CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to co	emplete this form.	1 Filer ID (Ethics Comm 00087997		2 Total pages	filed: 62
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Devvie D.	•	MI	OFFICE Date Received ELECTRONIC	USE ONLY
	NICKNAME	LAST Duke		SUFFIX	··· 01/16/2024	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; PO Box 23424	APT / SUITE #; CIT	ГҮ;	ZIP CODE	Date Hand-delivered	d or Date Postmarked Amount
Change of Address	Waco, TX 76702				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Barbara K.		MI		
	NICKNAME	LAST White		SUFFIX		
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO 317 Crye Circle) PO BOX PLEASE);	AP	T / SUITE #; CITY	; S	TATE; ZIP CODE
(Residence or Business)	Robinson, TX 76706					
7 CAMPAIGN TREASURER PHONE	AREA CODE P (254) 717-3251	HONE NUMBER	EXTENSION			
8 REPORT TYPE	X January 15 July 15	30th day before		Runoff Exceeded modified	appointment (o	campaign treasurer fficeholder only)
	July 15	stri day belore	election	reporting limit	Final Report (A	ttach C/OH-FR)
9 PERIOD COVERED	Month Day Ye 09/21/2023	ear Ti	HROUGH	Month Day 12/31/202	Year 23	
10 ELECTION	ELECTION DAT Month Day Ye 03/05/2024	ear XF	Primary General	ELECTION TYPE Runoff Special	Other	
11 OFFICE	OFFICE HELD (if any) None	1		12 OFFICE SOUGH State Represen		
		GO -	TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 62

13 C / OH NAME	14 Filer ID (00087997	(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without in I officeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 30.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 39,555.27
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 29,322.73
CONTRIBUTION BALANCE	REPORTING PE			\$ 20,803.05
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 10,000.00
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		Mrs.	Devvie D. Duke	
		Signature of	Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	r administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

_				3 of 62
18 FILER NA Duke, De	ME vvie D. (Mrs.)	19 Filer ID 00087997	(Ethics Commis	ssion Filers)
	E SUBTOTALS SCHEDULE		SUBTOTA	AL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	39,052.44
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	502.83
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. X	SCHEDULE E: LOANS		\$	10,000.00
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$	28,249.39
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	713.83
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	359.51
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	ETURNED	\$	

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to con	nplete this forr	m.	1	Total pages Schedule A1: Sch: 1/26 Rpt: 4/62	
2	FILER NAME Duke, Devvi	e D. (Mrs.)			3	Filer ID (Ethics Commission 00087997	n Filers)
4	Date 10/28/2023	Abad, Tony	f-state PAC (ID#: Code)	7	Amount of Contribution (\$)	\$250.00
_		San Antonio, TX 78232		5 1 (0 1 : "			
8	Engineer	pation / Job title (See Instructions)	9	Employer (See Instructions Riverside Engineering	<u></u>		
	Date 12/19/2023	Adams, Carolyn Contributor address; City; State; Zip C)		Amount of Contribution (\$)	\$500.00
	Principal occu	Waco, TX 76708 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Retired			Retired			
	Date 12/07/2023	Full name of contributor out-o Anderson, Candice Contributor address; City; State; Zip C	f-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		Waco, TX 76712					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 12/07/2023	Anderson, Deborah	f-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 12/06/2023	Anderson, Tyler	f-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Student	pation / Job title (See Instructions)		Employer (See Instructions Student	<u> </u>		
			·				

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 2/26 Rpt: 5/62	
2	FILER NAME Duke, Devvi	e D. (Mrs.)			3	Filer ID (Ethics Commission 00087997	n Filers)
4	Date 12/06/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$500.00
		Moreland, GA 30259					
8	Principal occu Sr. VP	pation / Job title (See Instructions)	9	Employer (See Instructions V2X	5)		
	Date 10/31/2023	Full name of contributor out-of-state PAC (ID#:_ Bottenfield, Ray Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	Hewitt, TX 76643 pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	رد 		
	Instructor			Republic Gun Club	,,		
	Date 11/06/2023	Full name of contributor out-of-state PAC (ID#:_ Burkhardt, James Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Rockwall, TX 75087					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 12/11/2023	Full name of contributor out-of-state PAC (ID#:_ Camancho, Ian Contributor address; City; State; Zip Code Los Angeles, CA 90064)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 10/10/2023	Full name of contributor out-of-state PAC (ID#:_Castle, Phillip Contributor address; City; State; Zip Code Woodway, TX 76712				Amount of Contribution (\$)	\$349.00
	Principal occu Advisor	oation / Job title (See Instructions)		Employer (See Instructions Chad Castle, Inc.	5)		
			•				

	MONET	ARY POLITICAL C	CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this fo	rn	1.	1	Total pages Schedule A1: Sch: 3/26 Rpt: 6/62	
2	FILER NAME Duke, Devvi	e D. (Mrs.)				3	Filer ID (Ethics Commission 00087997	n Filers)
4	Date 12/06/2023	5 Full name of contributor Cohen, Vicky6 Contributor address; City; St	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Waco, TX 76712 pation / Job title (See Instructions) [6		Employer (See Instructions	·)		
•	Retired	pation / 300 title (See matructions			Retired	·)		
	Date 10/11/2023	Full name of contributor Coleman, Mary Contributor address; City; St)		Amount of Contribution (\$)	\$100.00
	Principal occu	Waco, TX 76710 pation / Job title (See Instructions) [Employer (See Instructions	i)		
	Retired	panon, ees and (ees menasione	,		Retired	,		
	Date 12/08/2023	Full name of contributor Cooper, Melissa Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$100.00
		Crawford, TX 76638						
	Principal occu Business Ow	pation / Job title (See Instructions vner)		Employer (See Instructions Self Employed	5)		
	Date 11/19/2023	Full name of contributor Coulson, Sylvia Contributor address; City; St Waxahachie, TX 75165	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$50.11
	Principal occu Dietitian	pation / Job title (See Instructions)		Employer (See Instructions Head Start	5)		
	Date 10/09/2023	Full name of contributor Cross, Barbara Contributor address; City; St McGregor, TX 76657	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$200.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			<u>'</u>					

	MONET	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 4/26 Rpt: 7/62	
2	FILER NAME Duke, Devvi	e D. (Mrs.)			3	Filer ID (Ethics Commission 00087997	ı Filers)
4	Date 12/31/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	McGregor, TX 76657 pation / Job title (See Instructions)	9	Employer (See Instructions	 - s)		
	Date 10/21/2023	Full name of contributor out-of-state PAC (ID#:_ Croy, Julie Contributor address; City; State; Zip Code		Retired		Amount of Contribution (\$)	\$25.00
	Principal occu Homemaker	China Spring, TX 76633 pation / Job title (See Instructions)		Employer (See Instructions Homemaker	 ;)		
	Date 10/21/2023	Full name of contributor out-of-state PAC (ID#:_ Croy, Theodore Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
	Principal occu	China Spring, TX 76633 pation / Job title (See Instructions)		Employer (See Instructions Liberty University	 i)		
	Date 12/03/2023	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu Professor	China Spring, TX 76633 pation / Job title (See Instructions)		Employer (See Instructions Liberty University	<u> </u>		
	Date 10/19/2023	Full name of contributor out-of-state PAC (ID#:_ Cummings, Patricia Contributor address; City; State; Zip Code Lorena, TX 76655)		Amount of Contribution (\$)	\$800.00
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete t	this for	m.	1	Total pages Schedule A1: Sch: 5/26 Rpt: 8/62	
2	FILER NAME Duke, Devvi	e D. (Mrs.)			3	Filer ID (Ethics Commission 00087997	n Filers)
4	Date 11/14/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Lorena, TX 76655 pation / Job title (See Instructions)	9	Employer (See Instructions	 s)		
	Retired	,		Retired	,		
	Date 12/11/2023	Full name of contributor out-of-state PAC Cummings, Patricia Contributor address; City; State; Zip Code	,)	•	Amount of Contribution (\$)	\$800.00
		Lorena, TX 76655					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 10/18/2023	Full name of contributor out-of-state PAC Cummings, Sophie Contributor address; City; State; Zip Code	C (ID#:		•	Amount of Contribution (\$)	\$50.00
		Lorena, TX 76655					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 12/11/2023	Full name of contributor out-of-state PAC Cummings, Sophie Contributor address; City; State; Zip Code Lorena, TX 76655)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 10/09/2023	Full name of contributor out-of-state PAC Curnock, Karen Contributor address; City; State; Zip Code Waco, TX 76710				Amount of Contribution (\$)	\$709.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Administrativ	e Assisiani		Baylor University			

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 6/26 Rpt: 9/62	
2	FILER NAME Duke, Devvi	e D. (Mrs.)				3	Filer ID (Ethics Commission 00087997	n Filers)
4	Date 12/10/2023	5 Full name of contributor Curnock, Karen6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$140.00
Ω	Principal occur	Waco, TX 76710 pation / Job title (See Instructions	s) I	<u> </u>	Employer (See Instructions	-, 		
•	Administrativ		5)	J	Baylor University	P)		
	Date 12/28/2023	Full name of contributor Darwin Dod Moore DDS Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$75.00
		McGregor, TX 76657						
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		
	Date 11/16/2023	Full name of contributor Davison, Wayne Contributor address; City; S	out-of-state PAC (ID#:_			•	Amount of Contribution (\$)	\$100.00
		Austin, TX 78759						
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions Retired	s)		
	Date 10/22/2023	Full name of contributor DeVine, Gaylyn Contributor address; City; S Pearland, TX 77581)		Amount of Contribution (\$)	\$50.00
	Principal occu Business Ow	pation / Job title (See Instructions vner	5)		Employer (See Instructions Self Employed	5)		
	Date 11/23/2023	Full name of contributor DeVine, Gaylyn Contributor address; City; S Pearland, TX 77581				•	Amount of Contribution (\$)	\$50.00
	Principal occu Business Ow	pation / Job title (See Instructions vner	5)		Employer (See Instructions Self Employed	s)		
			,					

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 7/26 Rpt: 10/62	
2	FILER NAME Duke, Devvi	e D. (Mrs.)			3	Filer ID (Ethics Commission 00087997	n Filers)
4	Date 12/23/2023	 Full name of contributor out-of-state PAGE DeVine, Gaylyn Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu Business Ow	Pearland, TX 77581 pation / Job title (See Instructions) //ner	9	Employer (See Instructions Self Employed	<u> </u> s)		
	Date 10/12/2023	Full name of contributor out-of-state PA)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>I</u> S)		
	Date 11/14/2023	Full name of contributor out-of-state PAGE Dominguez, Jessica Contributor address; City; State; Zip Code	.C (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu	Waco, TX 76706 pation / Job title (See Instructions)		Employer (See Instructions	=)		
	Casework Sp			Congressman Pete Ses	′	ns, Waco	
	Date 12/17/2023	Full name of contributor out-of-state PAG Duke, Steve Contributor address; City; State; Zip Code Brentwood, TN 37027)		Amount of Contribution (\$)	\$250.00
	Principal occu CIO	pation / Job title (See Instructions)		Employer (See Instructions Innovative Renal Care	5)		
	Date 10/09/2023	Full name of contributor out-of-state PAI Dunlap, Rhonda Contributor address; City; State; Zip Code Waco, TX 76708)	•	Amount of Contribution (\$)	\$250.00
	Principal occu Realtor	pation / Job title (See Instructions)		Employer (See Instructions Coldwell Banker	s)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 8/26 Rpt: 11/62
2	FILER NAME Duke, Devvi	e D. (Mrs.)			3	Filer ID (Ethics Commission Filers) 00087997
4	Date 10/09/2023	 Full name of contributor out-of-state PAC (ID#:_Endres, Kathy Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$) \$3,000.00
8	Principal occu	Woodway, TX 76712 pation / Job title (See Instructions)	la.	Employer (See Instructions	·,	
•	Retired	Jalion / Job title (See Instructions)	9	Retired	»)	
	Date 12/31/2023	Full name of contributor				Amount of Contribution (\$) \$1,200.00
	Dringing agg	Woodway, TX 76712	_	Employer (See Instructions	<u></u>	
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)	
	Date 12/31/2023	Full name of contributor out-of-state PAC (ID#:_Endsley, Joy Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$70.00
		McGregor, TX 76657				
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)	
	Date 10/30/2023	Full name of contributor out-of-state PAC (ID#:_ Engelhardt, Eli Contributor address; City; State; Zip Code Magnolia, TX 77354)		Amount of Contribution (\$) \$10.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)	
	Date 10/18/2023	Full name of contributor out-of-state PAC (ID#:_Focarile, Deborah Contributor address; City; State; Zip Code Woodway, TX 76712				Amount of Contribution (\$) \$25.00
	Principal occu Professor	pation / Job title (See Instructions)		Employer (See Instructions Baylor University	s)	
			1	· · · · · · · · · · · · · · · · · · ·		

	MONET	ARY POLITICAL CO	S		SCHEDUI	E A1	
	The Instruc	ction Guide explains how to	o complete this forn	n.	1	Total pages Schedule A1: Sch: 9/26 Rpt: 12/62	
2	FILER NAME Duke, Devvie	e D. (Mrs.)			3	Filer ID (Ethics Commission 00087997	on Filers)
4	Date 11/16/2023	5 Full name of contributor Gardner, Edward6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)	7	Amount of Contribution (\$)	\$19.11
_	5	Waxahachie, TX 76065		<u> </u>			
8	CEO	pation / Job title (See Instructions)		Employer (See Instructions MFR Inc.)		
	Date 10/31/2023	Full name of contributor Garner, Donna Contributor address; City; State)		Amount of Contribution (\$)	\$25.00
	Principal occu	Waco, TX 76712 pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 12/21/2023	Full name of contributor Gates, Gary Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,500.00
	Principal occu Business Ow	Richmond, TX 77406 pation / Job title (See Instructions)		Employer (See Instructions Self Employed)		
	Date 12/11/2023	Full name of contributor Getterman, Sue Contributor address; City; State Waco, TX 78708	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 11/02/2023	Full name of contributor Gilman, Janell Contributor address; City; State Waco, TX 76712	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
			•				

	MONET	ARY POLITICAL CONTRI		SCHEDULE A1			
	The Instruc	ction Guide explains how to compl	ete this forr	n.	1	Total pages Schedule A1: Sch: 10/26 Rpt: 13/62	
2	FILER NAME Duke, Devvi	e D. (Mrs.)			3	Filer ID (Ethics Commission 00087997	on Filers)
4	Date 11/14/2023	 Full name of contributor out-of-star Glanzer, Cynthia Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$200.00
8	Principal occu	Waco, TX 76712 Dation / Job title (See Instructions)	9	Employer (See Instructions	i)		
	Retired			Retired			
	Date 12/19/2023	Glaze, Wanda Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	Waco, TX 76712 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Retired			Retired			
	Date 10/21/2023	Full name of contributor out-of-sta Granger, Aiden Contributor address; City; State; Zip Code	te PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Lorena, TX 76655					
	Principal occu IT Specialist	pation / Job title (See Instructions)		Employer (See Instructions Waco Shoe Company	i)		
	Date 10/09/2023	Granger, Angela				Amount of Contribution (\$)	\$500.00
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 10/31/2023	Full name of contributor out-of-sta Granger, Angela Contributor address; City; State; Zip Code	te PAC (ID#:)		Amount of Contribution (\$)	\$2,000.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
			•				

	MONET	ARY POLITICAL CO	SCHEDULE A1				
	The Instru	ction Guide explains how t	o complete this forn	n.	1	Total pages Schedule A1: Sch: 11/26 Rpt: 14/62	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	Duke, Devvi	_	_			00087997	
4	Date 11/15/2023	Full name of contributorGranger, AngelaContributor address; City; State	out-of-state PAC (ID#:e; Zip Code)	7	Amount of Contribution (\$)	\$200.00
		Lorena, TX 76655					
8	Principal occu Retired	upation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/11/2023	Granger, Angela				.,	\$2,500.00
		Contributor address; City; Stat	e; Zip Code				,
		Lorena, TX 76655					
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	:)		
	Retired	,		Retired	,		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/09/2023	Greak, Karen		·			\$25.00
		Contributor address; City; Stat	e; Zip Code				
		Lubbock, TX 79424					
	Principal occu Retired	upation / Job title (See Instructions)		Employer (See Instructions Retired	i)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	11/06/2023	Grinols, Earl	_				\$500.00
		Contributor address; City; Stat	e; Zip Code				
		Sarasota, FL 34240					
	Principal occu Retired	upation / Job title (See Instructions)		Employer (See Instructions Retired	i)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/25/2023	Hensley, Clayton					\$500.00
		Contributor address; City; Stat	e; Zip Code				
		Waco, TX 76702					
	Principal occu	upation / Job title (See Instructions)		Employer (See Instructions)		
	School Bus	Driver		Midway ISD			

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 12/26 Rpt: 15/62	
2	FILER NAME Duke, Devvi	e D. (Mrs.)			3	Filer ID (Ethics Commission 00087997	n Filers)
4	Date 11/16/2023	Holmes, Ronald	ut-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$250.00
_	Deire sin al access	West, TX 76691	In .	English (On Instruction			
8	Principal occu Pastor	pation / Job title (See Instructions)		Employer (See Instructions Church of the Open Doc			
	Date 10/22/2023	Full name of contributor				Amount of Contribution (\$)	\$25.00
	Dringing! goog	Weatherford, TX 76087 pation / Job title (See Instructions)		Employer (See Instructions			
		Development		Commercial Real Estate			
	Date 11/06/2023	Full name of contributor on Jacoby, Robert Contributor address; City; State; Z)		Amount of Contribution (\$)	\$100.00
		Addison, TX 75001	<u>, </u>				
	Principal occu Private Equit	pation / Job title (See Instructions) Y		Employer (See Instructions Self Employed)		
	Date 12/05/2023	Full name of contributor of Jon R., Ker, PC Contributor address; City; State; Z Hewitt, TX 76643	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self Employed)		
	Date 12/05/2023	Full name of contributor of Jones, Sara Contributor address; City; State; Z McGrego, TX 76657	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 13/26 Rpt: 16/62	
2	FILER NAME Duke, Devvi	e D. (Mrs.)			3	Filer ID (Ethics Commission 00087997	on Filers)
4	Date 10/19/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$250.00
8	Principal occu	Woodway, TX 76712 Dation / Job title (See Instructions)	T _o	Employer (See Instructions	., 		
0	Retired	oation / Job title (See Instructions)	"	Retired	·)		
	Date 11/01/2023	Full name of contributor out-of-state PAC (ID#: Kendig, Victoria Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		McGregor, TX 76657	_				
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 11/01/2023	Full name of contributor out-of-state PAC (ID#: Kennedy, Marisusan Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Valley Mills, TX 76689	_				
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 10/09/2023	Full name of contributor out-of-state PAC (ID#: Ker, Jon Contributor address; City; State; Zip Code Hewitt, TX 76643)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Attorney	oation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 10/27/2023	Full name of contributor out-of-state PAC (ID#: Klapka, Edward Contributor address; City; State; Zip Code Tall Timbers, MD 20690				Amount of Contribution (\$)	\$200.00
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions Retired	5)		

	MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 14/26 Rpt: 17/62		
2	FILER NAME Duke, Devvi	e D. (Mrs.)				3	Filer ID (Ethics Commission 00087997	on Filers)	
4	Date 10/09/2023	5 Full name of contributor Kohutek, Lorna6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$100.00	
_	Delicalizado e	Waco, TX 76705	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Faralana (One la desartica				
8	Retired	pation / Job title (See Instructions	(1)		Employer (See Instructions Retired				
	Date 11/08/2023	Full name of contributor Kohutek, Lorna Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$100.00	
	Principal occu	Waco, TX 76705 pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Retired Retired								
	Date 12/11/2023	Full name of contributor Kohutek, Lorna Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00	
		Waco, TX 76705							
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)			
	Date 12/17/2023	Full name of contributor Kreitler, Walter Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00	
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	()			
	Date 10/09/2023	Full name of contributor Kuhne, Michael Contributor address; City; St Wacp, TX 76655	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u>			
			'						

	MONET	ARY POLITICAL CONTRIB	BUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete	e this forr	n.	1	Total pages Schedule A1: Sch: 15/26 Rpt: 18/62	
2	FILER NAME Duke, Devvi	e D. (Mrs.)			3	Filer ID (Ethics Commission 00087997	n Filers)
4	Date 11/16/2023	 Full name of contributor out-of-state F Lamb, Mellany Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$100.00
_	Deireitade	Flower Mound, TX 75022	la la	Foundation (October to the other times			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 12/06/2023	Full name of contributor out-of-state F Lane, Karen Contributor address; City; State; Zip Code Hewitt, TX 76643)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Office Assistant Advanced Financial St		Advanced Financial Stra	ate	gies		
	Date 12/31/2023	Full name of contributor	PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Waco, TX 76708					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 12/15/2023	Full name of contributor out-of-state F Lewis, Kaye Contributor address; City; State; Zip Code Waco, TX 76712	-)		Amount of Contribution (\$)	\$50.00
	Principal occu Customer Se	pation / Job title (See Instructions) ervice		Employer (See Instructions Another Season	5)		
	Date 10/31/2023	Full name of contributor out-of-state F Long, Maygen Contributor address; City; State; Zip Code Weatherford, TX 76087)		Amount of Contribution (\$)	\$100.00
	Principal occu Travel Regis	pation / Job title (See Instructions) tered Nurse		Employer (See Instructions Hendrick Medical Cente			
				The state of the s	-		

	MONET	ARY POLITICAL CONTRIBUTION	ΟN	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 16/26 Rpt: 19/62	
2	FILER NAME Duke, Devvi	e D. (Mrs.)			3	Filer ID (Ethics Commission 00087997	n Filers)
4	Date 12/06/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Waco, TX 76708 Dation / Job title (See Instructions)	9	Employer (See Instructions	 - s)		
	Retired			Retired			
	Date 12/31/2023	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$300.00
	Dringinal occur	Waco, TX 76712 pation / Job title (See Instructions)	_	Employer (See Instructions	·/		
	Retired	oation / 300 title (See Instituctions)		Retired)		
	Date 12/19/2023	Full name of contributor out-of-state PAC (ID#:_Maddux, Pam Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$200.00
		Waco, TX 76712					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>(</u>		
	Date 11/01/2023	Full name of contributor out-of-state PAC (ID#:_Mallett, Jerry Contributor address; City; State; Zip Code McGregor, TX 76657				Amount of Contribution (\$)	\$150.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 10/20/2023	Full name of contributor out-of-state PAC (ID#:_Matejowsky, Charles Contributor address; City; State; Zip Code Brenham, TX 77833				Amount of Contribution (\$)	\$250.00
	Principal occu Insurance So	pation / Job title (See Instructions) plicitor		Employer (See Instructions Van Dyke, Rankin	5)		
			1				

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 17/26 Rpt: 20/62	
2	FILER NAME Duke, Devvi	e D. (Mrs.)			3	Filer ID (Ethics Commission 00087997	n Filers)
4	Date 10/20/2023	5 Full name of contributor McDonald, Terry6 Contributor address; City; State	out-of-state PAC (ID#:; Zip Code		7	Amount of Contribution (\$)	\$100.00
8	Principal occur	Hewitt, TX 76643 pation / Job title (See Instructions)	9	Employer (See Instructions) ()		
Ŭ	Retired	sation, our title (occ matricalons)		Retired	')		
	Date 11/27/2023	Full name of contributor McDonald, Terry Contributor address; City; State)		Amount of Contribution (\$)	\$100.00
	Dringing! aggs	Hewitt, TX 76643		Employer (Coo Instructions	_		
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 11/10/2023	Full name of contributor Micus, Kimberly Contributor address; City; State	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$300.00
		McGregor, TX 76657					
	Principal occu Doctor	pation / Job title (See Instructions)		Employer (See Instructions Family Health Center)		
	Date 12/06/2023	Full name of contributor Micus, Kimberly Contributor address; City; State McGregor, TX 76657	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$100.00
	Principal occu Doctor	pation / Job title (See Instructions)		Employer (See Instructions Family Health Center	()		
	Date 12/02/2023	Full name of contributor Moore, Donna Contributor address; City; State Crawford, TX 76638	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		

	MONET	ARY POLITICAL (SCHEDULE A1				
	The Instruc	ction Guide explains hov	<i>ı</i> to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 18/26 Rpt: 21/62	
2	FILER NAME Duke, Devvi	e D. (Mrs.)				3	Filer ID (Ethics Commission 00087997	on Filers)
4	Date 11/06/2023	5 Full name of contributor Neill, Robert6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$500.00
_	Dringing Loon	Waco, TX 76712			Employer (Coo Instructions	<u></u>		
8	Retired	pation / Job title (See Instructions	5)	9	Employer (See Instructions Retired			
	Date 10/09/2023	Full name of contributor Notgrass, Patty Contributor address; City; S					Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	Waco, TX 76712 pation / Job title (See Instructions	5)		Employer (See Instructions Retired	<u> </u> s)		
	Date 11/16/2023	Full name of contributor O'Neil, Kathleen Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	Hewitt, TX 76643 pation / Job title (See Instructions	5)		Employer (See Instructions	<u> </u> s)		
	Date 10/18/2023	Full name of contributor OConnor, Samuel Contributor address; City; S China Spring, TX 76633	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occu Program Ma	pation / Job title (See Instructions nager	5)		Employer (See Instructions CACI	5)		
	Date 10/31/2023	Full name of contributor OConnor, Samuel Contributor address; City; S China Spring, TX 76633	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$100.00
	Principal occu Program Ma	pation / Job title (See Instructions nager	(5)		Employer (See Instructions CACI	5)		

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete th	his for	m.	1	Total pages Schedule A1: Sch: 19/26 Rpt: 22/62	
2	FILER NAME Duke, Devvi	e D. (Mrs.)			3	Filer ID (Ethics Commission 00087997	n Filers)
4	Date 11/16/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$50.00
_	Driveries also	Waco, TX 76710	la.	Faralassa (Osas kastaustisas			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 11/08/2023	Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$100.00
	Principal occu Retired	Waco, TX 76708 pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> s)		
	Date 11/16/2023	Full name of contributor out-of-state PAC Ponce, Kathy Contributor address; City; State; Zip Code Maypearl, TX 76064	(ID#:)	•	Amount of Contribution (\$)	\$25.11
	•	pation / Job title (See Instructions) ee Budget and Finance		Employer (See Instructions City of Midlothian	<u> </u> s)		
	Date 12/09/2023	Full name of contributor out-of-state PAC Pope, Wendelin				Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>I</u> S)		
	Date 11/15/2023	Full name of contributor out-of-state PAC Porter, Karen Contributor address; City; State; Zip Code Woodway, TX 76712				Amount of Contribution (\$)	\$100.00
	Principal occu Administrativ	pation / Job title (See Instructions) re Assistant		Employer (See Instructions Regina M Perkins PC	5)		

	MONET	ARY POLITICAL CONTRIBUT	TION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 20/26 Rpt: 23/62	
2	FILER NAME Duke, Devvi	e D. (Mrs.)			3	Filer ID (Ethics Commission 00087997	n Filers)
4	Date 11/08/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
8	Principal occur	Woodstock, GA 30188 pation / Job title (See Instructions)	١٩	Employer (See Instructions	<u>:)</u>		
Ü		usiness Development	ľ	Genea	"		
	Date 12/19/2023	Full name of contributor out-of-state PAC (II Purselley, Barbara Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Waco, TX 76710		5 1 (0 1) ;	<u></u>		
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 10/23/2023	Full name of contributor out-of-state PAC (II Reinhold, Baron Contributor address; City; State; Zip Code	D#:		•	Amount of Contribution (\$)	\$200.00
		Suwanee, GA 30024					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 11/21/2023	Full name of contributor out-of-state PAC (I Ricks, George Contributor address; City; State; Zip Code Midlothian, TX 76065)		Amount of Contribution (\$)	\$25.11
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 11/06/2023	Full name of contributor out-of-state PAC (I Roller, Lori Contributor address; City; State; Zip Code Bella Vista, AR 72714			•	Amount of Contribution (\$)	\$50.00
	Principal occu Manager	pation / Job title (See Instructions)		Employer (See Instructions Great American Title Co		pany	
	a.lagoi			Code, anonodii ilide Oc			

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 21/26 Rpt: 24/62	
2	FILER NAME Duke, Devvi	e D. (Mrs.)			3	Filer ID (Ethics Commission 00087997	n Filers)
4	Date 12/19/2023	5 Full name of contributor Ruhl, Karla6 Contributor address; City; State;)	7	Amount of Contribution (\$)	\$100.00
_	Dringing Loon	McGregor, TX 76657	lo.	Employer (Coo Instructions			
8	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 11/14/2023	Full name of contributor Russell, David Contributor address; City; State;	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occur	Woodway, TX 76712 pation / Job title (See Instructions)		Employer (See Instructions			
	Retired	occion / oob tide (occ mandellons)		Retired	,		
	Date 11/15/2023	Full name of contributor Shoemake, Chad Contributor address; City; State;	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Victoria, TX 77904					
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions 3Moo LLC)		
	Date 11/02/2023	Full name of contributor Shows, Geraldine Contributor address; City; State; Woodway, TX 76712	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Real Estate	pation / Job title (See Instructions) Appraiser		Employer (See Instructions Self Employed)		
	Date 12/18/2023	Full name of contributor Siegel, Chuck Contributor address; City; State; Waco, TX 76712	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Rule Your Kingdom)		
			l				

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, Devvi	e D. (Mrs.)			3	Filer ID (Ethics Commission 00087997	ı Filers)
4	Date 12/07/2023	 Full name of contributor out-of-state PAC (ID#: Smith, Mollie Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Woodway, TX 76712 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Retired	,		Retired	,		
	Date 11/06/2023	Full name of contributor out-of-state PAC (ID#:_Spiers, Jon Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$250.00
		Houston, TX 77005	_		L		
	Attorney	pation / Job title (See Instructions)		Employer (See Instructions Business Owner	5)		
	Date 10/18/2023	Full name of contributor out-of-state PAC (ID#:_Stamps, Connie Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$250.00
		Waco, TX 76710					
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 11/16/2023 Stamps, Connie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$60.00		
Waco, TX 76710 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired		Employer (See Instructions Retired	<u>l</u> 5)				
Date Full name of contributor out-of-state PAC (ID#:) 11/14/2023 Staples, Judith Contributor address; City; State; Zip Code Woodway, TX 76712			Amount of Contribution (\$)	\$20.00			
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			•				

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, Devvi	e D. (Mrs.)			3	Filer ID (Ethics Commissio 00087997	n Filers)
4	Date 11/15/2023	 Full name of contributor)	7	Amount of Contribution (\$)	\$5,000.00
0	Dringing aggr	Niceville, FL 32578	٦	Employer (See Instructions	<u></u>		
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	»)		
	Date 11/15/2023	Full name of contributor out-of-state PAC (ID#:_ Strickland, Walt Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Princinal occu	Woodway, TX 76712 pation / Job title (See Instructions)	Т	Employer (See Instructions	;) 		
	Constable	oduon 7 oob title (oee matidetions)		McLennan County	,,		
	Date 11/01/2023	Full name of contributor out-of-state PAC (ID#:_Sullivan, Deborah Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		China Spring, TX 76633	_				
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 11/05/2023	Full name of contributor out-of-state PAC (ID#:_Swartz, Donna Contributor address; City; State; Zip Code Waco, TX 76707)		Amount of Contribution (\$)	\$250.00
Principal occupation / Job title (See Instructions) Retired Employer (See Instructions Retired		s)					
Date Full name of contributor out-of-state PAC (ID#:) Thorman, Cliff Contributor address; City; State; Zip Code Crawford, TX 76638			Amount of Contribution (\$)	\$250.00			
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
			•				

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, Devvi	e D. (Mrs.)			3	Filer ID (Ethics Commission 00087997	n Filers)
4	Date 12/05/2023	 Full name of contributor out-of-state out-of-state	PAC (ID#:		7	Amount of Contribution (\$)	\$250.00
8	Principal occu	Waco, TX 76712 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Retired			Retired			
	Date Full name of contributor out-of-state PAC (ID#:) 11/15/2023 Tryon, Sharon Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00		
	Principal occu	waxahachie, TX 75167 pation / Job title (See Instructions)		Employer (See Instructions	.)		
	Retired	pation / 30b title (See instructions)		Retired	')		
	Date 11/14/2023	Full name of contributor out-of-state Turner, Kathy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
		McGregor, TX 76657					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 10/24/2023	Full name of contributor out-of-state Wedemeyer, Ruth Contributor address; City; State; Zip Code Robinson, TX 76706)		Amount of Contribution (\$)	\$50.00
		Employer (See Instructions Ascension Providence	5)				
Date Full name of contributor out-of-state PAC (ID#:) 11/16/2023 Wheeler, Ernest Contributor address; City; State; Zip Code Robinson, TX 76706			Amount of Contribution (\$)	\$500.00			
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	()		
			•				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 25/26 Rpt: 28/62	
2	FILER NAME Duke, Devvi	e D. (Mrs.)			3	Filer ID (Ethics Commission 00087997	n Filers)
4	Date 12/30/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$200.00
8	Principal occu	Robinson, TX 76706 pation / Job title (See Instructions)	l _a	Employer (See Instructions			
Ŭ	Retired	pation, oop the (occ mandenons)		Retired	٠,		
	Date 12/05/2023	Full name of contributor out-of-state PAC (ID White, Barbara Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	D: : 1	Robinson, TX 76706		- 1 (0 1 : :	Ĺ		
	Business Ow	pation / Job title (See Instructions) /ner		Employer (See Instructions Self-Employed	5)		
	Date 09/25/2023	Full name of contributor out-of-state PAC (IDWhite, Barbara Contributor address; City; State; Zip Code	D#:			Amount of Contribution (\$)	\$250.00
		Robinson, TX 76706					
	Principal occu Business Ow	pation / Job title (See Instructions) ner		Employer (See Instructions Self-Employed	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 11/09/2023 Whitsell, Lori Contributor address; City; State; Zip Code Woodway, TX 76712		•	Amount of Contribution (\$)	\$500.00		
	Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired		5)				
Date Full name of contributor out-of-state PAC (ID#:) 12/05/2023 Whitt, Joe Contributor address; City; State; Zip Code Waco, TX 76708		•	Amount of Contribution (\$)	\$25.00			
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			•				

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, Devvi	e D. (Mrs.)			3	Filer ID (Ethics Commission 00087997	n Filers)
4	Date 11/16/2023	5 Full name of contributor Wilhite, Laura6 Contributor address; City; State)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu Business Ow	Eddy, TX 76524 pation / Job title (See Instructions) vner	9	Employer (See Instructions Self Employed	 i)		
	Date 10/17/2023	Full name of contributor Wolgemuth, Debra Contributor address; City; State Waco, TX 76708)		Amount of Contribution (\$)	\$300.00
	Principal occu Accounting	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	<u> </u> 5)		
	Date 12/31/2023	Full name of contributor Wolgemuth, Debra Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Waco, TX 76708 pation / Job title (See Instructions)		Employer (See Instructions	 - s)		
	Accounting			Self Employed			
	Date 12/31/2023	Full name of contributor Wolgemuth, Debra Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$100.00
Waco, TX 76708 Principal occupation / Job title (See Instructions) Accounting Self Employed		<u> </u> ;)					
Date Full name of contributor out-of-state PAC (ID#:) 12/31/2023 Wolgemuth, Debra Contributor address; City; State; Zip Code Waco, TX 76708			Amount of Contribution (\$)	\$100.00			
	Principal occu Accounting	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 30/62 3 Filer ID (Ethics Commission Filers) FILER NAME Duke, Devvie D. (Mrs.) 00087997 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 12/07/2023 Ballew, Denise \$75.00 Candy for Parade 7 Contributor address; City; State; Zip Code Hewitt, TX 76643 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) Retired Retired 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 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) In-kind contribution Date Full name of contributor Amount of out-of-state PAC (ID#: contribution (\$) description 12/14/2023 Granger, Angela \$427.83 | Campaign Car Magnets Contributor address; City; State; Zip Code Lorena, TX 76655 Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) Employer (FOR NON-JUDICIAL) 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	on Guide explains how to comp	lete this f	orm.	1	pages Schedule E: L/1 Rpt: 31/62
2	FILER NAME Duke, Devvie D	. (Mrs.)) (Ethics Commission Filers)
4	TOTAL OF UN	NITEMIZED LOANS			1	\$
5	Date of loan 09/25/2023	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount (\$) \$10,000.00
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate
	No	McGregor, TX 76657				11 Maturity Date
12	Principal occupati Owner	on / Job title (See Instructions)		13 Employer (See Instruction Position 4 Solutions	s)	
14	Description of Col X None	llateral		15 Check if personal funds w	ere deposite	ed into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City;	State;	Zip Code		
20	Principal occupati	on		21 Employer (See Instruction	s)	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

ursement Solicitation/Fundraising Expense
Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Cabadula F1:		4
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	
4	Date	5 Payee name	-
•	10/16/2023	The state of the s	
L	10/10/2023	AMA Graphics, LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$76.29	6301 Imperial Drive	
		Waco, TX 76712	
8	PURPOSE		_
ľ	OF		
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Contribution Flyers	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
\vdash	Data		=
	Date	Payee name	
	10/16/2023	AMA Graphics, LLC	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$70.68	6301 Imperial Drive	
		Waco, TX 76712	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense	
		Business Cards	
			_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L			
	Date	Payee name	
	11/15/2023	AMA Graphics, LLC	
	Amount (\$)	Payee address; City; State; Zip Code	٦
	\$735.78	6301 Imperial Drive	-
		Waco, TX 76712	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	٦
	OF EXPENDITURE	Advertising Expense	
	LAFLINDITURE	Check if Austin, TX, officeholder living expense	
		Palm Cards	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	1
	expenditure to benefit C/OI	H Control of the Cont	
			٦
			ļ
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/28 Rpt: 33/62	Duke, Devvie D. (Mrs.) 00087997
4	Date	5 Payee name
	11/15/2023	AMA Graphics, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$676.56	6301 Imperial Drive
		Waco, TX 76712
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Advertising T-shirts
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	11/15/2023	AMA Graphics, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$91.07	6301 Imperial Drive
		Waco, TX 76712
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Business Cards
		Business ourus
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	10/05/2023	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$29.87	410 Terry Avenue N
	Ψ29.01	410 Telly Avenue N
		Seattle, WA 98109
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Microphone Stand, Drums, and Amps
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officel Credit Card Paymen		The Instruction Guide explains how to co	omplete this form.	OTHER (enter a category not listed above)	
1 Total pages Sch	edule F1:	2 FILER NAME		3 Filer ID (Ethics Commission F	-ilers)
Sch: 3/28 Rpt:		Duke, Devvie D. (Mrs.)		00087997	
4 Date		5 Payee name			
10/27/2023		Amazon			
6 Amount (\$)		7 Payee address; City; State; Zip C	ode		
	\$31.65	410 Terry Avenue N			
		Seattle, WA 98109	_		
8 PURPOSE		(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	≣	Event Expense	_ _	outside of Texas. Complete Schedule T.	
			Napkins, Stic	, TX, officeholder living expense	
			racpano, ouo	K i lags	
9 Complete ONLY	if direct	Candidate/Officeholder name Office so	l ught	Office held	
expenditure to be			ugnt	Office field	
Data					
Date		Payee name			
10/27/2023		Amazon			
Amount (\$)		Payee address; City; State; Zip C	ode		
	\$14.23	410 Terry Avenue N			
		Seattle, WA 98109			
PURPOSE		(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	=	Office Overhead/Rental Expense	ı ∟	outside of Texas. Complete Schedule T.	
—/ —	-		ı —	, TX, officeholder living expense	
			Name Badge	S, ElC	
Complete ONLY	if direct	Candidate/Officeholder name Office so	l coht	Office held	
Complete <u>ONLY</u> expenditure to be			ugnı	Office field	
Date		Payee name			
10/28/2023		Amazon			
Amount (\$)		Payee address; City; State; Zip C	ode		
	\$16.96	410 Terry Avenue N			
		Seattle, WA 98109			
PURPOSE		(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	=	Office Overhead/Rental Expense	Check if travel	outside of Texas. Complete Schedule T.	
LAFENDITORE	-			, TX, officeholder living expense	
			Note Cards		
Complete <u>ONLY</u> expenditure to be		Candidate/Officeholder name Office soil	ught	Office held	
experialitate to be	chefit 6/01	'			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor	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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 4/28 Rpt: 35/62	Duke, Devvie D. (Mrs.)	00087997
4	Date	5 Payee name	
	10/10/2023	Anedot, Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$498.02	1340 Poydras St., Suite 1770	
		New Orleans, LA 70112	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		utside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin,	TX, officeholder living expense
			dit Card Processing Fees For Covered
		Period 10/10/2	23 through 12/31/23
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	10/31/2023	Axiom	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.00	1001 Congress Ave #100	
		Austin, TX 78701	
	PURPOSE		
	OF		utside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	TX, officeholder living expense
		Palm Card De	esign
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	09/27/2023	Banners.com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$56.39	PO Box 162	
		Kensington, MN 56343	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Advertising Expense	utside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin,	TX, officeholder living expense
		Magnetic Sign	ns
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit 6/01	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/28 Rpt: 36/62	Duke, Devvie D. (Mrs.) 00087997
4	Date	5 Payee name
	09/28/2023	BeInfinite - The Infinity Firm
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,250.00	1017 Kory Drive
		Mesquite, TX 75149
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Website Dukes4Texas.com
		Website Builes + Texas.com
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OF	
_		
	Date	Payee name
	10/12/2023	BeInfinite - The Infinity Firm
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,250.00	1017 Kory Drive
	!	
	1	Mesquite, TX 75149
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Political Website
	!	Fullical Website
_	Camplete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OF	· · · · · · · · · · · · · · · · · · ·
_		
	Date	Payee name
	11/30/2023	Broad Embroidery
	Amount (\$)	Payee address; City; State; Zip Code
	\$140.00	6301 Imperial Dr.
	!	
		Waco, TX 76712
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Embroidered 4 Zip Pullover, Polos, Shirts
		Embroidered 4 zip Pullover, Polos, Stilits
	Operation ONLY if alice at	Our stide to 100% as health an arrange of the countries o
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H
		·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 6/28 Rpt: 37/62	Duke, Devvie D. (Mrs.) 00087997				
4	Date	5 Payee name				
	12/14/2023	Broad Embroidery				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$350.00	6301 Imperial Dr.				
		Waco, TX 76712				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Embroidered Zip Pullover - 14 each				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
	Date	Payee name				
	12/14/2023	Broad Embroidery				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$20.00	6301 Imperial Dr.				
		Waco, TX 76712				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Embroidered 4 Zip Pullover, Polos, Shirts				
		Emblodered 4 Zip 1 dilover, 1 dios, emile				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
-	Date	Payee name				
	12/13/2023	Brown House Cafe				
_	Amount (\$)	Payee address; City; State; Zip Code				
	\$44.35	9110 Jordan Lane				
	Ψ44.55	3110 Jordan Lane				
		Woodway, TX 76712				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense				
	EXI ENDITORE	Check if Austin, TX, officeholder living expense				
		Meal				
	Complete ONLY if direct	Condidate/Office helder no rec				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H				
	·					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Constitution Properties Made Pure

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

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services			/ages	/Contract Labor		OTHER (enter	a category not listed a	bove)
				The Instruction (Guide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 7/28 Rpt: 38/62		Duke, Devvi	e D. (Mrs.)						00087997		
4	Date	5	Payee name									
	11/17/2023		Bush's Chic	ken								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$15.98		706 Robinso	on Drive								
			Robinson, T	X 76706								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE			age Expense		,		Check if travel	outsi	de of Texas. Cor	mplete Schedule T.	
	EXPENDITURE							_		officeholder livir		
								Drinks For Me	eet	and Greet	Event	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	ield	
	experiulture to beliefit C/Oi											
	Date		Payee name									
	10/05/2023		CFO Shield	LLC								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$1,005.78		PO Box 953									
			Colleyville, 7	ΓX 76034								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Accounting/l			,		Check if travel	outsi	de of Texas. Cor	mplete Schedule T.	
	LXI LINDITORL							_		officeholder livir		
								Campaign Bo	OK	keeping Se	rvices & Supp	ort
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	ield	
	Date		Payee name									
	11/08/2023		CFO Shield	LLC								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$505.78		PO Box 953									
			Colleyville, 7	ΓX 76034								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE	l	Accounting/	Banking							mplete Schedule T.	
	LXI LINDITORL							_		officeholder livir		
								Campaign Bo	OK	keeping Se	rvices & Supp	ort
_	Operation ONE V. C. F.	L_	0			N(f)	and a s			6‴ :	-1-1	
	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Offic	ceholder name	C	Office sou	ght			Office h	ieia	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/28 Rpt: 39/62	Duke, Devvie D. (Mrs.) 00087997
4	Date	5 Payee name
	12/08/2023	CFO Shield LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$505.78	PO Box 953
		Colleyville, TX 76034
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign Bookkeeping Services & Support
		Campaign Bookkeeping Convices a Support
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
-	Date	Dougo nomo
		Payee name
	11/06/2023	Campaign Verify
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.00	1215 31st Street, PO Box 3554
		Washington, DC 20007
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Software
		Soliware
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Data	Davies same
	Date 11/09/2023	Payee name Capital Visitors Parking
		Capitol Visitors Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.00	1201 San Jacinto Blvd.
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Visitors Parking for Trip to Capitol
		Visitors Farking for Trip to Capitor
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers	:)
•	Sch: 9/28 Rpt: 40/62	Duke, Devvie D. (Mrs.)	,,
4	Date	5 Payee name	
	10/13/2023	Christians Engaged	
6	Amount (\$) \$10.82	7 Payee address; City; State; Zip Code PO Box 472655	
		Garland, TX 75047	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
		Christian Literature - Engaging Voters	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	11/27/2023	Deluxe Corporation	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$145.71	801 S Marquette Avenue	
	Ψ143.71	OUL S Marquette / Werlac	
		Minneapolis, MN 55402	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense	
		Check Printing	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	12/13/2023	DiamondBack's Steakhouse	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$29.35	217 Mary Street	
	Ψ23.00	211 May Succe	
		Waco, TX 76701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Dinner	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	n	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/28 Rpt: 41/62	Duke, Devvie D. (Mrs.) 00087997
4	Date	5 Payee name
	11/04/2023	Falls County Republican Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$35.00	712 Capps St
		Marlin, TX 76661
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Falls County Republican Party Fundraiser Ticket
_	Complete ONLY if direct	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	11/01/2023	Google LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.32	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		GSuite Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/04/2023	Google LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.08	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Google Workspace 11/1/23 - 11/30/23
	Commission ONU Wife allows	Condidate (Office helder name)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to o	ompl	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
	Sch: 11/28 Rpt: 42/62	Duke, Devvie D. (Mrs.)		00087997		
4	Date	5 Payee name				
	11/03/2023	HEB				
6	Amount (\$)	7 Payee address; City; State; Zip C	ode			
	\$66.00	9100 Woodway Dr.				
		Waco, TX 76712				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
				Food And Beverage For Meet and Greet		
9	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held		
	expenditure to benefit C/OI	1				
	Date	Payee name				
	11/16/2023	HEB				
	Amount (\$)	Payee address; City; State; Zip C	ode			
	\$101.72	9100 Woodway Dr.				
		Waco, TX 76712				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
				Food And Beverage For Meet and Greet		
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held		
	expenditure to benefit C/OI	1				
	Date	Payee name				
	11/17/2023	HEB				
	Amount (\$)	Payee address; City; State; Zip C	ode			
	\$37.99	9100 Woodway Dr.				
		Waco, TX 76712				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense		
				Food And Beverage For Meet and Greet		
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held		
	expenditure to benefit C/OH					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 12/28 Rpt: 43/62	Duke, Devvie D. (Mrs.)	00087997			
4	Date	5 Payee name				
	11/17/2023	HEB				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$388.50	9100 Woodway Dr.				
		Waco, TX 76712				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	· · · · · · · · · · · · · · · · · · ·	outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austi	n, TX, officeholder living expense			
		Food and Be	everage for Meet & Greet Event			
Ļ	Complete ONLY if direct	Condidate (Office holder name	Office held			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			
_	5.					
	Date	Payee name				
	11/18/2023	HEB				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$55.98	9100 Woodway Dr.				
		Waco, TX 76712				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	1 000/Develage Expense	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense			
			everage For Meet and Greet			
			-			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI	1				
	Date	Payee name				
	11/10/2023	Incommons Bank				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$5.00	5400 Crosslake Parkway				
		Waco, TX 76712				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE		outside of Texas. Complete Schedule T.			
	EXPENDITURE		n, TX, officeholder living expense			
		Bank Fee				
L	Complete ONLY if dies -t	Candidate/Officeholder name	Office hold			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/28 Rpt: 44/62	Duke, Devvie D. (Mrs.) 00087997
4	Date	5 Payee name
	09/25/2023	Leadership Institute
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	1101 N. Highland Street
		Arlington, VA 22201
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate Development School
		Canadate Bevelopment estiles.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	d v
	Date	Payee name
	11/27/2023	Mailchimp
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$42.11	675 Ponce De Leon Ave NE, Suite 5000
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Email Advertising Subscription
		Email / lavertising Subscription
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	12/28/2023	Mailchimp
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$47.97	675 Ponce De Leon Ave NE, Suite 5000
	Ψ11.01	one i ence de com me me, eane ecce
		Atlanta, GA 30308
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Advertising Expense
L	Complete ONII V if direct	Condidate/Officeholder name Office country
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/28 Rpt: 45/62	Duke, Devvie D. (Mrs.) 00087997
4	Date	5 Payee name
	10/02/2023	McLennan County Engineering
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.99	PO Box 648
		Waco, TX 76703
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		House 56 Voter Map
		Tiodoc de Votel Map
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	12/04/2023	McLennan County Map Department
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	215 N 5th Street #130
		Waco, TX 76701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Maps
		таро
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/19/2023	McLennan County Republican Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	P.O. Box 24238
	420.00	. 18. 28. 2 1200
		Waco, TX 76702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Political Contribution
	Complete ONLY if alice -t	Condidate/Officeholder name Office cought
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/28 Rpt: 46/62	Duke, Devvie D. (Mrs.) 00087997
4	Date	5 Payee name
	11/17/2023	McLennan County Republican Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.00	P.O. Box 24238
		Waco, TX 76702
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Totalogi Contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/16/2023	McLennan County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	539 N Valley Mills Drive
		Waco, TX 76710
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Filing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/02/2023	McLennan County Republican Women PAC
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.00	P. O. Box 7291
	,	
		Waco, TX 76710
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZA ZIIDII GILZ	Candidate/Officeholder/Political Committee
		Political Contribution for Luncheon Meeting
	Complete ONLY if divert	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

nse Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/28 Rpt: 47/62	Duke, Devvie D. (Mrs.) 00087997
4	Date	5 Payee name
	11/08/2023	McLennan County Republican Women PAC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$28.00	P. O. Box 7291
		Waco, TX 76710
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Folitical Continuation for Euroneon Meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	
\vdash	Dete	
	Date	Payee name
	11/29/2023	McLennan County Republican Women PAC
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.00	P. O. Box 7291
		Waco, TX 76710
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Political Contribution for Luncheon Meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	09/29/2023	MyRemittanceEnvelopes.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	60 Blueberry Lane
L		Dresden, ME 04342
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Envelopes
		Епусторез
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer	ID (Ethics Commission Filers)			
	Sch: 17/28 Rpt: 48/62	Duke, Devvie D. (Mrs.)	87997			
4	Date	5 Payee name				
	10/02/2023	MyRemittanceEnvelopes.com				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$192.76	60 Blueberry Lane				
		Dresden, ME 04342				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense	exas. Complete Schedule T.			
	LXI LINDITORE	Check if Austin, TX, officeh	older living expense			
		Envelopes				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
9	expenditure to benefit C/OI		Office field			
_	Data					
	Date 11/04/2023	Payee name MyPomittancoEnvolones com				
		MyRemittanceEnvelopes.com				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$175.21	60 Blueberry Lane				
		Dresden, ME 04342				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Printing Expense Check if travel outside of To	exas. Complete Schedule T. older living expense			
		Remittance Envelope				
	Complete ONLY if direct		Office held			
	expenditure to benefit C/OI	DH				
	Date	Payee name				
	09/25/2023	Name Badges, Inc.				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$47.98	12240 SW 53rd St, Suite 511				
		Copper City, FL 33330				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	1	exas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeh	older living expense			
		Name Badges				
L	Operated ONE VIII	Our stide to 10 ff as had down a reason of the 10 ff	Off: -			
	Complete ONLY if direct expenditure to benefit C/OI		Office held			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 18/28 Rpt: 49/62	Duke, Devvie D. (Mrs.)	00087997
4	Date	5 Payee name	
	10/28/2023	Name Badges, Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$62.35	12240 SW 53rd St, Suite 511	
		Copper City, FL 33330	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	onice overnead/Nental Expense	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Name Badge	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	12/18/2023	Ninfa's Mexican Restaurant	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$122.95	220 S 3rd Street	
		Waco, TX 76701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 000/Develage Expense	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Meals with S	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	11/10/2023	Numinar Analytics	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$675.00	1201 Wilson Blvd.	
		Arlington, VA 22209	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
			tform Subscription 11/9-12/9
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 19/28 Rpt: 50/62	Duke, Devvie D. (Mrs.) 00087997
4	Date	5 Payee name
	12/11/2023	Numinar Analytics
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$675.00	1201 Wilson Blvd.
		Arlington, VA 22209
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Numinar Platform Subscription 12/9-1/9
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/29/2023	Office Depot
		<u> </u>
	Amount (\$)	Payee address; City; State; Zip Code
	\$22.22	4627 S Jack Kultgen Expy
		Waco, TX 76706
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense
		Office Supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Data	
	Date	Payee name
	10/19/2023	Office Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$178.41	4627 S Jack Kultgen Expy
		Waco, TX 76706
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Calendars, Envelopes, Notebooks, Stamps, Dividers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense EAccounting/Banking Expense EOntributions/ Donations Made By - Candidate/Officeholder/Political Committee EACCOUNTIES EACCOUNTIES EACCOUNTIES EACCOUNTIES EACCOUNTIES EACCOUNTIES EACCOUNTIES EACCOUNTIES

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Git/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/28 Rpt: 51/62	Duke, Devvie D. (Mrs.) 00087997
4	Date	5 Payee name
	11/05/2023	Office Depot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$140.06	4627 S Jack Kultgen Expy
		Waco, TX 76706
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Stamps, Labels
		Stamps, Labels
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	10/08/2023	Party City
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.58	2800 W Loop 340
		Waco, TX 76711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Balloons For Annoucement
		Balloons For Almoutement
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Davida marra
	11/15/2023	Payee name
L		Party City
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.02	2800 W Loop 340
		Waco, TX 76711
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Decor for Meet & Greet Event
		Decoi idi Meet & Greet Event
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to comp	•	,
1	Total pages Schedule F1:	•		3 Filer ID (Ethics Commission Filers)
	Sch: 21/28 Rpt: 52/62	Duke, Devvie D. (Mrs.)		00087997
4	Date	5 Payee name		
	10/25/2023	Peak Parking		
6	Amount (\$)	7 Payee address; City; State; Zip Code	9	
	\$47.63	823 Congress Garage, 910 Brazos Stt.		
		Austin, TX 78701		
8	PURPOSE OF	,) [Description
	EXPENDITURE	Travel In District	ŀ	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			(Congress Parking - Austin, TX
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	12/15/2023	Photography by Cecy		
	Amount (\$)	Payee address; City; State; Zip Code	9	
	\$102.84	633 N Stovall Drive		
		Robinson, TX 76706		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)) [Description
	EXPENDITURE	Advertising Expense	Ļ	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			L	Headshot
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	11/01/2023	Remington Research Group		
	Amount (\$)	Payee address; City; State; Zip Code)	
	\$1,375.92	800 W 47th St, Ste 200		
		Kansas City, MO 64112		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) [Description
	OF EXPENDITURE	Advertising Expense	Ę	Check if travel outside of Texas. Complete Schedule T.
			L	Check if Austin, TX, officeholder living expense MMS Texts Advertising
				Will Texts / dvertising
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/OI	•		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/28 Rpt: 53/62	Duke, Devvie D. (Mrs.) 00087997
4	Date	5 Payee name
	12/20/2023	Remington Research Group
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6,800.00	800 W 47th St, Ste 200
		Kansas City, MO 64112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense TX HD 56 GOP Primary Survey
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/01/2023	Republican Gun Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$541.25	19000 Woodway Dr
		Woodway, TX 76712
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Kickoff Event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/05/2023	Sam's Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$215.42	2301 E Waco Drive
		Waco, TX 76705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Traveling Speaker Mic
		Travelling Speaker Ivilic
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment		The Instruction Guide explains how to o	ompl	elete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 23/28 Rpt: 54/62		Duke, Devvie D. (Mrs.)		00087997
4	Date	5	Payee name		•
	11/07/2023		Sam's Club		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$184.35	l	2301 E Waco Drive		
		l			
		l	Waco, TX 76705		
8	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	l			Check if Austin, TX, officeholder living expense
		l			Food and Beverage For Meet and Greet
_	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	t Office held
9	expenditure to benefit C/O		Candidate/Officeholder name Office so	ugni	t Office field
_	<u> </u>	_			
	Date	l	Payee name		
	11/10/2023	┞	Sam's Club		
	Amount (\$)	l	Payee address; City; State; Zip C	ode	
	\$90.82	l	2301 E Waco Drive		
		l			
			Waco, TX 76705		
	PURPOSE OF	(a	Category (See Categories listed at the top of this schedule)	(b)) Description
	EXPENDITURE		Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Candy For Parade
					•
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	t Office held
	expenditure to benefit C/O	Н		-	
	Date	Τ	Payee name		
	12/13/2023	l	Signs.com		
	Amount (\$)	╁	Payee address; City; State; Zip C	ode	
	\$1,607.17	l	1550 South Gladiola Street		
	, -, - · · · ·	l			
		l	Salt Lake City, UT 84104		
	PURPOSE	10		(h)) Decembration
	OF	(a	Category (See Categories listed at the top of this schedule) Advertising Expense	(0)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Advertising Expense		Check if Austin, TX, officeholder living expense
		l			Yard Signs
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	t Office held
	expenditure to benefit C/O	н			

SCHEDULE F1

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

Event Expense Loan I
Fees Office
Food/Beverage Expense Polling
Gift/Awards/Memorials Expense Printin
Lenal Services Salarie

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 24/28 Rpt: 55/62	Duke, Devvie D. (Mrs.) 00087997
4	Date	5 Payee name
	11/03/2023	Straighttalk Services US
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$47.61	9700 NW 112 Avenue
		Miami, FL 33178
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Wireless Service
_	0 1: 0.11.4.7.1.	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/04/2023	Straighttalk Services US
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.61	9700 NW 112 Avenue
		Miami, FL 33178
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign Wireless Service
		Campaign Wheless Service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	Para and a second secon
	Date 09/24/2023	Payee name TFRW Convention 2023 PAC
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	c/o Kerry Gaines, 2113 Flat Creek Drive
		Richardson, TX 75080
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Political Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/28 Rpt: 56/62	Duke, Devvie D. (Mrs.) 00087997
4	Date	5 Payee name
	11/03/2023	Texas Tape & Label
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,446.01	500 S 26th St
		Waco, TX 76706
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Signage
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/29/2023	Texas Tape & Label
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,454.66	500 S 26th St
		Waco, TX 76706
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Partial payment for signs
		Tartal payment for signs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/21/2023	USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.65	430 W. State Hwy. 6
		Waco, TX 76702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Postage Shipping
		T Ostage Shipping
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				Travel Out of District OTHER (enter a category not listed above)					
_					Guide explains	now to co	npie					
1	Total pages Schedule F1:	2								iler ID	(Ethics (Commission Filers)
	Sch: 26/28 Rpt: 57/62		Duke, Devv	rie D. (Mrs.)					0	0087997		
4	Date	5	Payee name									
	09/21/2023		USPS									
6	Amount (\$)	7	Payee addre	ss; City;	State	e; Zip Co	de					
	\$105.00		430 W. Sta	•		•						
	,											
			\\\\a_a_ T\/ 7	,c702								
		╙	Waco, TX 7	6702								
8	PURPOSE OF	(a)		ee Categories listed a		hedule)	(b)	Description				
	EXPENDITURE		Office Over	head/Rental E	xpense			Check if travel or				dule T.
								Check if Austin, Post Office Ma				nnuol
								FUSI Office IVI	alibe	x Rentai -	Seilli-F	Miliuai
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	(Office sou	ght			Office h	eld	
	Date		Payee name									
	09/26/2023		Vistaprint U	SA, Inc.								
	Amount (\$)	┢	Payee addre	ss; City;	State	e; Zip Co	de					
	\$462.24		95 Hayden	•	Otato	, <u>Lip</u> 00	uo					
	Ψ - -02.2-		33 Hayacii	7 (V C								
			Lexington,	MA 02421								
	PURPOSE	(a)	Category (S	ee Categories listed a	at the top of this scl	hedule)	(b)	Description				
	OF EXPENDITURE		Advertising		,	,		Check if travel or	utside	of Texas. Com	plete Sched	dule T.
	EXPENDITORE			-				Check if Austin,	TX, of	ficeholder living	gexpense	
								Business Card	ds			
	Complete ONLY if direct		Candidate/Off	ceholder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	09/30/2023		Vistaprint U	SA. Inc.								
			Payee addre		Ctoto	e; Zip Co	do					
	Amount (\$)		,		Sidile	e, Zip Co	ue					
	\$206.10		95 Hayden	Ave								
			Lexington,	MA 02421								
	PURPOSE	(a)	Category (S	ee Categories listed a	at the top of this scl	hedule)	(b)	Description				
	OF EXPENDITURE		Advertising					Check if travel or	utside	of Texas. Com	plete Sched	dule T.
	EXPENDITORE			-				Check if Austin,		ficeholder living	g expense	
								Lapel Stickers	6			
	Complete ONLY if direct		Candidate/Off	ceholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete 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 Co 95 Hayden Ave Lexington, MA 02421	ode	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Retractable Banners
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou	ght	Office held
	Date 10/31/2023	Payee name Vistaprint USA, Inc.		
	Amount (\$) \$138.02	Payee address; City; State; Zip Co 95 Hayden Ave Lexington, MA 02421	de	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Retractable Banners
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	Date 11/06/2023	Payee name Vistaprint USA, Inc.		
	Amount (\$) \$176.65	Payee address; City; State; Zip Co 95 Hayden Ave	de	
		Lexington, MA 02421		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Labels
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ense Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 28/28 Rpt: 59/62	Duke, Devvie D. (Mrs.) 00087997
4	Date	5 Payee name
	12/14/2023	Vistaprint USA, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$119.54	95 Hayden Ave
		Lexington, MA 02421
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Custom Post-it Notes
		Custom Fusi-it Notes
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	the state of the s
F	Date	Payee name
	11/20/2023	Waco Social
H	Amount (\$)	Payee address; City; State; Zip Code
	\$211.09	2921 Lake Shore Drive
		Waco, TX 76708
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Table Rental for Meet & Greet Event
		Table Fight and Hisself & Greek Event
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	09/25/2023	Walmart
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$210.91	600 Hewitt Drive
		Waco, TX 76712
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign Phone
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	
\vdash		

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/2 Rpt: 60/62 Duke, Devvie D. (Mrs.) 00087997 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 12/29/2023 AMA Graphics, LLC Amount (\$) Payee address; State; Zip Code \$54.30 6301 Imperial Drive Waco, TX 76712 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Post Cards 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date AMA Graphics, LLC 12/29/2023 Amount (\$) Payee address; City; State; Zip Code \$430.11 6301 Imperial Drive Waco, TX 76712 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Palm Cards Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/2 Rpt: 61/62 Duke, Devvie D. (Mrs.) 00087997 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 12/26/2023 AMA Graphics, LLC Amount (\$) Payee address; State; Zip Code \$109.42 6301 Imperial Drive Waco, TX 76712 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Business Cards** 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 12/29/2023 **Broad Embroidery** Amount (\$) Payee address; City; State; Zip Code \$120.00 6301 Imperial Dr. Waco, TX 76712 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Embroidered 4 Zip Pullovers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 1/1 Rpt: 62/62 Duke, Devvie D. (Mrs.) 00087997 Date Payee name 10/19/2023 Photography by Cecy Amount (\$) Payee address; State; Zip Code 633 N Stovall Drive \$308.51 Reimbursement from political contributions intended Robinson, TX 76706 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Photography Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/17/2023 Sam's Club Amount (\$) Payee address; City; State; Zip Code \$51.00 2301 E Waco Drive Reimbursement from political contributions Waco, TX 76705 intended PURPOSE Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Candy for Parade Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH