#### FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 35 00087997 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mrs. Devvie D. NAME Date Received **ELECTRONICALLY FILED** 02/05/2024 NICKNAME LAST **SUFFIX** Duke CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** PO Box 23424 MAILING Amount Receipt # **ADDRESS** Change of Address Waco, TX 76702 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Barbara K. NAME NICKNAME LAST **SUFFIX** White STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 317 Crye Circle **ADDRESS** (Residence or Business) Robinson, TX 76706

**EXTENSION** 

**THROUGH** 

χ Primary

General

Runoff

Exceeded modified reporting limit

Month

**ELECTION TYPE** 

Runoff

Special

Day

01/25/2024

12 OFFICE SOUGHT (if known)

State Representative District 56

Year

Other

30th day before election

8th day before election

**CAMPAIGN** 

**PHONE** 

REPORT TYPE

**PERIOD** 

10 ELECTION

11 OFFICE

**COVERED** 

**TREASURER** 

AREA CODE

(254) 717-3251

January 15

Day

Day

03/05/2024

OFFICE HELD (if any)

**ELECTION DATE** 

01/01/2024

Year

Year

July 15

Month

Month

PHONE NUMBER

15th day after campaign treasurer appointment (officeholder only)
Final Report (Attach C/OH-FR)

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 35

13 C / OH NAME	<b>14</b> Filer ID (00087997	Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without I officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
_	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		<b>AL CONTRIBUTIONS</b> PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 30,172.63
EXPENDITURE TOTALS		\$ 0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 23,182.90
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE I RIOD	AST DAY OF THE	<b>\$</b> 21,436.29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 10,000.00
<b>17</b> AFFIDAVIT		I swear, or affirm, under penal true and correct and includes a under Title 15, Election Code.		
		Mrs	s. Devvie D. Duke	
		Signature o	f Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of office.		
Signature of office	er administering	Printed name of officer administering	Title of officer	administering oath

## **SUBTOTALS - C/OH**

## FORM COH **COVER SHEET PG 3**

					3 of 35
	ER NAM	ME vvie D. (Mrs.)	<b>19</b> Filer ID 00087997	(Ethic	cs Commission Filers)
		E SUBTOTALS SCHEDULE	L		SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	21,076.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	9,096.63
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.		SCHEDULE E: LOANS	\$		
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	20,440.46
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	2,742.44
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 1/10 Rpt: 4/35	
2	FILER NAME Duke, Devvi	e D. (Mrs.)			3	Filer ID (Ethics Commission 00087997	on Filers)
4	Date 01/18/2024	<ul><li>5 Full name of contributor Anderson, Deborah</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$20.00
8	Principal occu	Waco, TX 76710 pation / Job title (See Instructions)	lo.	Employer (See Instructions	·/		
0	Retired	pation / 300 title (See Instructions)	9	Retired	)		
	Date 01/24/2024	Full name of contributor Anderson, Deborah Contributor address; City; Sta				Amount of Contribution (\$)	\$250.00
	Dringing ogg	Waco, TX 76710		Employer (See Instructions	·/		
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	·)		
	Date 01/09/2024	Full name of contributor  Ballew, Denise  Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code	)		Amount of Contribution (\$)	\$25.00
		Hewitt, TX 76643					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 01/09/2024	Full name of contributor Ballew, Denise Contributor address; City; Sta Hewitt, TX 76643	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$30.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 01/25/2024	Full name of contributor  Baron, Elizabeth  Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			<u>,                                      </u>				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUI	E A1
	The Instru	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 2/10 Rpt: 5/35	
2	FILER NAME Duke, Devvi	e D. (Mrs.)			3	Filer ID (Ethics Commission 00087997	on Filers)
4	Date 01/18/2024	<ul><li>5 Full name of contributor</li><li>Boswell, Toni</li><li>6 Contributor address; City; State</li></ul>			7	Amount of Contribution (\$)	\$500.00
_	Duinning Langu	Lorena, TX 76655	lo.	Faralousy (Co.s. In admirations			
8	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 01/23/2024	Full name of contributor  Carter, Donna  Contributor address; City; State	out-of-state PAC (ID#:; Zip Code	)		Amount of Contribution (\$)	\$250.00
	Principal occu	Streetman, TX 75859 pation / Job title (See Instructions)		Employer (See Instructions			
	Retired	pation / oob title (occ manucions)		Retired	,		
	Date 01/09/2024	Full name of contributor  Castillo, Martha  Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code	)		Amount of Contribution (\$)	\$5,000.00
		Woodway, TX 76712					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 01/18/2024	Full name of contributor  Castillo, Martha  Contributor address; City; State  Woodway, TX 76712	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$660.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 01/08/2024	Full name of contributor  Cates, Eleanor  Contributor address; City; State  Lorena, TX 76655	out-of-state PAC (ID#:; Zip Code	)		Amount of Contribution (\$)	\$28.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
			•				

	MONET	ARY POLITICAL (	CONTRIBUTIO	Ν	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 3/10 Rpt: 6/35	
2	FILER NAME Duke, Devvi	e D. (Mrs.)				3	Filer ID (Ethics Commission 00087997	on Filers)
4	Date 01/15/2024	<ul><li>5 Full name of contributor Coody, David</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:ate; Zip Code		)	7	Amount of Contribution (\$)	\$250.00
8	Principal occu	McGregor, TX 76657 pation / Job title (See Instructions	<u>,                                      </u>	<u> </u>	Employer (See Instructions	:) 		
0		and Strategy		9	L3Harris	·)		
	Date 01/25/2024	Full name of contributor Croy, Julie Contributor address; City; Si			)		Amount of Contribution (\$)	\$150.00
		China Spring, TX 76633						
	Principal occu Homemaker	pation / Job title (See Instructions	i)		Employer (See Instructions Homemaker	5)		
	Date 01/09/2024	Full name of contributor Cummings, Patricia Contributor address; City; Si	out-of-state PAC (ID#:ate; Zip Code		)		Amount of Contribution (\$)	\$1,000.00
		Lorena, TX 76655						
	Principal occu Retired	pation / Job title (See Instructions	(i)		Employer (See Instructions Retired	5)		
	Date 01/09/2024	Full name of contributor Cummings, Sophie Contributor address; City; St			)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions	)		Employer (See Instructions Retired	5)		
	Date 01/23/2024	Full name of contributor DeVine, Gaylyn Contributor address; City; Si Pearland, TX 77581	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$50.00
	Principal occu Business Ow	pation / Job title (See Instructions vner	)		Employer (See Instructions Self Employed	 s)		

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this forr	n.	1	Total pages Schedule A1: Sch: 4/10 Rpt: 7/35	
2	FILER NAME Duke, Devvi	e D. (Mrs.)			3	Filer ID (Ethics Commission 00087997	on Filers)
4	Date 01/09/2024	<ul><li>5 Full name of contributor</li><li>Duke, Devvie</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$1,500.00
8	Principal occu	McGregor, TX 76657 pation / Job title (See Instructions)	ام	Employer (See Instructions			
•	Owner	pation / 300 title (See Instructions)	3	Position 4 Solutions	·)		
	Date 01/25/2024	Full name of contributor Findley, Kim Contributor address; City; Sta				Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	waco, TX 76712 pation / Job title (See Instructions)		Employer (See Instructions Retired	i)		
	Date 01/02/2024	Full name of contributor Fredricks, Deborah Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	West, TX 76691 pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 01/02/2024	Full name of contributor Gayeske, Caroline Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u>		
	Date 01/09/2024	Full name of contributor Granger, Angela Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			•				

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 5/10 Rpt: 8/35	
2	FILER NAME Duke, Devvi	e D. (Mrs.)			3	Filer ID (Ethics Commission 00087997	on Filers)
4	Date 01/25/2024	<ul><li>5 Full name of contributor [Harrison, Nancy</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: te; Zip Code	)	7	Amount of Contribution (\$)	\$100.00
_	Deignigal	Waco, TX 76712	lo.	Franks or (Cook batturations			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	<u></u>		
	Date 01/11/2024	Full name of contributor  Hensley, Clayton  Contributor address; City; Sta		)		Amount of Contribution (\$)	\$60.00
	Principal occu	waco, TX 76702 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	School Bus I	School Bus Driver Midway ISD					
	Date 01/18/2024	Full name of contributor [ Hensley, Clayton Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
		Waco, TX 76702					
	Principal occu School Bus I	pation / Job title (See Instructions) Driver		Employer (See Instructions Midway ISD	)		
	Date 01/25/2024	Full name of contributor James, Robert Contributor address; City; Sta Hewitt, TX 76643	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$50.00
	Principal occu Business Ow	pation / Job title (See Instructions) vner		Employer (See Instructions Self Employed	<u>(</u>		
	Date 01/06/2024	Full name of contributor Joscelyne, Janet Contributor address; City; Sta Woodway, TX 76712	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u>		
			<u>,                                     </u>				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS	SCHEDULE A1	
	The Instru	ction Guide explains how	to complete this fo	rm.	1 Total pages Schedule A1: Sch: 6/10 Rpt: 9/35	
2	FILER NAME Duke, Devvi	e D. (Mrs.)			3 Filer ID (Ethics Commission Filers) 00087997	
4	Date 01/07/2024	<ul> <li>5 Full name of contributor [Lane, Karen</li> <li>6 Contributor address; City; Sta</li> </ul>	out-of-state PAC (ID#: te; Zip Code		7 Amount of Contribution (\$) \$25.0	)0
8	Principal occu	Hewitt, TX 76643 pation / Job title (See Instructions)	9	Employer (See Instructions	ls)	_
	Office Assist	ant		Advanced Financial Stra	rategies	
	Date 01/08/2024	Full name of contributor  Lane, Karen  Contributor address; City; Sta  Hewitt, TX 76643	out-of-state PAC (ID#: te; Zip Code	)	Amount of Contribution (\$)	)0
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	ns)	_
	Office Assist	ant		Advanced Financial Stra	rategies	
	Date 01/02/2024	Full name of contributor [ Lange, Alan Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)	Amount of Contribution (\$)  \$50.0	)0
		McGregor, TX 76657				
	Principal occu Runner	pation / Job title (See Instructions)		Employer (See Instructions Central National Bank	is)	
	Date 01/25/2024	Full name of contributor LeNoir, Tony Contributor address; City; Sta Elm Mott, TX 76640	out-of-state PAC (ID#:	)	Amount of Contribution (\$) \$250.0	)0
	Principal occu Business Ov	pation / Job title (See Instructions) vner		Employer (See Instructions Self Employed	is)	_
	Date 01/18/2024	Full name of contributor [ Leftwich, Leon Contributor address; City; Sta Waco, TX 76708	out-of-state PAC (ID#:		Amount of Contribution (\$) \$100.0	)0
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	is)	

	MONET	ARY POLITICAL C	CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 7/10 Rpt: 10/35	
2	FILER NAME Duke, Devvi	e D. (Mrs.)				3	Filer ID (Ethics Commission 00087997	on Filers)
4	Date 01/18/2024	<ul><li>5 Full name of contributor Lytle, Vicke</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$250.00
8	Principal occu	Waco, TX 76708 pation / Job title (See Instructions	)		Employer (See Instructions	;) 		
•	Retired	pation / 300 title (See matructions	) 	<i>-</i>	Retired	•)		
	Date 01/18/2024	Full name of contributor Lytle, Vicke Contributor address; City; St			)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Waco, TX 76708 pation / Job title (See Instructions	)		Employer (See Instructions	<u> </u>		
	Retired	panon, ees and (ees mensene	,		Retired	,		
	Date 01/23/2024	Full name of contributor Mahon, Tone Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$100.00
		Bellmead, TX 76705						
	Principal occu Retired	pation / Job title (See Instructions	)		Employer (See Instructions Retired	5)		
	Date 01/01/2024	Full name of contributor McDonald, Terry Contributor address; City; St Hewitt, TX 76643			)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions	)		Employer (See Instructions Retired	5)		
	Date 01/25/2024	Full name of contributor Ogden, Carol Contributor address; City; St Crawford, TX 76638	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions	)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 8/10 Rpt: 11/35	
2	FILER NAME Duke, Devvi	e D. (Mrs.)			3	Filer ID (Ethics Commission 00087997	on Filers)
4	Date 01/18/2024	<ul><li>5 Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$125.00
_	Daine in a la casa	Waco, TX 76710	T <sub>a</sub>	Faralana (One la tradició			
8	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 01/05/2024	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$250.00
	Principal occu	waco, TX 76710 pation / Job title (See Instructions)		Employer (See Instructions	)		
		Pro-Life Leader Self Employed		•			
	Date 01/09/2024	Full name of contributor	out-of-state PAC (ID#: Zip Code	)		Amount of Contribution (\$)	\$1,000.00
		Waco, TX 76708					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 01/03/2024	Full name of contributor				Amount of Contribution (\$)	\$1,000.00
	Principal occu Business Ow	pation / Job title (See Instructions) vner		Employer (See Instructions Self Employed	)		
	Date 01/25/2024	Full name of contributor Contributor Contributor address; City; State; 2  Waco, TX 76710	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$250.00
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	)		
			·				

MONE	FARY POLITICAL CONTRIBUTION	ONS	5		SCHEDUL	E <b>A1</b>
The Instru	uction Guide explains how to complete this	form	ı <b>.</b>	1	Total pages Schedule A1: Sch: 9/10 Rpt: 12/35	
2 FILER NAME Duke, Devv				3	Filer ID (Ethics Commissio 00087997	n Filers)
4 Date 01/18/2024	5 Full name of contributor out-of-state PAC (ID#:	#:	)	7	Amount of Contribution (\$)	\$80.00
	McGregor, TX 76657					
8 Principal occ Retired	upation / Job title (See Instructions)		Employer (See Instructions Retired	i)		
Date 01/18/2024			)		Amount of Contribution (\$)	\$20.00
	Lorena, TX 76655	<del>.</del>	- 1 (0 1 1 1	_		
Principal occ Retired	upation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
Date 01/18/2024	Full name of contributor out-of-state PAC (ID#: Tusa, Sherry Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$200.00
	Lorena, TX 76655					
Principal occ Retired	upation / Job title (See Instructions)		Employer (See Instructions Retired	i)		
Date 01/11/2024	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$100.00
Principal occ Sonographe	Robinson, TX 76706  upation / Job title (See Instructions) er		Employer (See Instructions Ascension Providence	5)		
Date 01/18/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
	Waco, TX 76708 upation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
Accounting			Self Employed			

	MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/10 Rpt: 13/35			
2	FILER NAME Duke, Devvi			3	Filer ID (Ethics Commission 00087997	on Filers)		
4	Date 01/18/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$100.00		
		Waco, TX 76708		Ĺ				
8	Principal occu Accounting	ipation / Job title (See Instructions)	9 Employer (See Instructions Self Employed	5)				
	Date Full name of contributor out-of-state PAC (ID#:) 01/12/2024 Woodhouse, Bruce Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00			
		Woodway, TX 76712						
	Principal occu Retired	ppation / Job title (See Instructions)	Employer (See Instructions Retired	5)				

The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/5 Rpt: 14/35			
2 FILER NAME	2 FILER NAME			s Commission Filers)	
Duke, Devv	ie D. (Mrs.)		00087997		
4 TOTAL OF	4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				
<b>5</b> Date	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of	9 In-kind contribution	
01/05/2024	Ballew, Denise		contribution (\$)		
	7 Contributor address; City; State; Zip Code		\$31.38	Supplies to Hang Signs	
				] 	
				i I	
	Hewitt, TX 76643		Check if travel of	utside of Texas. Complete Schedule T.	
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See ii	nstructions)	
Retired		Retired			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL)	(See instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (	FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1			
Date	Full name of contributor		Amount of	In-kind contribution	
01/24/2024	.]		contribution (\$)		
01/24/2024	Ballew, Denise		\$79.41	Food for Campaign	
	Contributor address; City; State; Zip Code			Worker Party	
				  -	
	Hewitt, TX 76643			! 	
Principal occu		Employer (FOR NON	•	outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employ Retired Retired			(OUTCIAL)		
	principal occupation (FOR JUDICIAL)	Contributor's job title	(EOD JUDICIAL)	(See instructions)	
Contributors	principal occupation (1 Ort obbiciAL)	Contributor 3 job title	(I ON JODICIAL)	(Gee mandono)	
Contributor's	omployor/low firm (FOR HIDICIAL)	Low firm of contribut	or's spause (if any) (	FOR JUDICIAL)	
Continuators	employer/law firm (FOR JUDICIAL)	Law firm of contribute	oi's spouse (ii ariy) (	FOR JUDICIAL)	
If a subsiliar to a	is a shill be of many of a secretary (if any ) (EQD JUDIQIA)				
if contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	e Full name of contributor out-of-state PAC (ID#:)		Amount of	In-kind contribution	
01/17/2024	Boswell, Toni		contribution (\$)	description Food for High Rise Meet &	
	Contributor address; City; State; Zip Code		Ψ30.00	Greet Event	
				I I	
				] 	
	Lorena, TX 76655		Check if travel of	outside of Texas. Complete Schedule T.	
Principal occı	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See ii	nstructions)	
Retired		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 contribute	or's spouse (if any) (	FOR JUDICIAL)	
If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

The Instru	uction Guide explains how to complete this f	1 Total pages Sch: 2/5 F		
2 FILER NAME			3 Filer ID (F	Ethics Commission Filers)
Duke, Devv			00087997	,
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	
5 Date 6 Full name of contributor out-of-state PAC (ID#:) Castillo, Martha  7 Contributor address; City; State; Zip Code  Woodway, TX 76712				9 In-kind contribution  (\$)   description 00   Campaign Mailer Printing
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON		See instructions)
Retired		Retired		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAI	_) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if a	ny) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date Full name of contributor out-of-state PAC (ID#:			Amount of contribution \$66	In-kind contribution  (\$) description  (.00   Postage
Lorena, TX 76655			Check if tr	l ravel outside of Texas. Complete Schedule T.
<u> </u>			-JUDICIAL) (S	Gee instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAI	_) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if a	ny) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 01/10/2024 Full name of contributor out-of-state PAC (ID#: Duke, Robert Contributor address; City; State; Zip Code			Amount of contribution \$4,207	In-kind contribution  (\$) description  (.61   Billboard Advertisements
McGregor, TX 76657			Check if tr	l avel outside of Texas. Complete Schedule T.
·	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (S	See instructions)
Business O	wner	Self Employed		
Contributor's	Contributor's job title	(FOR JUDICIAI	_) (See instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if a	ny) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	<u> </u>			

The Instru	ection Guide explains how to complete this 1	1 Total pages Schedule A2: Sch: 3/5 Rpt: 16/35			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
Duke, Devv			00087997		
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	SUTIONS	\$		
5 Date	6 Full name of contributor  ut-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution		
01/16/2024	Duke, Robert		contribution (\$) description		
	7 Contributor address; City; State; Zip Code		\$1,600.00   Sponsor Table at Freedom Ball Event		
			I recom Bail Event		
			i		
	McGregor, TX 76657		Check if travel outside of Texas. Complete Schedule T.		
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	· ·		
Owner	,	Position4Solutions	,		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title			
TE CONTINUE OF S	principal occupation (i Ort ooble), i.e.,	20 Contributor 3 job title	(I ON GODION L) (Coo medicale.is)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
	,		,		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u>l</u>			
	(a) (a) (b) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c				
Dete	Full manner of contributors		Amount of Indian contribution		
Date	Date Full name of contributor out-of-state PAC (ID#:  01/01/2024 Granger, Angela  Contributor address; City; State; Zip Code		Amount of In-kind contribution contribution (\$) description		
01/01/2024			\$138.97   Campaign Table Covers		
			į į		
	Lorono TV 766FF		_		
Lorena, TX 76655			Check if travel outside of Texas. Complete Schedule T.		
			I-JUDICIAL) (See instructions)		
Retired		Retired	(777 1177 1177 1177 1177 1177 1177 1177		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor  out-of-state PAC (ID#:	)	Amount of In-kind contribution		
01/25/2024	Notgrass, Patty		contribution (\$) description		
	Contributor address; City; State; Zip Code		\$25.00   Food for Meet & Greet   Event		
	-		I Liverit		
			į		
Waco, TX 76712			Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NO			I-JUDICIAL) (See instructions)		
Retired 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 contribute	or's spouse (if any) (FOR JUDICIAL)		
If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

The Instru	ction Guide explains how to complete this 1	1 Total pages Schedule A2: Sch: 4/5 Rpt: 17/35		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Duke, Devvi			00087997	
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	SUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of 9 In-kind contribution contribution (\$) description	
01/17/2024			\$50.001 Food for High Rise Meet &	
	7 Contributor address; City; State; Zip Code		Greet Event	
			į į	
	Waco, TX 76710		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON		
Retired		Retired		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor  out-of-state PAC (ID#:	)	Amount of In-kind contribution	
01/22/2024	Reynolds, Ralph		contribution (\$) description	
	Contributor address; City; State; Zip Code		\$1,500.00   Sponsor Table at Love to the Rescue Shriner's	
			Event	
			_	
Valley Mills, TX 76689			Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR			I-JUDICIAL) (See instructions)	
Construction		Lochridge Priest		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)	
Contributor 3	employemaw iiiii (i ON 30DICIAL)	Law IIIII of Contribute	or a spouse (if arry) (if or a abbierne)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	, a , , , , , , , , , , , , , , , , , ,			
Date	Full name of contributor out-of-state PAC (ID#:	\	Amount of ! In-kind contribution	
01/17/2024	Stamps, Connie		contribution (\$) description	
	Contributor address; City; State; Zip Code		\$45.00 Food for High Rise Meet &	
			Greet Event	
			į	
Waco, TX 76710			Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NO			I-JUDICIAL) (See instructions)	
Retired		Retired		
Contributor's principal occupation (FOR JUDICIAL)  Contributor's jo			(FOR JUDICIAL) (See instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# **NON-MONETARY (IN-KIND) POLITICAL** SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 5/5 Rpt: 18/35 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Duke, Devvie D. (Mrs.) 00087997

	,		
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$	
5 Date 01/17/2024 6 Full name of contributor out-of-state PAC (ID#:) Swartz, Donna 7 Contributor address; City; State; Zip Code			8 Amount of contribution (\$) 9 In-kind contribution description \$200.00   Food for High Rise Meet & Greet Event
	Waco, TX 76707		i Check if travel outside of Texas. Complete Schedule T.
10 Principal occu Retired	pation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON Retired	-JUDICIAL) (See instructions)
12 Contributor's p	orincipal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's 6	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
16 If contributor is	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date Full name of contributor out-of-state PAC (ID#:			Amount of In-kind contribution contribution (\$) description \$431.62 Supplies for Campaign Mailings
	Robinson, TX 76706		Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON			-JUDICIAL) (See instructions)
Business Ov	vner	Self Employed	
Contributor's p	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's e	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
If contributor is	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date  O1/20/2024  Full name of contributor out-of-state PAC (ID#:			Amount of In-kind contribution contribution (\$) description \$40.64   Donuts for Block Walkers
Principal occu	Waco, TX 76708  pation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	LI Check if travel outside of Texas. Complete Schedule T.  -JUDICIAL) (See instructions)
Accounting Self Employed			( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
-			(FOR JUDICIAL) (See instructions)
Contributor's e	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
If contributor is	s a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Forms provided	by Texas Ethics Commission www.ethics	s.state.tx.us	Version V3.5.1.9000c47

#### 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 Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this	form.
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/15 Rpt: 19/35	Duke, Devvie D. (Mrs.)	00087997
4	Date	5 Payee name	
	01/01/2024	AMA Graphics, LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$54.30	6301 Imperial Drive	
		Waco, TX 76712	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ription
	OF EXPENDITURE	Advertising Expense	eck if travel outside of Texas. Complete Schedule T.
		Che Postc	eck if Austin, TX, officeholder living expense
		FUSIC	,ai us
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O	Candidate/Officeroder name Cinice sought	Office field
_	Date	Davida nama	
	01/08/2024	Payee name AMA Graphics, LLC	
	Amount (\$)		
	\$246.53	6301 Imperial Drive	
	!	W TV 70740	
		Waco, TX 76712	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descri	•
	EXPENDITURE	Advertising Expense	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense
	!		ng Postage
	!		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF		
Г	Date	Payee name	
	01/16/2024	AMA Graphics, LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$109.42	6301 Imperial Drive	
	!		
	!	Waco, TX 76712	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ription
	OF EXPENDITURE	Advertising Expense	eck if travel outside of Texas. Complete Schedule T.
	EXPLINITIONS		eck if Austin, TX, officeholder living expense
	!	Busin	ness Cards Paid From a Prior Period Obligation
	Campleta ONII V if direct	Candidate/Officeholder name Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Опісе пеіа
	<u> </u>		

#### 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: 2/15 Rpt: 20/35	Duke, Devvie D. (Mrs.) 00087997
4	Date	5 Payee name
	01/19/2024	AMA Graphics, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.65	6301 Imperial Drive
		Waco, TX 76712
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense
		Foamboard
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	<u> </u>	
	Date	Payee name
	01/19/2024	AMA Graphics, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$131.05	6301 Imperial Drive
		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
		Postcards
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	01/02/2024	
	OTIOLI LOL	AMA Graphics, LLC
		· · · · · · · · · · · · · · · · · · ·
	Amount (\$)	Payee address; City; State; Zip Code
		· · · · · · · · · · · · · · · · · · ·
	Amount (\$)	Payee address; City; State; Zip Code
	Amount (\$) \$430.11  PURPOSE	Payee address; City; State; Zip Code 6301 Imperial Drive  Waco, TX 76712
	Amount (\$) \$430.11  PURPOSE OF	Payee address; City; State; Zip Code 6301 Imperial Drive  Waco, TX 76712  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if travel outside of Texas. Complete Schedule T.
	Amount (\$) \$430.11  PURPOSE	Payee address; City; State; Zip Code 6301 Imperial Drive  Waco, TX 76712  (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
	Amount (\$) \$430.11  PURPOSE OF	Payee address; City; State; Zip Code 6301 Imperial Drive  Waco, TX 76712  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if travel outside of Texas. Complete Schedule T.
	Amount (\$) \$430.11  PURPOSE OF EXPENDITURE	Payee address; City; State; Zip Code 6301 Imperial Drive  Waco, TX 76712  (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  Palm Cards - Paid from a Prior Obligation
	Amount (\$) \$430.11  PURPOSE OF	Payee address; City; State; Zip Code 6301 Imperial Drive  Waco, TX 76712  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Palm Cards - Paid from a Prior Obligation  Candidate/Officeholder name Office sought Office held
	Amount (\$) \$430.11  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee address; City; State; Zip Code 6301 Imperial Drive  Waco, TX 76712  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Palm Cards - Paid from a Prior Obligation  Candidate/Officeholder name Office sought Office held
	Amount (\$) \$430.11  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Payee address; City; State; Zip Code 6301 Imperial Drive  Waco, TX 76712  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Palm Cards - Paid from a Prior Obligation  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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<u> </u>	T. 1 0 1 1 54	<u>_</u>
1	Total pages Schedule F1: Sch: 3/15 Rpt: 21/35	2 FILER NAME Duke, Devvie D. (Mrs.)  3 Filer ID (Ethics Commission Filers) 00087997
_	<u> </u>	F D
4	Date	5 Payee name
	01/25/2024	AMA Graphics, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$294.44	6301 Imperial Drive
		'
		Waco, TX 76712
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Advertising Materials
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Davisa nama
		Payee name
	01/01/2024	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.30	1340 Poydras St., Suite 1770
		New Orleans, LA 70112
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Online Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/02/2024	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.30	1340 Poydras St., Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Online Donation Processing Fee
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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: 4/15 Rpt: 22/35	Duke, Devvie D. (Mrs.) 00087997
4	Date	5 Payee name
	01/02/2024	Anedot, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.30	1340 Poydras St., Suite 1770
		New Orleans, LA 70112
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Online Donation Processing Fee
		Chimic Bornauch 1 100000 ing 1 00
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Data	
	Date	Payee name
	01/02/2024	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.30	1340 Poydras St., Suite 1770
		New Orleans, LA 70112
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Online Donation Processing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	01/03/2024	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.30	1340 Poydras St., Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Online Donation Processing Fee
_	Operation ONE V. C. F.	On didn't lot for a series of the series of
	Complete <u>ONLY</u> 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 -

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: 5/15 Rpt: 23/35	Duke, Devvie D. (Mrs.) 00087997
4	Date	5 Payee name
	01/05/2024	Anedot, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.30	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 EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	ZAI ZABITORZ	Check if Austin, TX, officeholder living expense
		Online Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Davida marra
	01/07/2024	Payee name Anedot, Inc.
	Amount (\$) \$1.30	Payee address; City; State; Zip Code
	Φ1.50	1340 Poydras St., Suite 1770
		New Orleans I A 70110
		New Orleans, LA 70112
	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	Fees Check if travel outside of Texas. Complete Schedule 1.  Check if Austin, TX, officeholder living expense
		Online Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/08/2024	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.42	1340 Poydras St., Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online Donation Processing Fee
		Offilite Doriation Processing Fee
	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

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	cal Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a cate	gory not listed above)
		The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID (EI	thics Commission Filers)
	Sch: 6/15 Rpt: 24/35	Duke, Devvie D. (Mrs.) 00087997	
4	Date	5 Payee name	
	01/08/2024	Anedot, Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1.42	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 EXPENDITURE	Fees Check if travel outside of Texas. Complete	
		Check if Austin, TX, officeholder living experience of the Continuous Continuo	
		Offilite Doriation Flocessing Feb	5
_	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
_	Data		
	Date	Payee name	
	01/11/2024	Anedot, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4.30	1340 Poydras St., Suite 1770	
		New Orleans, LA 70112	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete	
		Check if Austin, TX, officeholder living experience of the Continuous Continuo	
		Offilite Doriation Flocessing Feb	5
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
_			
	Date	Payee name	
	01/11/2024	Anedot, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2.70	1340 Poydras St., Suite 1770	
		New Orleans, LA 70112	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete	
	LAI LINDITORE	Check if Austin, TX, officeholder living expe	
		Online Donation Processing Fe	е
	0 1 0 0 0 0 0		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	Original Color Color Color	<del></del>	
	ms provided by Tevas E	Ethics Commission AMANA ethics state by us Va	reion \/2 5 1 0000c47f

#### 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: 7/15 Rpt: 25/35	Duke, Devvie D. (Mrs.)		00087997
4	Date	5 Payee name		
	01/12/2024	Anedot, Inc.		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$8.30	1340 Poydras St., Suite 1770		
		New Orleans, LA 70112		
8	PURPOSE	(6) 6	(b)	Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees	'	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Online Donation Processing Fee
			<u> </u>	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught	Office held
	Date	Payee name		
	01/15/2024	Anedot, Inc.		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$10.30	1340 Poydras St., Suite 1770		
		New Orleans, LA 70112		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Online Donation Processing Fee
				Online Deficient Foodsoning Foo
	Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> uaht	Office held
	expenditure to benefit C/O		9	
_	Date	Payee name		
	01/18/2024	Anedot, Inc.		
	Amount (\$)	Payee address; City; State; Zip C	odo.	
	\$4.30	1340 Poydras St., Suite 1770	oue	
	Ψ4.50	1340 i Oyurus St., Suite 1770		
		Now Orloans, LA 70112		
		New Orleans, LA 70112		
	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	Fees		Check if Austin, TX, officeholder living expense
				Online Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	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 Candidate/Officeholder/Political Con

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		mmittee	Legal Services Salaries/Wages/Contract Labor OTHER							ER (enter a category not listed above)		
	Credit Card Payment			The Instruction Gu	ide explains h	ow to co	mple	ete this form.					
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Con	nmission Filers)	
	Sch: 8/15 Rpt: 26/35		Duke, Devvi	e D. (Mrs.)						00087997			
4	Date	5	Payee name										
	01/18/2024		Anedot, Inc.										
6	Amount (\$)	7	Payee addres	ss; City;	Stato:	Zip Co	de						
٠	\$4.30	ľ	,	as St., Suite 177		2.p 00	uc						
	Ψ4.00		10-10 1 Oyun	as ou, oute 177	Ü								
			Name Orland	- 1 4 70110									
		L	New Orlean	S, LA 70112									
8	PURPOSE OF	(a)		e Categories listed at th	ne top of this sche	dule)	(b)	Description				_	
	EXPENDITURE		Fees					<b>=</b>		de of Texas. Con officeholder livin		Т.	
								Online Donat					
										•	,		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Ο:	ffice sou	aht			Office h	eld		
-	expenditure to benefit C/O						9						
_	Date	Г	B										
	01/23/2024		Payee name Anedot, Inc.										
		L	•		<u> </u>								
	Amount (\$)		Payee addres		•	Zip Co	ae						
	\$2.30		1340 Poyara	as St., Suite 177	0								
			New Orlean	s, LA 70112									
	PURPOSE OF	(a)	Category (Se	e Categories listed at th	ne top of this sche	dule)	(b)	Description					
	EXPENDITURE		Fees					<b>=</b>		de of Texas. Con officeholder livin		Т.	
								Online Donat					
								Ormito Boriac		1 1000001119	,		
	Complete ONLY if direct		Candidate/Offic	ceholder name	O:	ffice sou	aht			Office h	eld		
	expenditure to benefit C/O						9			000	0.0		
	Date	Т	Daysa nama										
	01/23/2024		Payee name Anedot, Inc.										
		H			04-4	7:- 0-	-1 -						
	Amount (\$)		Payee addres			Zip Co	ae						
	\$10.30		1340 Poyur	as St., Suite 177	U								
			New Orlean	s, LA 70112									
	PURPOSE OF	(a)		e Categories listed at th	ne top of this sche	dule)	(b)	Description				_	
	EXPENDITURE		Fees					ш		de of Texas. Con officeholder livin		Т.	
								Online Donat					
											,		
	Complete ONLY if direct	L_,	Candidate/Offic	ceholder name	Ω:	ffice sou	aht			Office h	eld		
	expenditure to benefit C/Ol		Sandidato/Office	John Hame	O		9.11			011100 11	J. G		

#### 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 comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 9/15 Rpt: 27/35	Duke, Devvie D. (Mrs.)	00087997
4	Date	5 Payee name	
	01/24/2024	Anedot, Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$4.30	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	Fees	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Online Donation Processing Fee
_			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
┕	'		
	Date	Payee name	
	01/24/2024	Anedot, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.30	1340 Poydras St., Suite 1770	
l			
l		New Orleans, LA 70112	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l			Online Donation Processing Fee
l			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
	01/25/2024	Anedot, Inc.	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.30	1340 Poydras St., Suite 1770	
		,	
		New Orleans, LA 70112	
	PURPOSE		Description
l	OF	(a) Category (See Categories listed at the top of this schedule)  Fees	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 000	Check if Austin, TX, officeholder living expense
l			Online Donation Processing Fee
L			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experience to beliefit 6/01	·	

#### 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 com	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 10/15 Rpt: 28/35	Duke, Devvie D. (Mrs.)		00087997
4	Date	5 Payee name		
	01/25/2024	Anedot, Inc.		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$6.30	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 EXPENDITURE	Fees	. ,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Online Donation Processing Fee
_	0 1: 0.11.7.7.1.			0.00
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	Iht	Office held
	Date	Payee name		
	01/25/2024	Anedot, Inc.		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$10.30	1340 Poydras St., Suite 1770		
		New Orleans, LA 70112		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Online Donation Processing Fee
				January Formation Processing For
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI	<b>9</b>	_	
	Date	Payee name		
	01/25/2024	Anedot, Inc.		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$2.30	1340 Poydras St., Suite 1770		
	42.00	10 to t oyundo out, outlo 11 to		
		New Orleans, LA 70112		
	DUDDOCE		/l- \	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Fees	(D)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	rees		Check if Austin, TX, officeholder living expense
				Online Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	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 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: 11/15 Rpt: 29/35	Duke, Devvie D. (Mrs.) 00087997
4	Date	5 Payee name
	01/25/2024	Anedot, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.30	1340 Poydras St., Suite 1770
		New Orleans, LA 70112
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Online Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	01/25/2024	Anedot, Inc.
_	Amount (\$)	Payee address; City; State; Zip Code
	\$1.30	1340 Poydras St., Suite 1770
	Ψ1.50	1040 F Gyards St., State 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online Donation Processing Fee
		Offiline Donation (100033111g) Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies warms
	01/05/2024	Payee name Axiom
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	1001 Congress Ave #100
		Austin TV 70701
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Consulting Expense.  (c) Category (See Categories listed at the top of this schedule)  Consulting Expense.
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		General Consulting - January 2024
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	4

#### 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		Legal Services  The Instruction Guide	Salaries		OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAM	1E				3	Filer ID	(Ethics Commission	Filers)
	Sch: 12/15 Rpt: 30/35	Duke, Dev	vie D. (Mrs.)					00087997		
4	Date	5 Payee nam	e							
	01/18/2024	Axiom								
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip C	ode					
	\$13,822.00	1001 Con	gress Ave #100							
		Austin, TX	78701							
8	PURPOSE OF		See Categories listed at the to	op of this schedule)	(b)	Description		:d4.T	oleka Osla advila T	
	EXPENDITURE	Advertisin	g Expense			므		ide of Texas. Com , officeholder living		
						Direct Mail - (			•	
9	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office so	ught			Office he	eld	
Г	Date	Payee nam	e							
	01/09/2024	Blackland	Income Growth							
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$50.00	1229 N US	6 Highway 281							
		Stephenvi	lle, TX 76401							
	PURPOSE OF		See Categories listed at the to	op of this schedule)	(b)	Description				
	EXPENDITURE	Event Exp	ense			<b>=</b>		ide of Texas. Com , officeholder living		
						_			rence And Lunch	1
	Complete ONLY if direct expenditure to benefit C/Ol		fficeholder name	Office so	ught			Office he	eld	
F	Date	Payee nam	e							
	01/02/2024	Broad Em	broidery							
H	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$120.00	6301 Impe	erial Dr.							
		Waco, TX	76712		_					
	PURPOSE OF		See Categories listed at the to	op of this schedule)	(b)	Description				
	EXPENDITURE	Advertisin	g Expense					ide of Texas. Com , officeholder living		
						_			s Paid From a Pri	ior
						Period Obliga				
$\vdash$	Complete ONLY if direct	Candidate/O	fficeholder name	Office so	<u> </u>			Office he	eld	
	expenditure to benefit C/OI				<b>J</b>					
$\vdash$										
Ļ										

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

	Credit Card Payment		The Instruction G	uide explains how to co	ompl	ete this form.		
1	Total pages Schedule F1:	2 FILEF	RNAME			3 F	iler ID	(Ethics Commission Filers)
	Sch: 13/15 Rpt: 31/35	Duke	, Devvie D. (Mrs.)				00087997	
4	Date	<b>5</b> Paye	e name			<u> </u>		
	01/10/2024		n House Cafe					
6	Amount (\$)	<b>7</b> Paye	e address; City;	State; Zip C	ode			
	\$46.45	9110	Jordan Lane					
		Wood	dway, TX 76712					
8	PURPOSE	(a) Cated	JOTY (See Categories listed at	the ton of this schedule)	(b)	Description		
	OF		/Beverage Expense	the top of this seriedule)	`´	Check if travel outside	of Texas. Com	plete Schedule T.
	EXPENDITURE					Check if Austin, TX, o		g expense
						Meals with Suppo	orters	
					<u> </u>			<u></u>
9	Complete ONLY if direct expenditure to benefit C/Ol		ate/Officeholder name	Office so	ught		Office he	eld
	Date	•	e name					
	01/10/2024	CFO	Shield LLC					
	Amount (\$)	Paye	e address; City;	State; Zip C	ode			
	\$1,005.78	PO B	sox 953					
		Colle	yville, TX 76034					
	PURPOSE	(a) Categ	Ory (See Categories listed at	the top of this schedule)	(b)	Description		
	OF EXPENDITURE	Acco	unting/Banking			Check if travel outside		
						Campaign Bookk		
						Campaign Bookk	coping oci	vices & Support
	Complete ONLY if direct	Candid	ate/Officeholder name	Office so	<u>l</u> uaht		Office he	əld
	expenditure to benefit C/O				9			
_	Date	Payor	e name					
	01/02/2024		le LLC					
	Amount (\$)		e address; City;	State; Zip C	odo			
	\$38.38		Amphitheatre Parkwa		oue			
	Ψ30.30	1000	Amphilineatie i arkwa	xy				
		Mour	stain View CA 04042					
			ntain View, CA 94043					
	PURPOSE OF		Ory (See Categories listed at		(b)	Description  Check if travel outside	of Toyas Com	inlota Schodula T
	EXPENDITURE	Опіс	e Overhead/Rental Ex	pense		Check if Austin, TX, o		
						Google GSuite M		
	Complete ONLY if direct		ate/Officeholder name	Office so	ught		Office he	eld
	expenditure to benefit C/O							
ĺ								

## 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/Politica Credit Card Payment		mmittee	Gift/Aw Legal S	ards/Memorials E ervices	xpense		g Expens es/Wages	se s/Contract Labor		Travel Out of D OTHER (enter		ory not listed above)
	Credit Card Payment			The Ir	struction Gui	de explains	how to	comple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME	Ξ						3	Filer ID	(Eth	ics Commission Filers)
	Sch: 14/15 Rpt: 32/35		Duke, Devv	ie D.	(Mrs.)						00087997		
4	Date	5	Payee name										
	01/11/2024		McLennan	Count	y Republica	an Womer	n PAC						
6	Amount (\$)	7	Payee addre	SS;	City;	State	; Zip	Code					
	\$224.00		P. O. Box 7	291									
			Waco, TX 7	'6710									
8	PURPOSE	(a)	Category (S	ee Cated	ories listed at the	top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Event Expe		,		,			l outs	ide of Texas. Co	mplete S	schedule T.
	EXPENDITURE								ш.		, officeholder livir	ng exper	nse
									Table at Lur	iche	eon		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	iceholo	ler name	(	Office s	sought			Office h	neld	
	Date	П	Payee name										
	01/11/2024		MyRemittar	nceEn	velopes.cor	m							
	Amount (\$)	H	Payee addre	SS;	City;	State	; Zip	Code					
	\$282.13		60 Blueberi		•								
	,			,	-								
			Dresden, M	IE 043	342								
	PURPOSE	(a)	Category (S	ee Cated	ories listed at the	top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Office Over				ŕ		Check if trave	l outs	ide of Texas. Co	mplete S	schedule T.
	LAFENDITORE								ш		, officeholder livir	ng exper	ise
									Remittance	Env	elopes		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	iceholo	ler name	(	Office s	sought			Office h	neld	
	Date		Payee name										
	01/09/2024		Numinar Ar	nalytic	S								
	Amount (\$)	H	Payee addre	SS;	City;	State	; Zip	Code					
	\$675.00		1201 Wilson		-								
	*******				-								
			Arlington, V	'A 222	209								
	PURPOSE	(a	Category (S	ee Cateo	gories listed at the	top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Advertising	Expe	nse				ш		ide of Texas. Co		
	EXPENDITORE								_		, officeholder livir		
									Numinar Pla	ttfor	m Subscrip	tion (I	Block Walking)
	Complete ONLY if direct		Candidate/Off	ceholo	der name	(	Office s	sought			Office h	neld	
	expenditure to benefit C/OI	п											

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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: 15/15 Rpt: 33/35	Duke, Devvie D. (Mrs.)	00087997
4	Date	5 Payee name	•
	01/04/2024	Premier Gun Shows	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$93.60	PO Box 34224	
		Fort Worth, TX 76162	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense	avel outside of Texas. Complete Schedule T.
l		l	ustin, TX, officeholder living expense  Vaco Gun Show
		Boomack	vace can chew
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
	01/06/2024	Shipley Donuts	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
l	\$45.86	8810 Woodway Dr. #505	
l	Ψ 10.00	dolo wooding bir nood	
l		Waco, TX 76712	
┝	PURPOSE		
l	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if tr	avel outside of Texas. Complete Schedule T.
l	EXPENDITURE	1 000/Develage Expense	ustin, TX, officeholder living expense
		Coffee an	d Donuts for Block Walkers
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L			
	Date	Payee name	
L	01/02/2024	Straighttalk Services US	
l	Amount (\$)	Payee address; City; State; Zip Code	
	\$47.62	9700 NW 112 Avenue	
L		Miami, FL 33178	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	EXPENDITURE	Onice Overriead/Nerital Expense	avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
l		l — l —	n Wireless Service
		Campaig.	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
l			

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage Exper Gift/Awards/Memorials Legal Services The Instruction G	s Expense				Travel in Di Travel Out OTHER (er		l above)		
1	Total pages Schedule G:	2	FILER NAME		Filer ID	(Ethics Commis	sion Filers)						
	Sch: 1/2 Rpt: 34/35		Duke, Devv	ie D. (Mrs.)				(	0008799	97			
4	Date	5	Payee name										
	01/12/2024		Bluestone C	Creatives, LLC									
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode						
	\$1,320.00		605 Steeple	echase Drive									
	Reimbursement from political contributions intended		Bedford, TX	76021									
8	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b) Description	=		outside of Texas. Com			
	OF EXPENDITURE		Consulting	Expense			[ 			n, TX, officeholder living	expense		
							Consulting and A	∖d S∣	pend				
_	Complete ONLY if direct	C25	didate/Officel	aoldor nama			Office sevent			Office held			
9	expenditure to benefit C/OH	can	uiuale/OIIICeI	юшен паппе			Office sought			Office field			
	Date		Payee name										
	01/08/2024		Dunkin Don	iuts									
	Amount (\$)		Payee address; City; State; Zip Code										
	\$35.71		1701 Hewit	vitt Drive									
	Reimbursement from political contributions intended		Hewitt, TX	76643									
	PURPOSE		Category (Se	ee Categories listed at	the top of this sche	edule)	Description	=		outside of Texas. Com			
	OF EXPENDITURE		Food/Bever	age Expense			L	Check if Austin, TX, officeholder living expense offee and Donuts for Block Walkers					
								its to	DI RIOCK				
	Complete ONLY if direct expenditure to benefit	Can	didate/Officel	nolder name			Office sought			Office held			
	C/OH												
	Date		Payee name										
	01/22/2024	ı	,	co Chamber									
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode						
	\$300.00		101 S Third										
	Reimbursement from political contributions intended		Waco, TX 7	6701									
	PURPOSE		Category (Se	ee Categories listed at	the top of this sche	edule)	Description	_		outside of Texas. Com			
	OF EXPENDITURE		Event Expe	nse			[	_		n, TX, officeholder living	expense		
							Greater Waco Cl	ham _	ber Dini	ner Event			
	Complete ONLY if direct expenditure to benefit C/OH	Can	didate/Officel	nolder name			Office sought			Office held			

#### 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 Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services 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: 2/2 Rpt: 35/35 Duke, Devvie D. (Mrs.) 00087997 Date Payee name 01/13/2024 **Shipley Donuts** Amount (\$) Payee address; City; State; Zip Code \$62.14 8810 Woodway Dr. #505 Reimbursement from political contributions intended Waco, TX 76712 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Coffee and Donuts for Block Walkers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/09/2024 Signs.com Amount (\$) Payee address; City; State; Zip Code \$1,024.59 1550 South Gladiola Street Reimbursement from political contributions Salt Lake City, UT 84104 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 Advertising Expense **EXPENDITURE** Yard Signs Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH