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummings, Patricia <hr/> 6 Contributor address; City; State; Zip Code Lorena, TX 76655	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummings, Patricia <hr/> Contributor address; City; State; Zip Code Lorena, TX 76655	Amount of Contribution (\$) \$800.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummings, Sophie <hr/> Contributor address; City; State; Zip Code Lorena, TX 76655	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummings, Sophie <hr/> Contributor address; City; State; Zip Code Lorena, TX 76655	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curnock, Karen <hr/> Contributor address; City; State; Zip Code Waco, TX 76710	Amount of Contribution (\$) \$709.00
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) Baylor University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/26 Rpt: 9/62
2 FILER NAME Duke, Devvie D. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087997
4 Date 12/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curnock, Karen <hr/> 6 Contributor address; City; State; Zip Code Waco, TX 76710	7 Amount of Contribution (\$) \$140.00
8 Principal occupation / Job title (See Instructions) Administrative Assistant		9 Employer (See Instructions) Baylor University
Date 12/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darwin Dod Moore DDS <hr/> Contributor address; City; State; Zip Code McGregor, TX 76657	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davison, Wayne <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeVine, Gaylyn <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 11/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeVine, Gaylyn <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/26 Rpt: 10/62
2 FILER NAME Duke, Devvie D. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087997
4 Date 12/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeVine, Gaylyn <hr/> 6 Contributor address; City; State; Zip Code Pearland, TX 77581	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Self Employed
Date 10/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeVore, Alan <hr/> Contributor address; City; State; Zip Code Woodway, TX 76712	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dominguez, Jessica <hr/> Contributor address; City; State; Zip Code Waco, TX 76706	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Casework Specialist		Employer (See Instructions) Congressman Pete Sessions, Waco
Date 12/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duke, Steve <hr/> Contributor address; City; State; Zip Code Brentwood, TN 37027	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) CIO		Employer (See Instructions) Innovative Renal Care
Date 10/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunlap, Rhonda <hr/> Contributor address; City; State; Zip Code Waco, TX 76708	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Coldwell Banker

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/26 Rpt: 11/62
2 FILER NAME Duke, Devvie D. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087997
4 Date 10/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Endres, Kathy <hr/> 6 Contributor address; City; State; Zip Code Woodway, TX 76712	7 Amount of Contribution (\$) \$3,000.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Endres, Kathy <hr/> Contributor address; City; State; Zip Code Woodway, TX 76712	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Endsley, Joy <hr/> Contributor address; City; State; Zip Code McGregor, TX 76657	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhardt, Eli <hr/> Contributor address; City; State; Zip Code Magnolia, TX 77354	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Focarile, Deborah <hr/> Contributor address; City; State; Zip Code Woodway, TX 76712	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Baylor University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/26 Rpt: 12/62
2 FILER NAME Duke, Devvie D. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087997
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Edward <hr/> 6 Contributor address; City; State; Zip Code Waxahachie, TX 76065	7 Amount of Contribution (\$) \$19.11
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) MFR Inc.
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garner, Donna <hr/> Contributor address; City; State; Zip Code Waco, TX 76712	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gates, Gary <hr/> Contributor address; City; State; Zip Code Richmond, TX 77406	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Getterman, Sue <hr/> Contributor address; City; State; Zip Code Waco, TX 78708	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilman, Janell <hr/> Contributor address; City; State; Zip Code Waco, TX 76712	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/26 Rpt: 13/62
2 FILER NAME Duke, Devvie D. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087997
4 Date 11/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glanzer, Cynthia <hr/> 6 Contributor address; City; State; Zip Code Waco, TX 76712	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glaze, Wanda <hr/> Contributor address; City; State; Zip Code Waco, TX 76712	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Granger, Aiden <hr/> Contributor address; City; State; Zip Code Lorena, TX 76655	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) IT Specialist		Employer (See Instructions) Waco Shoe Company
Date 10/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Granger, Angela <hr/> Contributor address; City; State; Zip Code Lorena, TX 76655	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Granger, Angela <hr/> Contributor address; City; State; Zip Code Lorena, TX 76655	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/26 Rpt: 14/62
2 FILER NAME Duke, Devvie D. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087997
4 Date 11/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Granger, Angela <hr/> 6 Contributor address; City; State; Zip Code Lorena, TX 76655	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Granger, Angela <hr/> Contributor address; City; State; Zip Code Lorena, TX 76655	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greak, Karen <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79424	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grinols, Earl <hr/> Contributor address; City; State; Zip Code Sarasota, FL 34240	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hensley, Clayton <hr/> Contributor address; City; State; Zip Code Waco, TX 76702	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) School Bus Driver		Employer (See Instructions) Midway ISD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/26 Rpt: 15/62
2 FILER NAME Duke, Devvie D. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087997
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmes, Ronald <hr/> 6 Contributor address; City; State; Zip Code West, TX 76691	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Pastor		9 Employer (See Instructions) Church of the Open Door
Date 10/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horton, Rachel <hr/> Contributor address; City; State; Zip Code Weatherford, TX 76087	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Commercial Development		Employer (See Instructions) Commercial Real Estate
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacoby, Robert <hr/> Contributor address; City; State; Zip Code Addison, TX 75001	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Private Equity		Employer (See Instructions) Self Employed
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jon R., Ker, PC <hr/> Contributor address; City; State; Zip Code Hewitt, TX 76643	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Sara <hr/> Contributor address; City; State; Zip Code McGrego, TX 76657	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/26 Rpt: 16/62
2 FILER NAME Duke, Devvie D. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087997
4 Date 10/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keaton, Nancy <hr/> 6 Contributor address; City; State; Zip Code Woodway, TX 76712	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendig, Victoria <hr/> Contributor address; City; State; Zip Code McGregor, TX 76657	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Marisusan <hr/> Contributor address; City; State; Zip Code Valley Mills, TX 76689	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ker, Jon <hr/> Contributor address; City; State; Zip Code Hewitt, TX 76643	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klapka, Edward <hr/> Contributor address; City; State; Zip Code Tall Timbers, MD 20690	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/26 Rpt: 17/62
2 FILER NAME Duke, Devvie D. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087997
4 Date 10/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kohutek, Lorna <hr/> 6 Contributor address; City; State; Zip Code Waco, TX 76705	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kohutek, Lorna <hr/> Contributor address; City; State; Zip Code Waco, TX 76705	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kohutek, Lorna <hr/> Contributor address; City; State; Zip Code Waco, TX 76705	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreitler, Walter <hr/> Contributor address; City; State; Zip Code Fairfax, VA 22030	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuhne, Michael <hr/> Contributor address; City; State; Zip Code Wacp, TX 76655	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/26 Rpt: 18/62
2 FILER NAME Duke, Devvie D. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087997
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamb, Mellany <hr/> 6 Contributor address; City; State; Zip Code Flower Mound, TX 75022	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lane, Karen <hr/> Contributor address; City; State; Zip Code Hewitt, TX 76643	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Office Assistant		Employer (See Instructions) Advanced Financial Strategies
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lenamon, Cheryl <hr/> Contributor address; City; State; Zip Code Waco, TX 76708	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Kaye <hr/> Contributor address; City; State; Zip Code Waco, TX 76712	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Customer Service		Employer (See Instructions) Another Season
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Maygen <hr/> Contributor address; City; State; Zip Code Weatherford, TX 76087	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Travel Registered Nurse		Employer (See Instructions) Hendrick Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/26 Rpt: 19/62
2 FILER NAME Duke, Devvie D. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087997
4 Date 12/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loyd, Dolores <hr/> 6 Contributor address; City; State; Zip Code Waco, TX 76708	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lunch, Larry <hr/> Contributor address; City; State; Zip Code Waco, TX 76712	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maddux, Pam <hr/> Contributor address; City; State; Zip Code Waco, TX 76712	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mallett, Jerry <hr/> Contributor address; City; State; Zip Code McGregor, TX 76657	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matejowsky, Charles <hr/> Contributor address; City; State; Zip Code Brenham, TX 77833	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Insurance Solicitor		Employer (See Instructions) Van Dyke, Rankin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/26 Rpt: 20/62
2 FILER NAME Duke, Devvie D. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087997
4 Date 10/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Terry <hr/> 6 Contributor address; City; State; Zip Code Hewitt, TX 76643	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Terry <hr/> Contributor address; City; State; Zip Code Hewitt, TX 76643	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Micus, Kimberly <hr/> Contributor address; City; State; Zip Code McGregor, TX 76657	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Family Health Center
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Micus, Kimberly <hr/> Contributor address; City; State; Zip Code McGregor, TX 76657	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Family Health Center
Date 12/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Donna <hr/> Contributor address; City; State; Zip Code Crawford, TX 76638	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/26 Rpt: 21/62
2 FILER NAME Duke, Devvie D. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087997
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neill, Robert	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code Waco, TX 76712		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 10/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Notgrass, Patty	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Waco, TX 76712		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Neil, Kathleen	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Hewitt, TX 76643		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OConnor, Samuel	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code China Spring, TX 76633		
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) CACI
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OConnor, Samuel	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code China Spring, TX 76633		
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) CACI

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/26 Rpt: 22/62
2 FILER NAME Duke, Devvie D. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087997
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Painter, Rosie <hr/> 6 Contributor address; City; State; Zip Code Waco, TX 76710	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plott, Doreen <hr/> Contributor address; City; State; Zip Code Waco, TX 76708	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ponce, Kathy <hr/> Contributor address; City; State; Zip Code Maypearl, TX 76064	Amount of Contribution (\$) \$25.11
Principal occupation / Job title (See Instructions) City Employee Budget and Finance		Employer (See Instructions) City of Midlothian
Date 12/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pope, Wendelin <hr/> Contributor address; City; State; Zip Code Hewitt, TX 76643	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Karen <hr/> Contributor address; City; State; Zip Code Woodway, TX 76712	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) Regina M Perkins PC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/26 Rpt: 23/62
2 FILER NAME Duke, Devvie D. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087997
4 Date 11/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prewett, Laura <hr/> 6 Contributor address; City; State; Zip Code Woodstock, GA 30188	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Director of Business Development		9 Employer (See Instructions) Genea
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purselley, Barbara <hr/> Contributor address; City; State; Zip Code Waco, TX 76710	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reinhold, Baron <hr/> Contributor address; City; State; Zip Code Suwanee, GA 30024	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricks, George <hr/> Contributor address; City; State; Zip Code Midlothian, TX 76065	Amount of Contribution (\$) \$25.11
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roller, Lori <hr/> Contributor address; City; State; Zip Code Bella Vista, AR 72714	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Great American Title Company

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/26 Rpt: 24/62
2 FILER NAME Duke, Devvie D. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087997
4 Date 12/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruhl, Karla <hr/> 6 Contributor address; City; State; Zip Code McGregor, TX 76657	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, David <hr/> Contributor address; City; State; Zip Code Woodway, TX 76712	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shoemake, Chad <hr/> Contributor address; City; State; Zip Code Victoria, TX 77904	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) 3Moo LLC
Date 11/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shows, Geraldine <hr/> Contributor address; City; State; Zip Code Woodway, TX 76712	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Real Estate Appraiser		Employer (See Instructions) Self Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siegel, Chuck <hr/> Contributor address; City; State; Zip Code Waco, TX 76712	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Rule Your Kingdom

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/26 Rpt: 25/62
2 FILER NAME Duke, Devvie D. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087997
4 Date 12/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Mollie <hr/> 6 Contributor address; City; State; Zip Code Woodway, TX 76712	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spiers, Jon <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Business Owner
Date 10/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stamps, Connie <hr/> Contributor address; City; State; Zip Code Waco, TX 76710	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stamps, Connie <hr/> Contributor address; City; State; Zip Code Waco, TX 76710	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Staples, Judith <hr/> Contributor address; City; State; Zip Code Woodway, TX 76712	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/26 Rpt: 26/62
2 FILER NAME Duke, Devvie D. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087997
4 Date 11/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Streight, Martha	7 Amount of Contribution (\$) \$5,000.00
6 Contributor address; City; State; Zip Code Niceville, FL 32578		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strickland, Walt	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Woodway, TX 76712		
Principal occupation / Job title (See Instructions) Constable		Employer (See Instructions) McLennan County
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Deborah	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code China Spring, TX 76633		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swartz, Donna	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Waco, TX 76707		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thorman, Cliff	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Crawford, TX 76638		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/26 Rpt: 27/62
2 FILER NAME Duke, Devvie D. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087997
4 Date 12/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tipton, Barbara	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Waco, TX 76712		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tryon, Sharon	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Waxahachie, TX 75167		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Kathy	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code McGregor, TX 76657		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wedemeyer, Ruth	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Robinson, TX 76706		
Principal occupation / Job title (See Instructions) Sonographer		Employer (See Instructions) Ascension Providence
Date 11/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheeler, Ernest	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Robinson, TX 76706		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/26 Rpt: 28/62
2 FILER NAME Duke, Devvie D. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087997
4 Date 12/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheeler, Ernest	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Robinson, TX 76706	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Barbara	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Robinson, TX 76706	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self-Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Barbara	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Robinson, TX 76706	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self-Employed
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitsell, Lori	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Woodway, TX 76712	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitt, Joe	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Waco, TX 76708	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/26 Rpt: 29/62
2 FILER NAME Duke, Devvie D. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087997
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilhite, Laura <hr/> 6 Contributor address; City; State; Zip Code Eddy, TX 76524	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Self Employed
Date 10/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolgemuth, Debra <hr/> Contributor address; City; State; Zip Code Waco, TX 76708	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Accounting		Employer (See Instructions) Self Employed
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolgemuth, Debra <hr/> Contributor address; City; State; Zip Code Waco, TX 76708	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Accounting		Employer (See Instructions) Self Employed
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolgemuth, Debra <hr/> Contributor address; City; State; Zip Code Waco, TX 76708	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Accounting		Employer (See Instructions) Self Employed
Date 12/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolgemuth, Debra <hr/> Contributor address; City; State; Zip Code Waco, TX 76708	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Accounting		Employer (See Instructions) Self Employed

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 30/62	
2 FILER NAME Duke, Devvie D. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087997	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/07/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballew, Denise	8 Amount of contribution (\$) \$75.00	9 In-kind contribution description Candy for Parade
	7 Contributor address; City; State; Zip Code Hewitt, TX 76643	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		11 Employer (FOR NON-JUDICIAL) (See instructions) Retired	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Granger, Angela	Amount of contribution (\$) \$427.83	In-kind contribution description Campaign Car Magnets
	Contributor address; City; State; Zip Code Lorena, TX 76655	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		Employer (FOR NON-JUDICIAL) (See instructions) Retired	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 31/62
2 FILER NAME Duke, Devvie D. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00087997
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 09/25/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Duke, Devvie	9 Loan Amount (\$) \$10,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code McGregor, TX 76657	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions) Owner		13 Employer (See Instructions) Position 4 Solutions
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 1/28 Rpt: 32/62	2 FILER NAME Duke, Devvie D. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087997
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4 Date 10/16/2023	5 Payee name AMA Graphics, LLC
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6 Amount (\$) \$76.29	7 Payee address; City; State; Zip Code 6301 Imperial Drive Waco, TX 76712
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution Flyers
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/16/2023	Payee name AMA Graphics, LLC
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Amount (\$) \$70.68	Payee address; City; State; Zip Code 6301 Imperial Drive Waco, TX 76712
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Business Cards
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/15/2023	Payee name AMA Graphics, LLC
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Amount (\$) \$735.78	Payee address; City; State; Zip Code 6301 Imperial Drive Waco, TX 76712
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Palm Cards
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 2/28 Rpt: 33/62	2 FILER NAME Duke, Devvie D. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087997
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4 Date 11/15/2023	5 Payee name AMA Graphics, LLC
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6 Amount (\$) \$676.56	7 Payee address; City; State; Zip Code 6301 Imperial Drive Waco, TX 76712
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising T-shirts
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/15/2023	Payee name AMA Graphics, LLC
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Amount (\$) \$91.07	Payee address; City; State; Zip Code 6301 Imperial Drive Waco, TX 76712
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Business Cards
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/05/2023	Payee name Amazon
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Amount (\$) \$29.87	Payee address; City; State; Zip Code 410 Terry Avenue N Seattle, WA 98109
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Microphone Stand, Drums, and Amps
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 3/28 Rpt: 34/62	2 FILER NAME Duke, Devvie D. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087997
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4 Date 10/27/2023	5 Payee name Amazon
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6 Amount (\$) \$31.65	7 Payee address; City; State; Zip Code 410 Terry Avenue N Seattle, WA 98109
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Napkins, Stick Flags
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/27/2023	Payee name Amazon
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Amount (\$) \$14.23	Payee address; City; State; Zip Code 410 Terry Avenue N Seattle, WA 98109
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Name Badges, Etc
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/28/2023	Payee name Amazon
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Amount (\$) \$16.96	Payee address; City; State; Zip Code 410 Terry Avenue N Seattle, WA 98109
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Note Cards
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 4/28 Rpt: 35/62	2 FILER NAME Duke, Devvie D. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087997
4 Date 10/10/2023	5 Payee name Anedot, Inc.	
6 Amount (\$) \$498.02	7 Payee address; City; State; Zip Code 1340 Poydras St., Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Credit Card Processing Fees For Covered Period 10/10/23 through 12/31/23
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2023	Payee name Axiom	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 1001 Congress Ave #100 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Palm Card Design
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/27/2023	Payee name Banners.com	
Amount (\$) \$56.39	Payee address; City; State; Zip Code PO Box 162 Kensington, MN 56343	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Magnetic Signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 5/28 Rpt: 36/62	2 FILER NAME Duke, Devvie D. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087997
4 Date 09/28/2023	5 Payee name BelInfinite - The Infinity Firm	
6 Amount (\$) \$1,250.00	7 Payee address; City; State; Zip Code 1017 Kory Drive Mesquite, TX 75149	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Dukes4Texas.com
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/12/2023	Payee name BelInfinite - The Infinity Firm	
Amount (\$) \$1,250.00	Payee address; City; State; Zip Code 1017 Kory Drive Mesquite, TX 75149	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Website
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/30/2023	Payee name Broad Embroidery	
Amount (\$) \$140.00	Payee address; City; State; Zip Code 6301 Imperial Dr. Waco, TX 76712	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Embroidered 4 Zip Pullover, Polos, Shirts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 6/28 Rpt: 37/62	2 FILER NAME Duke, Devvie D. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087997
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4 Date 12/14/2023	5 Payee name Broad Embroidery
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6 Amount (\$) \$350.00	7 Payee address; City; State; Zip Code 6301 Imperial Dr. Waco, TX 76712
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Embroidered Zip Pullover - 14 each
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/14/2023	Payee name Broad Embroidery
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Amount (\$) \$20.00	Payee address; City; State; Zip Code 6301 Imperial Dr. Waco, TX 76712
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Embroidered 4 Zip Pullover, Polos, Shirts
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/13/2023	Payee name Brown House Cafe
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Amount (\$) \$44.35	Payee address; City; State; Zip Code 9110 Jordan Lane Woodway, TX 76712
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 7/28 Rpt: 38/62	2 FILER NAME Duke, Devvie D. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087997
4 Date 11/17/2023	5 Payee name Bush's Chicken	
6 Amount (\$) \$15.98	7 Payee address; City; State; Zip Code 706 Robinson Drive Robinson, TX 76706	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Drinks For Meet and Greet Event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/05/2023	Payee name CFO Shield LLC	
Amount (\$) \$1,005.78	Payee address; City; State; Zip Code PO Box 953 Colleyville, TX 76034	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Bookkeeping Services & Support
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/08/2023	Payee name CFO Shield LLC	
Amount (\$) \$505.78	Payee address; City; State; Zip Code PO Box 953 Colleyville, TX 76034	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Bookkeeping Services & Support
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 8/28 Rpt: 39/62	2 FILER NAME Duke, Devvie D. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087997
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4 Date 12/08/2023	5 Payee name CFO Shield LLC
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6 Amount (\$) \$505.78	7 Payee address; City; State; Zip Code PO Box 953 Colleyville, TX 76034
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Bookkeeping Services & Support
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/06/2023	Payee name Campaign Verify
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Amount (\$) \$95.00	Payee address; City; State; Zip Code 1215 31st Street, PO Box 3554 Washington, DC 20007
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/09/2023	Payee name Capitol Visitors Parking
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Amount (\$) \$12.00	Payee address; City; State; Zip Code 1201 San Jacinto Blvd. Austin, TX 78701
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Visitors Parking for Trip to Capitol
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 9/28 Rpt: 40/62	2 FILER NAME Duke, Devvie D. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087997
4 Date 10/13/2023	5 Payee name Christians Engaged	
6 Amount (\$) \$10.82	7 Payee address; City; State; Zip Code PO Box 472655 Garland, TX 75047	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christian Literature - Engaging Voters
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/27/2023	Payee name Deluxe Corporation	
Amount (\$) \$145.71	Payee address; City; State; Zip Code 801 S Marquette Avenue Minneapolis, MN 55402	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Check Printing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/13/2023	Payee name DiamondBack's Steakhouse	
Amount (\$) \$29.35	Payee address; City; State; Zip Code 217 Mary Street Waco, TX 76701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 10/28 Rpt: 41/62	2 FILER NAME Duke, Devvie D. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087997
4 Date 11/04/2023	5 Payee name Falls County Republican Party	
6 Amount (\$) \$35.00	7 Payee address; City; State; Zip Code 712 Capps St Marlin, TX 76661	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Falls County Republican Party Fundraiser Ticket
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2023	Payee name Google LLC	
Amount (\$) \$43.32	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense GSuite Subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/04/2023	Payee name Google LLC	
Amount (\$) \$47.08	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google Workspace 11/1/23 - 11/30/23
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 11/28 Rpt: 42/62	2 FILER NAME Duke, Devvie D. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087997
4 Date 11/03/2023	5 Payee name H E B	
6 Amount (\$) \$66.00	7 Payee address; City; State; Zip Code 9100 Woodway Dr. Waco, TX 76712	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food And Beverage For Meet and Greet
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/16/2023	Payee name H E B	
Amount (\$) \$101.72	Payee address; City; State; Zip Code 9100 Woodway Dr. Waco, TX 76712	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food And Beverage For Meet and Greet
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/17/2023	Payee name H E B	
Amount (\$) \$37.99	Payee address; City; State; Zip Code 9100 Woodway Dr. Waco, TX 76712	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food And Beverage For Meet and Greet
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 12/28 Rpt: 43/62	2 FILER NAME Duke, Devvie D. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087997
4 Date 11/17/2023	5 Payee name H E B	
6 Amount (\$) \$388.50	7 Payee address; City; State; Zip Code 9100 Woodway Dr. Waco, TX 76712	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food and Beverage for Meet & Greet Event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/18/2023	Payee name H E B	
Amount (\$) \$55.98	Payee address; City; State; Zip Code 9100 Woodway Dr. Waco, TX 76712	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food And Beverage For Meet and Greet
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/10/2023	Payee name Incommons Bank	
Amount (\$) \$5.00	Payee address; City; State; Zip Code 5400 Crosslake Parkway Waco, TX 76712	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 13/28 Rpt: 44/62	2 FILER NAME Duke, Devvie D. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087997
4 Date 09/25/2023	5 Payee name Leadership Institute	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 1101 N. Highland Street Arlington, VA 22201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candidate Development School
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/27/2023	Payee name Mailchimp	
Amount (\$) \$42.11	Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE, Suite 5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Advertising Subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/28/2023	Payee name Mailchimp	
Amount (\$) \$47.97	Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE, Suite 5000 Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 14/28 Rpt: 45/62	2 FILER NAME Duke, Devvie D. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087997
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4 Date 10/02/2023	5 Payee name McLennan County Engineering
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6 Amount (\$) \$24.99	7 Payee address; City; State; Zip Code PO Box 648 Waco, TX 76703
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense House 56 Voter Map
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/04/2023	Payee name McLennan County Map Department
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Amount (\$) \$60.00	Payee address; City; State; Zip Code 215 N 5th Street #130 Waco, TX 76701
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Maps
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/19/2023	Payee name McLennan County Republican Club
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Amount (\$) \$20.00	Payee address; City; State; Zip Code P.O. Box 24238 Waco, TX 76702
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 15/28 Rpt: 46/62	2 FILER NAME Duke, Devvie D. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087997
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4 Date 11/17/2023	5 Payee name McLennan County Republican Club
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6 Amount (\$) \$20.00	7 Payee address; City; State; Zip Code P.O. Box 24238 Waco, TX 76702
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/16/2023	Payee name McLennan County Republican Party
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Amount (\$) \$750.00	Payee address; City; State; Zip Code 539 N Valley Mills Drive Waco, TX 76710
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/02/2023	Payee name McLennan County Republican Women PAC
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Amount (\$) \$28.00	Payee address; City; State; Zip Code P. O. Box 7291 Waco, TX 76710
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution for Luncheon Meeting
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 16/28 Rpt: 47/62	2 FILER NAME Duke, Devvie D. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087997
4 Date 11/08/2023	5 Payee name McLennan County Republican Women PAC	
6 Amount (\$) \$28.00	7 Payee address; City; State; Zip Code P. O. Box 7291 Waco, TX 76710	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution for Luncheon Meeting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/29/2023	Payee name McLennan County Republican Women PAC	
Amount (\$) \$28.00	Payee address; City; State; Zip Code P. O. Box 7291 Waco, TX 76710	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution for Luncheon Meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/29/2023	Payee name MyRemittanceEnvelopes.com	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 60 Blueberry Lane Dresden, ME 04342	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Envelopes
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 17/28 Rpt: 48/62	2 FILER NAME Duke, Devvie D. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087997
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4 Date 10/02/2023	5 Payee name MyRemittanceEnvelopes.com
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6 Amount (\$) \$192.76	7 Payee address; City; State; Zip Code 60 Blueberry Lane Dresden, ME 04342
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Envelopes
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/04/2023	Payee name MyRemittanceEnvelopes.com
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Amount (\$) \$175.21	Payee address; City; State; Zip Code 60 Blueberry Lane Dresden, ME 04342
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Remittance Envelopes
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/25/2023	Payee name Name Badges, Inc.
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Amount (\$) \$47.98	Payee address; City; State; Zip Code 12240 SW 53rd St, Suite 511 Copper City, FL 33330
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Name Badges
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 18/28 Rpt: 49/62	2 FILER NAME Duke, Devvie D. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087997
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4 Date 10/28/2023	5 Payee name Name Badges, Inc.
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6 Amount (\$) \$62.35	7 Payee address; City; State; Zip Code 12240 SW 53rd St, Suite 511 Copper City, FL 33330
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Name Badges
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/18/2023	Payee name Ninfa's Mexican Restaurant
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Amount (\$) \$122.95	Payee address; City; State; Zip Code 220 S 3rd Street Waco, TX 76701
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meals with Supporters
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/10/2023	Payee name Numinar Analytics
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Amount (\$) \$675.00	Payee address; City; State; Zip Code 1201 Wilson Blvd. Arlington, VA 22209
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Numinar Platform Subscription 11/9-12/9
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 19/28 Rpt: 50/62	2 FILER NAME Duke, Devvie D. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087997
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4 Date 12/11/2023	5 Payee name Numinar Analytics
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6 Amount (\$) \$675.00	7 Payee address; City; State; Zip Code 1201 Wilson Blvd. Arlington, VA 22209
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Numinar Platform Subscription 12/9-1/9
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/29/2023	Payee name Office Depot
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Amount (\$) \$22.22	Payee address; City; State; Zip Code 4627 S Jack Kultgen Expy Waco, TX 76706
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/19/2023	Payee name Office Depot
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Amount (\$) \$178.41	Payee address; City; State; Zip Code 4627 S Jack Kultgen Expy Waco, TX 76706
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Calendars, Envelopes, Notebooks, Stamps, Dividers
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 20/28 Rpt: 51/62	2 FILER NAME Duke, Devvie D. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087997
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4 Date 11/05/2023	5 Payee name Office Depot
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6 Amount (\$) \$140.06	7 Payee address; City; State; Zip Code 4627 S Jack Kultgen Expy Waco, TX 76706
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stamps, Labels
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/08/2023	Payee name Party City
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Amount (\$) \$11.58	Payee address; City; State; Zip Code 2800 W Loop 340 Waco, TX 76711
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Balloons For Annoucement
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/15/2023	Payee name Party City
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Amount (\$) \$16.02	Payee address; City; State; Zip Code 2800 W Loop 340 Waco, TX 76711
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Decor for Meet & Greet Event
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 21/28 Rpt: 52/62	2 FILER NAME Duke, Devvie D. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087997
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4 Date 10/25/2023	5 Payee name Peak Parking
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6 Amount (\$) \$47.63	7 Payee address; City; State; Zip Code 823 Congress Garage, 910 Brazos Stt. Austin, TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Congress Parking - Austin, TX
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/15/2023	Payee name Photography by Cecy
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Amount (\$) \$102.84	Payee address; City; State; Zip Code 633 N Stovall Drive Robinson, TX 76706
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Headshot
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/01/2023	Payee name Remington Research Group
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Amount (\$) \$1,375.92	Payee address; City; State; Zip Code 800 W 47th St, Ste 200 Kansas City, MO 64112
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MMS Texts Advertising
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 22/28 Rpt: 53/62	2 FILER NAME Duke, Devvie D. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087997
4 Date 12/20/2023	5 Payee name Remington Research Group	
6 Amount (\$) \$6,800.00	7 Payee address; City; State; Zip Code 800 W 47th St, Ste 200 Kansas City, MO 64112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TX HD 56 GOP Primary Survey
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/01/2023	Payee name Republican Gun Club	
Amount (\$) \$541.25	Payee address; City; State; Zip Code 19000 Woodway Dr Woodway, TX 76712	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Kickoff Event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/05/2023	Payee name Sam's Club	
Amount (\$) \$215.42	Payee address; City; State; Zip Code 2301 E Waco Drive Waco, TX 76705	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Traveling Speaker Mic
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 23/28 Rpt: 54/62	2 FILER NAME Duke, Devvie D. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087997
4 Date 11/07/2023	5 Payee name Sam's Club	
6 Amount (\$) \$184.35	7 Payee address; City; State; Zip Code 2301 E Waco Drive Waco, TX 76705	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food and Beverage For Meet and Greet
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/10/2023	Payee name Sam's Club	
Amount (\$) \$90.82	Payee address; City; State; Zip Code 2301 E Waco Drive Waco, TX 76705	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candy For Parade
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/13/2023	Payee name Signs.com	
Amount (\$) \$1,607.17	Payee address; City; State; Zip Code 1550 South Gladiola Street Salt Lake City, UT 84104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard Signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 24/28 Rpt: 55/62	2 FILER NAME Duke, Devvie D. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087997
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4 Date 11/03/2023	5 Payee name Straighttalk Services US
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6 Amount (\$) \$47.61	7 Payee address; City; State; Zip Code 9700 NW 112 Avenue Miami, FL 33178
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Wireless Service
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/04/2023	Payee name Straighttalk Services US
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Amount (\$) \$47.61	Payee address; City; State; Zip Code 9700 NW 112 Avenue Miami, FL 33178
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Wireless Service
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/24/2023	Payee name TFRW Convention 2023 PAC
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Amount (\$) \$250.00	Payee address; City; State; Zip Code c/o Kerry Gaines, 2113 Flat Creek Drive Richardson, TX 75080
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 25/28 Rpt: 56/62	2 FILER NAME Duke, Devvie D. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087997
4 Date 11/03/2023	5 Payee name Texas Tape & Label	
6 Amount (\$) \$1,446.01	7 Payee address; City; State; Zip Code 500 S 26th St Waco, TX 76706	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signage
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/29/2023	Payee name Texas Tape & Label	
Amount (\$) \$1,454.66	Payee address; City; State; Zip Code 500 S 26th St Waco, TX 76706	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Partial payment for signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/21/2023	Payee name USPS	
Amount (\$) \$9.65	Payee address; City; State; Zip Code 430 W. State Hwy. 6 Waco, TX 76702	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage Shipping
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 26/28 Rpt: 57/62	2 FILER NAME Duke, Devvie D. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087997
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4 Date 09/21/2023	5 Payee name USPS
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6 Amount (\$) \$105.00	7 Payee address; City; State; Zip Code 430 W. State Hwy. 6 Waco, TX 76702
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Post Office Mailbox Rental - Semi-Annual
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/26/2023	Payee name Vistaprint USA, Inc.
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Amount (\$) \$462.24	Payee address; City; State; Zip Code 95 Hayden Ave Lexington, MA 02421
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Business Cards
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/30/2023	Payee name Vistaprint USA, Inc.
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Amount (\$) \$206.10	Payee address; City; State; Zip Code 95 Hayden Ave Lexington, MA 02421
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lapel Stickers
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 27/28 Rpt: 58/62	2 FILER NAME Duke, Devvie D. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087997
4 Date 10/30/2023	5 Payee name Vistaprint USA, Inc.	
6 Amount (\$) \$21.65	7 Payee address; City; State; Zip Code 95 Hayden Ave Lexington, MA 02421	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Retractable Banners
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2023	Payee name Vistaprint USA, Inc.	
Amount (\$) \$138.02	Payee address; City; State; Zip Code 95 Hayden Ave Lexington, MA 02421	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Retractable Banners
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/06/2023	Payee name Vistaprint USA, Inc.	
Amount (\$) \$176.65	Payee address; City; State; Zip Code 95 Hayden Ave Lexington, MA 02421	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Labels
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 28/28 Rpt: 59/62	2 FILER NAME Duke, Devvie D. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087997
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4 Date 12/14/2023	5 Payee name Vistaprint USA, Inc.
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6 Amount (\$) \$119.54	7 Payee address; City; State; Zip Code 95 Hayden Ave Lexington, MA 02421
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Custom Post-it Notes
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/20/2023	Payee name Waco Social
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Amount (\$) \$211.09	Payee address; City; State; Zip Code 2921 Lake Shore Drive Waco, TX 76708
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Table Rental for Meet & Greet Event
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/25/2023	Payee name Walmart
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Amount (\$) \$210.91	Payee address; City; State; Zip Code 600 Hewitt Drive Waco, TX 76712
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Phone
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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.

1 Total pages Schedule F2: Sch: 1/2 Rpt: 60/62	2 FILER NAME Duke, Devvie D. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087997
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 12/29/2023	6 Payee name AMA Graphics, LLC
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7 Amount (\$) \$54.30	8 Payee address; City; State; Zip Code 6301 Imperial Drive Waco, TX 76712
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Post Cards
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/29/2023	Payee name AMA Graphics, LLC
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Amount (\$) \$430.11	Payee address; City; State; Zip Code 6301 Imperial Drive Waco, TX 76712
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Palm Cards
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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.

1 Total pages Schedule F2: Sch: 2/2 Rpt: 61/62	2 FILER NAME Duke, Devvie D. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087997
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 12/26/2023	6 Payee name AMA Graphics, LLC
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7 Amount (\$) \$109.42	8 Payee address; City; State; Zip Code 6301 Imperial Drive Waco, TX 76712
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Business Cards
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/29/2023	Payee name Broad Embroidery
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Amount (\$) \$120.00	Payee address; City; State; Zip Code 6301 Imperial Dr. Waco, TX 76712
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Embroidered 4 Zip Pullovers
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 1/1 Rpt: 62/62	2 FILER NAME Duke, Devvie D. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087997
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4 Date 10/19/2023	5 Payee name Photography by Cecy
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6 Amount (\$) \$308.51 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 633 N Stovall Drive Robinson, TX 76706
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photography
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/17/2023	Payee name Sam's Club
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Amount (\$) \$51.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2301 E Waco Drive Waco, TX 76705
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candy for Parade
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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