CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commis 00087997	sion Filers)	2 Total pages file 62	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY
NAME	Mrs.	Devvie D.			Date Received	
					ELECTRONICA	LLY FILED
	NICKNAME	LAST		SUFFIX	02/26/2024	
	NICKNAWE	Duke		SUFFIX	02,20,202	
		Duke				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or I	Date Postmarked
OFFICEHOLDER MAILING	PO Box 23424					Т
ADDRESS					Receipt #	Amount
Change of Address	Waco, TX 76702				Date Processed	
					Date Processed	
					Date Imaged	
					g	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER		Barbara K.				
NAME		Darbara re.				
	NICKNAME	LAST		SUFFIX		
		White		SUFFIX		
		VVIIIC				
C CAMBAICNI	CTDEET ADDDECC (NO DO	DOV DI EACE).	ADT	/ CLUTE # CITY	CTA	TE: 710 CODE
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	API	/ SUITE #; CITY;	STAT	TE; ZIP CODE
ADDRESS	317 Crye Circle					
(Residence or Business)						
	Robinson, TX 76706					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION			
TREASURER	(254) 717-3251	L NOWBER E	LATENSION			
PHONE	(254) /17-5251					
8 REPORT						
TYPE	January 15	30th day before	election	Runoff	15th day after cam	paign treasurer
		_			appointment (office	
	July 15	8th day before 6		Exceeded modified reporting limit	Final Report (Attac	h C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/26/2024	TH	IROUGH	02/24/202	4	
		,				
10 ELECTION	ELECTION DATE			ELECTION TYPE	_	
	Month Day Year	X Pi	rimary	Runoff	Other	
	03/05/2024	□G	eneral	Special		
				_		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	None			State Representa		
				·		
				<u> </u>		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

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13 C / OH NAME	Duke, Devvie D. (Mrs	14 Filer ID (I	Ethics Commission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d 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 ADDRES	SS	
46 CONTRIBUTION	TOTAL INSTEM	ZED POLITICAL CONTRIBUTIONS (OTHER THAI	NIPLEDOES LOANS	,
16 CONTRIBUTION TOTALS	1. TOTAL UNITEM OR GUARANTE		\$ 0.00	
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	s)	\$ 51,162.61
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 45,008.28
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 18,207.43
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 12,500.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.		
		Mrc	Devvie D. Duke	
			Candidate or Officehold	der
		· ·		
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

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					0 01 02
18 FIL	ER NAN	1E	19 Filer ID	(Eth	nics Commission Filers)
Du	ke, Dev	rvie D. (Mrs.)	00087997		
		E SUBTOTALS			SUBTOTAL AMOUNT
NA	ME OF	SCHEDULE			SOBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	37,267.00
2.	X	\$	13,895.61		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	X	SCHEDULE E: LOANS		\$	2,500.00
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	42,995.86
6.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	2,012.42
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
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		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 1/19 Rpt: 4/62	
2	FILER NAME	a D (Mra)			3	Filer ID (Ethics Commission	n Filers)
4	Duke, Devvi	5 Full name of contributor	Out of state DAC (ID#:	,	7	00087997 Amount of Contribution (\$)	
4	02/19/2024	Aguilar, Lisa 6 Contributor address; City; St.	out-of-state PAC (ID#:		 	Amount of Contribution (\$)	\$500.00
		·	ato, Zip Gode				
_	Delinational account	Woodway, TX 76712	\	Formula year (October Instructions	<u></u>		
8	Business Ov	pation / Job title (See Instructions vner	9	Employer (See Instructions Alovea	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/19/2024	Anderson, Deborah					\$200.00
		Contributor address; City; St	ate; Zip Code				
	<u> </u>	Waco, TX 76710			<u></u>		
	Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)	
	01/26/2024	Ashley, Kenneth		,		()	\$25.00
		Contributor address; City; St	ate; Zip Code				
		Waco, TX 76710					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired			Retired			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/17/2024	Ashley, Kenneth					\$100.00
		Contributor address; City; St.	ate; Zip Code				
		Waco, TX 76710					
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	* 40.00
	02/19/2024	Averitt, Kathy					\$40.00
		Contributor address; City; St.	ate; Zip Code				
		Waco, TX 76712					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>L</u> s)		
	Owner			CPO	,		

	MONET	ARY POLITICAL CONTR	S		SCHEDUI	E A1	
	The Instru	ction Guide explains how to comp	lete this form	m.	1	Total pages Schedule A1: Sch: 2/19 Rpt: 5/62	
2	FILER NAME Duke, Devvi	e D. (Mrs.)			3	Filer ID (Ethics Commission 00087997	on Filers)
4	Date 02/02/2024	 Full name of contributor out-of-star Broadwater, Tom Contributor address; City; State; Zip Cod 			7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Waco, TX 76710 pation / Job title (See Instructions)	lo.	Employer (See Instructions	.)		
0	Retired	pation / Job title (See Instructions)	9	Retired	')		
	Date 02/15/2024	Cates, Eleanor)		Amount of Contribution (\$)	\$50.00
		Lorena, TX 76655		5 1 (0 1 1 "			
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	;)		
	Date 02/15/2024	Full name of contributor out-of-state PAC (ID#:) Cates, Eleanor Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$20.00
		Lorena, TX 76655					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	i)		
	Date 02/20/2024	Cates, Eleanor				Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 01/29/2024	Cawthon, Shelly				Amount of Contribution (\$)	\$250.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u>		
			•				

	MONET	ARY POLITICAL C	NS		SCHEDUI	LE A1	
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/19 Rpt: 6/62	
2	FILER NAME Duke, Devvi	e D. (Mrs.)			3	Filer ID (Ethics Commission 00087997	on Filers)
4	Date 01/31/2024	5 Full name of contributor Citrano, Valerie6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$500.00
_	5	Waco, TX 76712	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Ĺ		
8	Owners	pation / Job title (See Instructions) 9	Employer (See Instruction The Coffee Shop Cafe	s)		
	Date 02/07/2024	Full name of contributor Crawford, Phillip Contributor address; City; St				Amount of Contribution (\$)	\$150.00
	Principal occu	Waco, TX 76712 pation / Job title (See Instructions)	Employer (See Instruction	 s)		
	Retired	` `	,	Retired			
	Date 02/23/2024	Full name of contributor out-of-state PAC (ID#:) Cummings, Patricia Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,234.00
		Lorena, TX 76655					
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instruction Retired	s)		
	Date 01/31/2024	Full name of contributor Cummings, Sophie Contributor address; City; St Lorena, TX 76655				Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions		Employer (See Instruction Retired	s)		
	Date 01/29/2024	Full name of contributor Curnock, Karen Contributor address; City; St Waco, TX 76710	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$730.00
	Principal occu Administrativ	pation / Job title (See Instructions /e Assistant)	Employer (See Instruction Baylor University	s)		

	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: 4/19 Rpt: 7/62	
2	FILER NAME Duke, Devvi	e D. (Mrs.)			3	Filer ID (Ethics Commission 00087997	n Filers)
4	Date 02/17/2024	5 Full name of contributor Curnock, Karen6 Contributor address; City; State;)	7	Amount of Contribution (\$)	\$440.00
ρ	Principal occu	Waco, TX 76710 pation / Job title (See Instructions)	la la	Employer (See Instructions			
•	Administrativ			Baylor University	,		
	Date 02/23/2024	Full name of contributor DeVine, Gaylyn Contributor address; City; State;				Amount of Contribution (\$)	\$50.00
		Pearland, TX 77581					
	Principal occupation / Job title (See Instructions) Business Owner			Employer (See Instructions Self Employed)		
	Date 01/31/2024	Full name of contributor out-of-state PAC (ID#:) Duke, Devvie Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
		McGregor, TX 76657					
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Position 4 Solutions)		
	Date 02/19/2024	Full name of contributor Duke, Devvie Contributor address; City; State; McGregor, TX 76657	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$200.00
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Position 4 Solutions)		
	Date 01/26/2024	Full name of contributor Embry, Carol Contributor address; City; State; Longmont, CO 80503	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 CONTRIBUT	TION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 5/19 Rpt: 8/62	
2	FILER NAME Duke, Devvi	e D. (Mrs.)			3	Filer ID (Ethics Commission 00087997	n Filers)
4	Date 01/29/2024	 Full name of contributor out-of-state PAC (Endres, Kathy Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$28.00
8	Principal occu	Woodway, TX 76712 pation / Job title (See Instructions)	la la	Employer (See Instructions	·/		
0	Retired	pation / Job title (See Instructions)		Retired	·)		
	Date 02/05/2024	Full name of contributor out-of-state PAC (Etheredge, Joseph 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 02/07/2024	Full name of contributor out-of-state PAC (ID#:) Pain, Warren Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00	
		Waco, TX 76710					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (Fleming, JoAnn Contributor address; City; State; Zip Code Flint, TX 75762	`			Amount of Contribution (\$)	\$250.00
	Principal occu Not Working	pation / Job title (See Instructions)		Employer (See Instructions Not Working	5)		
	Date 02/10/2024	Full name of contributor out-of-state PAC (Gastineau, Paul Contributor address; City; State; Zip Code Magnolia, TX 77355	(ID#:			Amount of Contribution (\$)	\$200.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
			<u> </u>				

	MONET	ARY POLITICAL (S		SCHEDUI	E A1		
	The Instru	ction Guide explains hov	to complete this fo	rr	m.	1	Total pages Schedule A1: Sch: 6/19 Rpt: 9/62	
2	FILER NAME Duke, Devvi	e D. (Mrs.)				3	Filer ID (Ethics Commission 00087997	on Filers)
4	Date 02/22/2024	5 Full name of contributor Gayeske, Caroline6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$150.00
•	Dringing oggu	Waco, TX 76710	s) [Employer (See Instructions			
8	Retired	pation / Job title (See Instructions	5)	9	Employer (See Instructions Retired	»)		
	Date 02/05/2024	Full name of contributor Gayeske, Stephen Contributor address; City; S)		Amount of Contribution (\$)	\$250.00
	Principal occu	Waco, TX 76710 pation / Job title (See Instructions	3)		Employer (See Instructions	;) 		
	Retired				Retired	,		
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#:) Getterman, Sue Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00	
		Waco, TX 76708						
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions Retired	s)		
	Date 02/20/2024	Full name of contributor Granger, Angela Contributor address; City; S Lorena, TX 76655)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions Retired	s)		
	Date 01/29/2024	Full name of contributor Grinols, Earl Contributor address; City; S Sarasota, FL 34240	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how t	o complete this form	n.	1	Total pages Schedule A1: Sch: 7/19 Rpt: 10/62	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Duke, Devvi	e D. (Mrs.)			L	00087997	
4	Date 02/04/2024	Full name of contributor Horton, Tracey Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)	7	Amount of Contribution (\$)	\$50.00
		Robinson, TX 76706					
8	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 02/23/2024	Full name of contributor Householder, J.M. Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$200.00
		Waco, TX 76710	,				
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 02/06/2024	Full name of contributor [Howland, David Contributor address; City; Stat	out-of-state PAC (ID#:e; 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 02/19/2024	Full name of contributor Jackson, Alma Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	San Antonio, TX 78255 pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> 5)		
	Date 01/31/2024	Full name of contributor Jackson, Cindy Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$500.00
		Waco, TX 76705	1				
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Retired			Retired			

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 8/19 Rpt: 11/62	
2	FILER NAME Duke, Devvi	e D. (Mrs.)				3	Filer ID (Ethics Commission 00087997	on Filers)
4	Date 02/15/2024	5 Full name of contributor Kohutek, Lorna6 Contributor address; City; St	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$100.00
_	Dringing	Waco, TX 76705	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	_	Francisco (Con Instructions			
8	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 01/29/2024	Full name of contributor Kucera, Vee Contributor address; City; St)		Amount of Contribution (\$)	\$200.00
	Principal occu	Waco, TX 76712 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Retired Retired			Retired				
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#:) Kuhne, Michael Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00		
		Wacp, TX 76655						
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 02/07/2024	Full name of contributor Lane, Karen Contributor address; City; St Hewitt, TX 76643)		Amount of Contribution (\$)	\$25.00
	Principal occu Office Assist	pation / Job title (See Instructions ant)		Employer (See Instructions Advanced Financial Stra		gies	
	Date 02/15/2024	Full name of contributor Loyd, Dolores Contributor address; City; St Waco, TX 76708	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$20.00
	Principal occu Retired	pation / Job title (See Instructions			Employer (See Instructions Retired	s)		

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 9/19 Rpt: 12/62	
2	FILER NAME Duke, Devvi	e D. (Mrs.)			3	Filer ID (Ethics Commission 00087997	n Filers)
4	Date 02/20/2024	5 Full name of contributor Martin, Floyd6 Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code)	7	Amount of Contribution (\$)	\$50.00
_	Deinsinal assu	Moody, TX 76557	la l	Franksian (Caa Instructions	<u></u>		
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 01/26/2024	Full name of contributor Matejowsky, Charles Contributor address; City; Sta)		Amount of Contribution (\$)	\$250.00
	Deinsinal assu	Brenham, TX 77833		Franksian (Caalinatuustiana	<u></u>		
	Principal occupation / Job title (See Instructions) Insurance Solicitor			Employer (See Instructions Van Dyke, Rankin	5)		
	Date 02/20/2024	Full name of contributor out-of-state PAC (ID#:) Maxwell, Glenellen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00	
		Waco, TX 76707					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 01/26/2024	Full name of contributor McDonald, Terry Contributor address; City; Sta Hewitt, TX 76643)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 02/21/2024	Full name of contributor McDonald, Terry Contributor address; City; Sta Hewitt, TX 76643	out-of-state PAC (ID#: tte; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			·				

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to cor	mplete this forr	n.	1	Total pages Schedule A1: Sch: 10/19 Rpt: 13/62	
2	FILER NAME Duke, Devvi	e D. (Mrs.)			3	Filer ID (Ethics Commission 00087997	n Filers)
4	Date 02/16/2024	 Full name of contributor out-out-out-out-out-out-out-out-out-out-			7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Moody, TX 76557 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Retired	, , , , , , , , , , , , , , , , , , , ,		Retired	,		
	Date 01/27/2024	Full name of contributor out-o Mellen, Arthur Contributor address; City; State; Zip 0	of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		Woodway, TX 76712					
	Principal occu L3Harris	pation / Job title (See Instructions)		Employer (See Instructions Engineer	5)		
	Date 02/14/2024	Full name of contributor out-o Melton, Melanie Contributor address; City; State; Zip 0	of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Lorena, TX 76655					
	Principal occu Physical The	pation / Job title (See Instructions) erapist		Employer (See Instructions Ascension Providence	i)		
	Date 01/29/2024	Morris, Jim	of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	()		
	Date 02/20/2024	Motz, Rose	of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	()		
			1				

	MONET	ARY POLITICAL C	CONTRIBUTIO	N	S		SCHEDU	LE A1
	The Instruc	ction Guide explains how	to complete this fo	rr	m.	1	Total pages Schedule A1: Sch: 11/19 Rpt: 14/62	
2	FILER NAME Duke, Devvi	e D. (Mrs.)				3	Filer ID (Ethics Commissi 00087997	on Filers)
4	Date 01/26/2024	5 Full name of contributor Northern, Sandra6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Robinson, TX 76706	<u>, </u>	<u> </u>	Employer (See Instructions	", 		
0	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	s)		
	Date 02/20/2024	Full name of contributor Painter, Rosie Contributor address; City; St)	•	Amount of Contribution (\$)	\$100.00
	Principal occu	Waco, TX 76710 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Retired	(,		Retired	,		
	Date 02/08/2024	Full name of contributor Payne, Joseph Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$100.00
		Woodway, TX 76712						
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 02/22/2024	Full name of contributor Pearsons, George Contributor address; City; St Fort Worth, TX 76179	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$14,500.00
	Principal occu Pastor	pation / Job title (See Instructions)		Employer (See Instructions Eagle Mountain Intl Chu		1	
	Date 01/29/2024	Full name of contributor Peterson, Linda Contributor address; City; St Hewitt, TX 76643	out-of-state PAC (ID#:			•	Amount of Contribution (\$)	\$200.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 12/19 Rpt: 15/62	
2	FILER NAME Duke, Devvi	e D. (Mrs.)			3	Filer ID (Ethics Commission 00087997	n Filers)
4	Date 02/05/2024	5 Full name of contributor Phillips, Cyndie6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$100.00
_	Deignaignal	Magnolia, TX 77354	To.	Frankrija (Coo kooku jetia ja			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired)		
	Date 02/20/2024	Full name of contributor Pirelo-Howard, Mary Contributor address; City; State)		Amount of Contribution (\$)	\$50.00
	Principal occu	waco, TX 76710 pation / Job title (See Instructions)		Employer (See Instructions)		
	Sales			Self-Employed			
	Date 02/11/2024	Full name of contributor Pisciotta, John Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$250.00
		Waco, TX 76710					
	Principal occu Pro-Life Lead	pation / Job title (See Instructions) der		Employer (See Instructions Self Employed)		
	Date 02/07/2024	Full name of contributor Price, Nancy Contributor address; City; State Woodway, TX 76712	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 01/29/2024	Full name of contributor Rezach, Liz Contributor address; City; State McGregor, TX 76657	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
			,				

	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: 13/19 Rpt: 16/62	
2	FILER NAME Duke, Devvi	e D. (Mrs.)			3	Filer ID (Ethics Commission 00087997	n Filers)
4	Date 02/20/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$250.00
8	Principal occu	Woodway, TX 76712 pation / Job title (See Instructions)	l _a	Employer (See Instructions	·,		
<u> </u>	Retired	pation 7 Job title (See Instructions)	9	Retired	·)		
	Date 02/20/2024	Full name of contributor ut-of-state PAC Salome, Krista Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,000.00
	Principal occu	Waco, TX 76710 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Retired			Retired			
	Date 02/20/2024	Full name of contributor uut-of-state PAC Scott, Carolyn Contributor address; City; State; Zip Code	(ID#:			Amount of Contribution (\$)	\$50.00
		Waco, TX 76706					
	Principal occu Maintenance	pation / Job title (See Instructions)		Employer (See Instructions Midway ISD	5)		
	Date 02/05/2024	Full name of contributor out-of-state PAC Smith, Craig Contributor address; City; State; Zip Code Hewitt, TX 76643)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 01/29/2024	Full name of contributor out-of-state PAC Smith, Kathy Contributor address; City; State; Zip Code Crawford, TX 76638)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			•				

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to comp	lete this form	n.	1	Total pages Schedule A1: Sch: 14/19 Rpt: 17/62	
2	FILER NAME Duke, Devvi	e D. (Mrs.)			3	Filer ID (Ethics Commission 00087997	n Filers)
4	Date 01/26/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$25.00
•	Dringing con	Woodway, TX 76712	lo.	Employer (See Instructions	,, 		
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	»)		
	Date 01/29/2024	Stamps, Connie)		Amount of Contribution (\$)	\$250.00
	Principal occu	Waco, TX 76710 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Retired			Retired	,		
01/31/2024 Stamps, Connie		—	ate PAC (ID#:)		Amount of Contribution (\$)	\$40.00
		Waco, TX 76710					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 02/20/2024	Stamps, Connie				Amount of Contribution (\$)	\$970.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 01/31/2024	Stevens, Don	ate PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
			•				

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 15/19 Rpt: 18/62	
2	FILER NAME Duke, Devvi	e D. (Mrs.)			3	Filer ID (Ethics Commission 00087997	n Filers)
4	Date 02/20/2024	5 Full name of contributor Stevens, Kim6 Contributor address; City; State)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Waco, TX 76710 pation / Job title (See Instructions)	9	Employer (See Instructions	()		
•	Event Planne			Self-Employed	,		
	Date 02/20/2024	Full name of contributor Stewart, Robin Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		Hewitt, TX 76643					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 02/09/2024	Full name of contributor Swanson, LaVerne Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$100.00
		Waco, TX 76708					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u>		
	Date 02/21/2024	Full name of contributor Swanson, LaVerne Contributor address; City; State Waco, TX 76708	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 02/19/2024	Full name of contributor Swartz, Donna Contributor address; City; State Waco, TX 76707	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$300.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	()		
			1				

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to cor	mplete this forr	m.	1	Total pages Schedule A1: Sch: 16/19 Rpt: 19/62	
2	FILER NAME Duke, Devvi	e D. (Mrs.)			3	Filer ID (Ethics Commission 00087997	n Filers)
4	Date 01/26/2024	 Full name of contributor out-o out-o out-o out-o out-o out-o out-o out-o out-o out-o out-o out-o out-o out-o out-o out-o out-o out-o out-o)	7	Amount of Contribution (\$)	\$100.00
_	5	Crawford, TX 76638	- la	5 1 (0 1 : 1			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 02/20/2024	Tipton, Barbara Contributor address; City; State; Zip C	f-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu Retired	waco, TX 76712 pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> 5)		
	Date 01/29/2024	Full name of contributor out-o Turner, Kathy Contributor address; City; State; Zip C	f-state PAC (ID#:)		Amount of Contribution (\$)	\$265.00
	Principal occur	McGregor, TX 76657 pation / Job title (See Instructions)		Employer (See Instructions) 		
	Retired	,		Retired	·,		
	Date 01/26/2024	Vlam, Eric	f-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> 5)		
	Date 01/27/2024	Voigt, Sue Lynn	f-state PAC (ID#:			Amount of Contribution (\$)	\$150.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to comp	plete this forr	n.	1	Total pages Schedule A1: Sch: 17/19 Rpt: 20/62	
2	FILER NAME Duke, Devvi	e D. (Mrs.)			3	Filer ID (Ethics Commission 00087997	n Filers)
4	Date 02/20/2024	 Full name of contributor out-of-s Wagner, Faye Contributor address; City; State; Zip Co 			7	Amount of Contribution (\$)	\$20.00
8	Principal occu	Lorena, TX 76655 pation / Job title (See Instructions)	ام	Employer (See Instructions	·)		
0	Retired	pation / Job title (See instructions)	ľ	Retired)		
	Date 02/07/2024	Full name of contributor out-of-s Wallace, Bob Contributor address; City; State; Zip Co	tate PAC (ID#:			Amount of Contribution (\$)	\$250.00
		Lorena, TX 76655		= 1 (0 1 1 1	<u> </u>		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
Date 01/29/2024		Full name of contributor out-of-s Webster, Thomas Contributor address; City; State; Zip Co	tate PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		McGregor, TX 76657					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 02/15/2024	Whitsell, Lori)		Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 01/29/2024	Williams, Nancy)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			•				

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to comple	ete this forr	n.	1	Total pages Schedule A1: Sch: 18/19 Rpt: 21/62	
2	FILER NAME Duke, Devvi	e D. (Mrs.)			3	Filer ID (Ethics Commission 00087997	n Filers)
4	Date 02/15/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$25.00
8	Principal occur	Woodway, TX 76712 pation / Job title (See Instructions)	lg	Employer (See Instructions	;) 		
0	Retired	pation / Job title (See instructions)	ľ	Retired	P)		
	Date 02/20/2024	Winkler, Kevin)	•	Amount of Contribution (\$)	\$100.00
		Woodway, TX 76712			L		
	Principal occur Senior Pasto	pation / Job title (See Instructions) or		Employer (See Instructions Church Alive	S)		
	01/29/2024 Witt, Joe Bob		e PAC (ID#:)		Amount of Contribution (\$)	\$50.00
		Waco, TX 76708					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 02/14/2024	Wolgemuth, Debra			•	Amount of Contribution (\$)	\$100.00
	Principal occu Accounting	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	<u>I</u> S)		
	Date 02/14/2024	Full name of contributor out-of-state Wolgemuth, Debra Contributor address; City; State; Zip Code Waco, TX 76708	e PAC (ID#:)	•	Amount of Contribution (\$)	\$100.00
	Principal occu Accounting	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDUL	E A1	
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 19/19 Rpt: 22/62	
	FILER NAME Duke, Devvi			3	Filer ID (Ethics Commission 00087997	on Filers)
4	01/31/2024 Woodliff, Kim 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00	
		Hewitt, TX 76643		Ĺ		
8	B Principal occupation / Job title (See Instructions) Business Owner 9 Employer (See Instructions K&K Properties Hewitt		s) 			
	Date 02/08/2024	Full name of contributor out-of-state PAC (ID#:Young, Eddie Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Waco, TX 76712				
	Principal occu Young Servi	ppation / Job title (See Instructions) Ces	Employer (See Instructions Self-Employed	s)		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 1/9 Rpt: 23/62
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Duke, Devvi	ie D. (Mrs.)		00087997
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date	6 Full name of contributor ut-of-state PAC (ID#:		8 Amount of 9 In-kind contribution
02/01/2024	Banow, Borneo		contribution (\$) description \$16.66 Lunch for Campaign
	7 Contributor address; City; State; Zip Code		Meeting
	Hewitt, TX 76643		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)
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor uut-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description
02/06/2024	Ballew, Denise		• \$21.20 Postcard Postage
	Contributor address; City; State; Zip Code		
			į į
	Hewitt, TX 76643		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. 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 i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor uut-of-state PAC (ID#:		Amount of In-kind contribution contribution (\$) description
02/06/2024	Ballew, Denise		\$9.27 Zip Ties for Signs
	Contributor address; City; State; Zip Code		
	Hewitt, TX 76643		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	
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	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 2/9 Rpt: 24/62
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Duke, Devvi	ie D. (Mrs.)		00087997
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date	6 Full name of contributor ut-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution
01/30/2024	Castillo, Martha		contribution (\$) description \$16.80 Cookies for McGregor
	7 Contributor address; City; State; Zip Code		Meet and Greet
			į į
	Woodway, TX 76712		
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. J-JUDICIAL) (See instructions)
Retired	aparion 7 300 title (1 OK NON 300101AE)	(SSS Meadedile)	
	principal occupation (FOR JUDICIAL)	Retired 13 Contributor's job title	(FOR JUDICIAL) (See instructions)
	p		(
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)	J	
Date	Full name of contributor out-of-state PAC (ID#:	\	Amount of ! In-kind contribution
02/08/2024	Castillo, Martha		contribution (\$) description
	Contributor address; City; State; Zip Code		\$36.00 Cookies for West Meet
	30.14.15.4.10.14.15.15.15.15.15.15.15.15.15.15.15.15.15.		and Greet
	Woodway, TX 76712		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	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 i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor uut-of-state PAC (ID#:		Amount of In-kind contribution contribution (\$) description
02/17/2024	Castillo, Martha		\$46.17 Food for The Barn Meet
	Contributor address; City; State; Zip Code		and Greet
			į
	Woodway, TX 76712		-
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. J-JUDICIAL) (See instructions)
Retired	apation / 300 title (POK NON-30DICIAE) (See instructions)	Retired	4-JODICIAL) (See instituctions)
	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributors	principal decapation (1 dr. debien L)		(i ortoobio,, ill) (eee measure,
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)	ı	

The Instru	ction Guide explains how to complete this f	Total pages Schedule A2: Sch: 3/9 Rpt: 25/62					
2 FILER NAME Duke, Devvi		3 Filer ID (Ethics Commission Filers) 00087997					
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$					
5 Date 01/27/2024	 Full name of contributor out-of-state PAC (ID#:		8 Amount of contribution (\$) 9 In-kind contribution description \$219.80 Gift Cards HEB				
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	L Check if travel outside of Texas. Complete Schedule TJUDICIAL) (See instructions)				
Owner		Position 4 Solutions	S				
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 contributo	or's spouse (if any) (FOR JUDICIAL)				
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date 01/27/2024	Full name of contributor out-of-state PAC (ID#: Duke, Devvie Contributor address; City; State; Zip Code		Amount of In-kind contribution description \$23.10 Donuts for block walkers				
	McGregor, TX 76657		Check if travel outside of Texas. Complete Schedule T.				
Principal occu Owner	upation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions) Position 4 Solutions				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date 02/17/2024	Full name of contributor		Amount of In-kind contribution contribution (\$) description \$32.24 I Donuts for Block Walkers				
	McGregor, TX 76657		Check if travel outside of Texas. Complete Schedule T.				
Principal occu Owner	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON Position 4 Solution:	,				
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)	•					

The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A2: Sch: 4/9 Rpt: 26/62
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Duke, Devvi	ie D. (Mrs.)	00087997	
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution contribution (\$) description
02/07/2024	Duke, Michael		contribution (\$) description \$6,907.22 Letter Mailer
	7 Contributor address; City; State; Zip Code		Total Maner
			i
	M-C		_
	McGregor, TX 76657	I	Check if travel outside of Texas. Complete Schedule T.
· ·	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)
Business O		Position4solutions	
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 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
01/29/2024	Duke, Robert		contribution (\$) description
	Contributor address; City; State; Zip Code		\$1,024.59 Campaign Signs
			į
	McGregor, TX 76657		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)
Business O	wner	Self Employed	
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
01/29/2024	Duke, Robert		contribution (\$) description
	Contributor address; City; State; Zip Code		\$100.00 Campaign Shirts
	Continuator address, City, State, Zip Code		į
			¦ ¦
	McGregor, TX 76657		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	
Business O	,	Self Employed	,
	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
	p		(. 6.1.6.6.2.16.11.12)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
30	ones, small min (i on obsion is)		5. 5 5,5550 (ii dily) (i 51, 500 ion (E)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	
	is a simu, iaw iiiii oi paieiii(s) (ii aiiy) (FOR JODICIAL)		
-			
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The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A2: Sch: 5/9 Rpt: 27/62
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Duke, Devvi	ie D. (Mrs.)	00087997	
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:		8 Amount of 9 In-kind contribution
01/30/2024	Duke, Robert		contribution (\$) description
	7 Contributor address; City; State; Zip Code		\$811.88 Campaign Signs
			į į
	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	N-JUDICIAL) (See instructions)
Business O	wner	Self Employed	
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)	•	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of ! In-kind contribution
01/31/2024	Duke, Robert		contribution (\$) description
	Contributor address; City; State; Zip Code		\$2,160.00 Billboards Swift
	Continuator address, City, State, Zip Code		į
	McGregor, TX 76657		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	
Business O		Self Employed	
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)	<u>l</u>	
	o a oa, i.a.i o. paroin(o) (i. a.i.)) (i. o.i. oo oo a oa)		
Data	Full name of contributor		Amount of In kind contribution
Date 02/03/2024	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description
02/03/2024	Duke, Robert		\$23.10 Breakfast for Block
	Contributor address; City; State; Zip Code		Walkers
			!
	McGregor, TX 76657		i
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. J-JUDICIAL) (See instructions)
Business O	,	Self Employed	(See monded)
	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Continuators	principal occupation (FOR JODICIAL)	Continuator's job title	(FOR JUDICIAL) (See instructions)
Contributori	omployor/low firm (FOR 11/DICIAL)	Low firm of a saturate	orle chause (if any) (FOR AUDICIAL)
Contributor's	employer/law firm (FOR JUDICIAL)	Law IIIIII OI CONTIIDUT	or's spouse (if any) (FOR JUDICIAL)
16	the solid law from af account (2007) 1000 1000 1000		
it contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
I			

The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A2: Sch: 6/9 Rpt: 28/62
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Duke, Devv	ie D. (Mrs.)	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
02/10/2024	Duke, Robert		contribution (\$) description \$37.80 Breakfast for Block
	7 Contributor address; City; State; Zip Code		Walkers
	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	I-JUDICIAL) (See instructions)
Business O	wner	Self Employed	
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)		
Date	Full name of contributor out-of-state PAC (ID#:	\	Amount of ! In-kind contribution
02/14/2024	Duke, Robert		contribution (\$) description
	Contributor address; City; State; Zip Code		\$211.74 Stakes for Signs
	Continuator address, City, State, Zip Code		i
			¦ ¦
	McGregor, TX 76657		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	. —
Business O		Self Employed	
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)	l.	
557154151			
Data	Full name of contributor		Amount of In kind contribution
Date 02/22/2024	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description
02/22/2024	Duke, Robert		\$40.00 Meal tickets for West
	Contributor address; City; State; Zip Code		Kiwanas Chili Supper
			ļ .
	McGregor, TX 76657		;
Dringing con	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. J-JUDICIAL) (See instructions)
Business O	,	' ' `	1-JUDICIAL) (See instructions)
		Self Employed	(FOR HIDICIAL) (Con instructions)
Contributors	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Occupation 1	orania varilavi firm (FOD 311D101A1)	Laurence et en	and a province (if a pro) (EOD 31 DIO(1)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
<u> </u>		<u> </u>	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

The Instru	ction Guide explains how to complete this t	form.	1 Total pages Schedule A2: Sch: 7/9 Rpt: 29/62	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Duke, Devvi	ie D. (Mrs.)	00087997		
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$		
5 Date	6 Full name of contributor ut-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution	
02/22/2024	Duke, Robert		contribution (\$) description \$264.67 Posts for Signs	
	7 Contributor address; City; State; Zip Code		I I	
			i	
	MaCranar TV 70057		_	
10.5	McGregor, TX 76657	T44 5 1 (500 NO)	Check if travel outside of Texas. Complete Sched	ule T.
· ·	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)	
Business O		Self Employed	(500 NIDIOIAL) (0i	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)	
4.4.0 - 10.40 10.04 - 10.14	and a sellen from (EOD HIDIOIAL)	45 Law Same of a saturble of	ode array (for all piolati)	
14 Contributors	employer/law firm (FOR JUDICIAL)	15 Law IIIm of Contribute	or's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
16 ii contributor i	is a child, law littli of parefil(s) (if any) (FOR JODICIAL)			
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description	
02/04/2024	Granger, Angela		\$129.83 Food for Letter Group	
	Contributor address; City; State; Zip Code		Mailing	
			į į	
	Lorena, TX 76655			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedi I-JUDICIAL) (See instructions)	uie I.
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	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of In-kind contribution	
02/20/2024	Granger, Angela		contribution (\$) description	
	Contributor address; City; State; Zip Code		\$175.62 Beer for Barn Meet an Greet	d
	, , , , , , , , , , , , , , , , , , ,		Greet	
			į	
	Lorena, TX 76655		Check if travel outside of Texas. Complete Sched	ule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	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 i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A2: Sch: 8/9 Rpt: 30/62
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Duke, Devv	ie D. (Mrs.)		00087997
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution
02/20/2024	Notgrass, Patty		contribution (\$) description \$200.00 Wine for Meet and Greet
	7 Contributor address; City; State; Zip Code		1 \$200.001 Wille for Meet and Greet
			_
	Waco, TX 76712	•	Check if travel outside of Texas. Complete Schedule T.
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)
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)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution
02/20/2024	Notgrass, Patty		contribution (\$) description
	Contributor address; City; State; Zip Code		\$100.00 Security for Meet and Greet
			!
	Waco, TX 76712		Check if travel outside of Texas. Complete Schedule T.
Principal occı	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	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	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
02/06/2024	Ruhl, Karla		contribution (\$) description \$468.00 Food for Meet and Greet
	Contributor address; City; State; Zip Code		I S408.001F000 for Meet and Greet
			_
	McGregor, TX 76657	•	Check if travel outside of Texas. Complete Schedule T.
· '	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	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	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

The Instru	ction Guide explains how to complete this f		Total pages Schedule A2: Sch: 9/9 Rpt: 31/62			
2 FILER NAME Duke, Devvi		3 Filer ID (Ethic 00087997	es Commission Filers)			
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	\$				
		·	I			
5 Date 02/18/2024	 Full name of contributor out-of-state PAC (ID#:)	contribution (\$)	9 In-kind contribution description Refreshments for Meet and Greet		
	Woodway, TX 76712		Check if travel of	 		
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See ii	nstructions)		
Constable		McLennan County				
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 contributo	or's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 02/09/2024	Full name of contributor out-of-state PAC (ID#: Walters, Diane Contributor address; City; State; Zip Code			In-kind contribution description Tickets to Waco ISD Fundraiser		
	Waco, TX 76710		Check if travel of	I I I outside of Texas. Complete Schedule T.		
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See ii	nstructions)		
Business De	•	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 contributo	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 02/17/2024	Full name of contributor out-of-state PAC (ID#: Walters, Diane Contributor address; City; State; Zip Code)		In-kind contribution description Tickets to Mardi Gras Fundraiser		
	Waco, TX 76710		Check if travel of	 		
Principal occu Business De	upation / Job title (FOR NON-JUDICIAL) (See instructions) evelopment	Employer (FOR NON Lochridge Priest	I-JUDICIAL) (See ii	nstructions)		
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)					

The Instruction Guide explains how to complete this form. 2 FILER NAME Duke, Devvie D. (Mrs.)		ages Schedule E:
Duke, Devvie D. (Mrs.)		1 Rpt: 32/62
	3 Filer ID 000879	(Ethics Commission Filers)
TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan		9 Loan Amount (\$) \$2,500.00
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 occupation / Job title (See Instructions)13 Employer (See Instructions)Business OwnerPosition 4 Solutions	5)	
14 Description of Collateral 15 Check if personal funds we	ere deposited	d into political account
X None		(See Instructions)
16 GUARANTOR INFORMATION 17 Name of guarantor		19 Amount Guaranteed (\$)
x not applicable 18 Guarantor address; City; State; Zip Code		
20 Principal occupation 21 Employer (See Instructions	5)	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

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

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

	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: 1/28 Rpt: 33/62	Duke, Devvie D. (Mrs.)		00087997
4	Date	5 Payee name		<u> </u>
	01/30/2024	AMA Graphics, LLC		
6	Amount (\$)	7 Payee address; City; State; Zip C	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 travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Foamboard Sign
l				Poamboard Sign
9	Complete ONLY if direct	Candidate/Officeholder name Office so	hiaht	Office held
ľ	expenditure to benefit C/OI		Jugini	Cince Hold
⊨	Date	Payee name		
	02/01/2024	AMA Graphics, LLC		
	Amount (\$)	Payee address; City; State; Zip C	`ode	
	\$405.94	6301 Imperial Drive	Joue	
	Ψ-00.0-1	osof imperial brive		
l		Waco, TX 76712		
┡	DUDDOCE		(b)	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(a)	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
l				Campaign T-shirts
L				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ought	Office held
L	- Componential of the second control of the			
	Date	Payee name		
	02/01/2024	AMA Graphics, LLC		
l	Amount (\$)	Payee address; City; State; Zip C	Code	
	\$465.59	6301 Imperial Drive		
		Waco, TX 76712		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l				Palm Cards
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI		-	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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

	Candidate/Officeholder/Politica Credit Card Payment			egal Services		nting Exp laries/Wa		e /Contract Labor		OTHER (enter	a category not listed abo	ve)
	Credit Card Payment		-	The Instruction Gui	ide explains how	to com	ple	te this form.				
1	Total pages Schedule F1:	2 F	ILER NAME						3	Filer ID	(Ethics Commission	on Filers)
	Sch: 2/28 Rpt: 34/62		Duke, Devvi	e D. (Mrs.)						00087997		
4	Date	5 P	Payee name									
	02/07/2024	Δ	AMA Graphic	cs, LLC								
6	Amount (\$)	7 P	Payee address	s; City;	State; Z	ip Cod	le					
	\$465.59	6	301 Imperia	al Drive								
		v	Vaco, TX 76	712								
8	PURPOSE	(a) C	Category (See	Categories listed at the	e top of this schedule	e) ((b)	Description				
	OF EXPENDITURE		Advertising E		- 10p - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Check if travel of	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITORE							—		officeholder livin	g expense	
								Contrast Paln	n C	aras		
_		<u> </u>										
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	eholder name	Offic	e soug	ht			Office h	eld	
_												
	Date	l	Payee name									
	02/20/2024		AMA Graphic									
	Amount (\$)		Payee address		State; Z	ip Cod	le					
	\$35.48	6	301 Imperia	al Drive								
		V	Vaco, TX 76	5712								
	PURPOSE OF	(a) C	Category (See	Categories listed at the	e top of this schedule	e) ((b)	Description				
	EXPENDITURE	^	Advertising E	Expense				=		de of Texas. Cor officeholder livin	nplete Schedule T.	
								Palm Cards	,,	omoonoido: iiviii	g oxponed	
	Complete ONLY if direct		andidate/Offic	eholder name	Offic	e soug	ht			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date	Р	Payee name									
	01/26/2024	l	Anedot, Inc.									
	Amount (\$)	P	Payee address	s; City;	State; Z	ip Cod	le					
	\$4.30	1	.340 Poydra	s St., Suite 177	0							
			•									
		_N	New Orleans	s, LA 70112								
	PURPOSE			: Categories listed at the	a tan of this solvedule	. ((b)	Description				
	OF	ı	ees (See	Categories listed at th	e top of this schedule	"	,		outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE									officeholder livin	g expense	
								Donation Pro	ces	ssing Fee		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Offic	eholder name	Offic	e soug	ht			Office h	eld	
	poa.taro to boriont 0/01	•										

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	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: 3/28 Rpt: 35/62	Duke, Devvie D. (Mrs.) 00087997
4	Date	5 Payee name
	01/26/2024	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.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Processing Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
-	Date	David and the second se
		Payee name
	01/26/2024	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.30	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
		Donation Processing Fee
_	Computate ONLY if diseast	Condidate/Office holder name Office sought Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/26/2024	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 Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Donation Processing Fee
	Commiste Chilly " "	Condidate (Office holder name)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nittee L	Gift/Awards/Memo egal Services The Instruction	rials Expense n Guide explai		/ages	s/Contract Labor		Travel Out of DOTHER (enter	vistrict a category not listed a	pove)
1	Total pages Schedule F1:	2 =			•		÷	1	2	Filer ID	(Ethics Commiss	cion Filers)
_		ı		D (Mrc.)					3	00087997	(Ethios Commiss	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Sch: 4/28 Rpt: 36/62		Duke, Devvie	D. (IVIIS.)						00067997		
4	Date	5 P	Payee name									
	01/26/2024	A	Anedot, Inc.									
6	Amount (\$)	7 P	Payee address	s; City;	Sta	ite; Zip Co	de					
-	\$1.30		.340 Poydra			,p						
	Ψ1.00	†	.o+o i oyulu	o ot., outc	1770							
		N	New Orleans	, LA 70112								
8	PURPOSE	(a) C	Category (See	Categories lister	d at the top of this	schedule)	(b)	Description				
	OF	1	ees	3		,		Check if travel of	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE							Check if Austin,	TX,	officeholder livi	ng expense	
								Donation Pro	ces	ssing Fee		
9	Complete ONLY if direct	Ca	andidate/Offic	eholder name	 e	Office sou	ght			Office h	neld	
	expenditure to benefit C/O	Н					•					
	5.											
	Date		Payee name									
	01/26/2024	A	Anedot, Inc.									
	Amount (\$)	Р	Payee address	s; City;	Sta	ite; Zip Co	de					
	\$4.30	1	.340 Poydra	s St., Suite	1770							
			•									
			low Orloans	70112								
		'\	New Orleans	, LA /UIIZ								
	PURPOSE OF	(a) C	Category (See	Categories lister	d at the top of this	schedule)	(b)	Description				
	EXPENDITURE	F	ees					ш			mplete Schedule T.	
								Check if Austin,			ng expense	
								Donation Pro	ces	ssing Fee		
	Complete ONLY if direct		andidate/Offic	eholder name	Э	Office sou	ght			Office h	neld	
	expenditure to benefit C/O	п										
	Date	Р	Payee name									
	01/26/2024	ΙA	Anedot, Inc.									
		_		C:t- ::	Cta	ta. Zin Ca	ما م					
	Amount (\$)	ı	Payee address			ite; Zip Co	ue					
	\$4.30	1	.340 Poydra	s St., Suite	1770							
		N	New Orleans	, LA 70112								
	PURPOSE	(a) C	Category (Soc	Catagories lister	d at the top of this	cohodulo)	(b)	Description				
	OF		ees	Categories lister	at the top of this	scriedule)	(- ,		outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE	'	000					Check if Austin,	, TX,	officeholder livi	ng expense	
								Donation Pro	ces	ssing Fee		
	Complete ONLY if direct	L Ca	andidate/Offic	eholder name	2	Office sou	aht			Office I	neld	
	expenditure to benefit C/O				-	2.1100 000	J. 11			0.1100 1	. = . 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 comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/28 Rpt: 37/62	Duke, Devvie D. (Mrs.)	00087997
4	Date	5 Payee name	•
l	01/26/2024	Anedot, Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1.30	1340 Poydras St., Suite 1770	
l			
l		New Orleans, LA 70112	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF	Fees	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		Check if Austin, TX, officeholder living expense
l			Donation Processing Fee
Ļ			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
┕	'		
l	Date	Payee name	
L	01/27/2024	Anedot, Inc.	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$6.30	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			Donation Processing Fee
			zonadon i rocconig i co
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
	01/27/2024	Anedot, Inc.	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
l	\$4.30	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.
l	EXPENDITURE	1 000	Check if Austin, TX, officeholder living expense
			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)

Expense 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 7 1 0 1 1 5	,
1 Total pages Schedule F1:	
Sch: 6/28 Rpt: 38/62	Duke, Devvie D. (Mrs.) 00087997
4 Date	5 Payee name
01/29/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$29.50	1340 Poydras St., Suite 1770
	New Orleans, LA 70112
0 DUDDOCE	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Tayon Complete Schedule T
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Donation Processing Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Dete	
Date	Payee name
01/29/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$10.90	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 Donation Processing Fee
	Donation Processing rec
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Ÿ
D .	
Date	Payee name
01/29/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.30	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 Donation Processing Fee
	Donation Frocessing Fee
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 -

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		Travel Out of District OTHER (enter a category not listed above)
	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: 7/28 Rpt: 39/62	Duke, Devvie D. (Mrs.)	00087997
4	Date	5 Payee name	
(01/31/2024	Anedot, Inc.	
	Amount (\$)	7 Payee address; City; State; Zip Code	
0 /	\$20.30	1340 Poydras St., Suite 1770	
	Ψ20.30	1340 Foyulas St., Suite 1770	
		New Orleans, LA 70112	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 000	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		Donation Pro	
9 (Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
	Date	Payee name	
(02/02/2024	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	1 003	outside of Texas. Complete Schedule T.
	EXI ENDITORE		ı, TX, officeholder living expense
		Donation Pro	icessing Fee
	0 1 0 0 1 1 1 1		0"
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	<u> </u>		
	Date	Payee name	
(02/04/2024	Anedot, Inc.	
,	Amount (\$)	Payee address; City; State; Zip Code	
	\$2.30	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	1 003	outside of Texas. Complete Schedule T.
	EXI ENDITORE		n, TX, officeholder living expense
		Donation Pro	cessing Fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	- parameter to bottom of of		

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 Guide explains how to com	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 8/28 Rpt: 40/62	Duke, Devvie D. (Mrs.)		00087997
4	Date	5 Payee name		-
	02/05/2024	Anedot, Inc.		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$1.30	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.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Donation Processing Fee
L				
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ht	Office held
	Date	Payee name		
	02/05/2024	Anedot, Inc.		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$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 Schedule T.
				Check if Austin, TX, officeholder living expense Donation Processing Fee
				Zonadon nocessing nee
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O			
	Date	Payee name		
	02/05/2024	Anedot, Inc.		
	Amount (\$)	Payee address; City; State; Zip Cod	le.	
	\$10.30	1340 Poydras St., Suite 1770		
	720.00			
		New Orleans, LA 70112		
	DUDDOCE	(2) 0	/b\	
	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
				Donation Processing Fee
		_		
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/Ol	1	_	

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 complete this form.
1	Total pages Schedule F1:	
	Sch: 9/28 Rpt: 41/62	Duke, Devvie D. (Mrs.) 00087997
4	Date	5 Payee name
	02/05/2024	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
		Donation Processing Fee
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experientare to benefit or or	'
	Date	Payee name
	02/06/2024	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 Schedule T.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	D :	
	Date	Payee name
	02/07/2024	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$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 Donation Processing Fee
		Donation Processing Fee
	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 compl	ete this form.
1	Total pages Schedule F1: Sch: 10/28 Rpt: 42/62	2 FILER NAME Duke, Devvie D. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087997
4	Date 02/07/2024	5 Payee name Anedot, Inc.	I
6	Amount (\$) \$1.30	7 Payee address; City; State; Zip Code 1340 Poydras St., Suite 1770	
8	PURPOSE OF EXPENDITURE	New Orleans, LA 70112 (a) Category (See Categories listed at the top of this schedule) Fees (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 02/08/2024	Payee name Anedot, Inc.	
	Amount (\$) \$4.30	Payee address; City; State; Zip Code 1340 Poydras St., Suite 1770 New Orleans, LA 70112	
	PURPOSE OF EXPENDITURE		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 02/09/2024	Payee name Anedot, Inc.	
	Amount (\$) \$4.30	Payee address; City; State; Zip Code 1340 Poydras St., Suite 1770	
		New Orleans, LA 70112	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense 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 compl	lete this form.
1	Total pages Schedule F1: Sch: 11/28 Rpt: 43/62	2 FILER NAME Duke, Devvie D. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00087997
Ļ	•		00001991
4	Date	5 Payee name	
	02/10/2024	Anedot, Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$8.30	1340 Poydras St., Suite 1770	
		New Orleans, LA 70112	
8	PURPOSE OF	, ,	Description
	EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Donation Processing Fee
			٠
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
H	Date	Payee name	
	02/11/2024	Anedot, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.30	1340 Poydras St., Suite 1770	
	,		
		New Orleans, LA 70112	
	PURPOSE		Deparintion
	OF	(a) Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 663	Check if Austin, TX, officeholder living expense
			Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experialiture to benefit C/OI	<u> </u>	
	Date	Payee name	
	02/12/2024	Anedot, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$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.
	LAI LINDITORE		Check if Austin, TX, officeholder living expense
			Donation Processing Fee
L	Complete CNII V If allower	Condidate Office holder in the	Office held
	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 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 compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 12/28 Rpt: 44/62	Duke, Devvie D. (Mrs.)	00087997
4	Date	5 Payee name	<u> </u>
	02/14/2024	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 EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Donation Processing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	Complete ONLY if direct expenditure to benefit C/OI		Office field
H	Date		
	Date	Payee name	
	02/14/2024	Anedot, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4.30	1340 Poydras St., Suite 1770	
		New Orleans, LA 70112	
	PURPOSE OF	,	Description
	EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Donation Processing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	02/14/2024	Anedot, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2.30	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.
	LXI LINDITORE		Check if Austin, TX, officeholder living expense
			Donation Processing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
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 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 compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
l	Sch: 13/28 Rpt: 45/62	Duke, Devvie D. (Mrs.)	00087997
4	Date	5 Payee name	•
l	02/16/2024	Anedot, Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$2.30	1340 Poydras St., Suite 1770	
l			
l		New Orleans, LA 70112	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF	Fees	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		Check if Austin, TX, officeholder living expense
l			Donation Processing Fee
L			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	'		
l	Date	Payee name	
	02/17/2024	Anedot, Inc.	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$17.90	1340 Poydras St., Suite 1770	
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			Donation Processing Fee
			20.14.10.1.1.00000
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
F	Date	Payee name	
	02/17/2024	Anedot, Inc.	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
l	\$4.30	1340 Poydras St., Suite 1770	
l			
		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.
l	EXPENDITURE	1 000	Check if Austin, TX, officeholder living expense
			Donation Processing Fee
L			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	experience to beliefit 6/01	·	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

g Expense 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 comple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 14/28 Rpt: 46/62	Duke, Devvie D. (Mrs.)	00087997
4	Date	5 Payee name	
	02/19/2024	Anedot, Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1.90	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.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Donation Processing Fee
Ļ	Commists ONII V if diseast	Condidate (Office helder name	Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L			
	Date	Payee name	
	02/19/2024	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
			Donation Processing Fee
			J
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	02/20/2024	Anedot, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.30	1340 Poydras St., Suite 1770	
		-	
		New Orleans, LA 70112	
	PURPOSE		Description
	OF	Fees	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Donation Processing Fee
L	0 1, 2, 2, 2, 2, 2		200
	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 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 compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 15/28 Rpt: 47/62	Duke, Devvie D. (Mrs.)	00087997
4	Date	5 Payee name	•
	02/20/2024	Anedot, Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2.30	1340 Poydras St., Suite 1770	
		New Orleans, LA 70112	
8	PURPOSE	(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.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Donation Processing Fee
_	2		25.
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	•		
	Date	Payee name	
	02/21/2024	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 Schedule T. Check if Austin, TX, officeholder living expense
			Donation Processing Fee
			20.100.00 1 000 00 1 00 00 00 00 00 00 00 00 00
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
H	Date	Payee name	
	02/21/2024	Anedot, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4.30	1340 Poydras St., Suite 1770	
		New Orleans, LA 70112	
	PURPOSE		Description
	OF	(a) Category (See Categories listed at the top of this schedule) Fees	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 000	Check if Austin, TX, officeholder living expense
			Donation Processing Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientale to beliefft C/Of	•	

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	Il 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: 48/62	Duke, Devvie D. (Mrs.) 00087997
4	Date	5 Payee name
	02/22/2024	Anedot, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$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.
		Check if Austin, TX, officeholder living expense Donation Processing Fee
		Donation Processing Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	02/22/2024	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$580.30	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 Donation Processing Fee
		Donation Frocessing Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/23/2024	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.30	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
		Donation Processing Fee
	Complete ONLY if direct	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)
g Expense Event Expense Loan Repayment/Reimbu

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

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 co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 17/28 Rpt: 49/62	Duke, Devvie D. (Mrs.)		00087997	
4 Date	5 Payee name			
02/12/2024	Axiom			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$11,369.00	1001 Congress Ave #100			
	Austin, TX 78701			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Advertising Expense		avel outside of Texas. Compl	ete Schedule T.
EXPENDITORE			ustin, TX, officeholder living e	expense
		Campaign	Mailing	
Complete ONLY if direct	Condidate/Office helder name Office acu	vaht	Office hel	d
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ignt	Office held	u
Date	Payee name			
02/23/2024	Axiom			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$13,822.00	1001 Congress Ave #100			
	Austin, TX 78701			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Advertising Expense		avel outside of Texas. Compl ustin, TX, officeholder living e	
		Direct Mai		мропос
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office hel	d
expenditure to benefit C/O	Н			
Date	Payee name			
02/15/2024	Axiom			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$145.42	1001 Congress Ave #100			
	Austin, TX 78701			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Consulting Expense		avel outside of Texas. Compl	ete Schedule T.
EXPENDITURE			ustin, TX, officeholder living e	expense
		Debate Pr	ep Strategy	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held	d
	•			

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 Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1:										
	Sch: 18/28 Rpt: 50/62	Duke, Devvie D. (Mrs.) 00087997									
4	Date	Payee name									
	01/29/2024	Bonfire Data, LLC									
6	Amount (\$)	7 Payee address; City; State; Zip Code									
	\$20.00	1900 E 15th Street, Bldg 600									
		Edmond, OK 73013									
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.									
	LAFLINDITORL	Check if Austin, TX, officeholder living expense									
		Direct Texts to Voters									
_											
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held									
	Date	Payee name									
	01/29/2024	Bonfire Data, LLC									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$350.00	1900 E 15th Street, Bldg 600									
		Edmond, OK 73013									
	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 Software Subscription									
		Custom Software Subscription									
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held									
	expenditure to benefit C/O										
	Data										
	Date 01/31/2024	Payee name									
		Bonfire Data, LLC									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$1,000.00	1900 E 15th Street, Bldg 600									
		Edmond, OK 73013									
	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									
		Direct Texts to Voters									
	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 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 complete this form.	
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 19/28 Rpt: 51/62	Duke, Devvie D. (Mrs.)	00087997
4	Date	5 Payee name	
	02/02/2024	Bonfire Data, LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,100.00	1900 E 15th Street, Bldg 600	
		Edmond, OK 73013	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	outside of Texas. Complete Schedule T.
		Direct Texts	n, TX, officeholder living expense
		Direct Texts	to voters
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
⊨	Data		
	Date 02/05/2024	Payee name	
		Bonfire Data, LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	1900 E 15th Street, Bldg 600	
		-1 -1 -1 -1 -1 -1	
		Edmond, OK 73013	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	/ dvertising Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Direct Texts	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	I	
	Date	Payee name	
	02/08/2024	Bonfire Data, LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$900.00	1900 E 15th Street, Bldg 600	
	,		
		Edmond, OK 73013	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin	n, TX, officeholder living expense
		Direct Texts	to Voters
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	The state of the 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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries	or THER (enter a category not listed above) complete this form.					bove)
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 20/28 Rpt: 52/62		vie D. (Mrs.)					00087997		
4	Date	5 Payee name)							
	02/12/2024	Bonfire Da	ta, LLC							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode					
	\$850.00	1900 E 151	h Street, Bldg 600							
		Edmond, C	OK 73013		_					
8	PURPOSE OF		See Categories listed at the to	p of this schedule)	(b)	Description				
	EXPENDITURE	Advertising	Expense			_		ide of Texas. Com , officeholder living		
						Direct Texts t			СХРЕПОС	
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	ught			Office he	eld	
	Date	Payee name	<u> </u>							
	02/14/2024	Bonfire Da								
	Amount (\$)	Payee addre		State; Zip C	ode					
	\$100.00	l ,	h Street, Bldg 600	Otato, Zip o	ouc					
	Ψ100.00	1500 L 150	ir Street, blug 000							
		Edmond, C	OK 73013							
	PURPOSE	(a) Category (S	See Categories listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE	Advertising	Expense					ide of Texas. Com		
						Direct Texts t		, officeholder living	expense	
						Direct Texts t	.0 \	701613		
	Commiste ONLY if dispost	Caradidata/Of	ficeholder name	0#:				Office he	اما	
	Complete ONLY if direct expenditure to benefit C/O		icenoider name	Office so	ugni			Office he	eiu 	
	Date	Payee name	9							
	02/14/2024	Bonfire Da	ta, LLC							
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$875.00	1900 E 151	h Street, Bldg 600							
			•							
		Edmond, C	OK 73013							
	PURPOSE OF	(a) Category (S	See Categories listed at the to	p of this schedule)	(b)	Description				
	EXPENDITURE	Advertising	Expense					ide of Texas. Com		
						Direct Texts t		, officeholder living	expense	
						Direct Texts t	.0 \	701013		
	Complete ONLY !! -!!	Consdid - + - 101	Figobolder in the F	Off:	uck.			O#:!	vid.	
	Complete ONLY if direct expenditure to benefit C/OH		ficeholder name	Office so	ugnt			Office he	au	
										4 0000 47

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: 21/28 Rpt: 53/62	Duke, Devvie D. (Mrs.)		00087997							
4	Date	5 Payee name									
	02/14/2024	Bonfire Data, LLC									
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le								
	\$100.00	1900 E 15th Street, Bldg 600									
		Edmond, OK 73013									
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.							
	EXPENDITURE	-		Check if Austin, TX, officeholder living expense							
				Direct Texts to Voters							
_	0 1: 0 1: 0			000							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	Iht	Office held							
	Date	Payee name									
	02/20/2024	Bonfire Data, LLC									
	Amount (\$)	Payee address; City; State; Zip Cod	le								
	\$50.00	1900 E 15th Street, Bldg 600									
		Edmond, OK 73013									
	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 Direct Texts to Voters							
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held							
	expenditure to benefit C/OI	•	_								
	Date	Payee name									
	02/20/2024	Bonfire Data, LLC									
	Amount (\$)	Payee address; City; State; Zip Cod	le								
	\$150.00	1900 E 15th Street, Bldg 600									
	4100.00	1000 L 1001 00000, Diag 000									
		Edmond, OK 73013									
	DUDDOOF		/I- \								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(D)	Description Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense							
				Direct Texts to Voters							
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held							
	expenditure to benefit C/OI	1									

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: 22/28 Rpt: 54/62	Duke, Devvie D. (Mrs.)	00087997
4	Date	5 Payee name	•
	02/20/2024	Bonfire Data, LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$50.00	1900 E 15th Street, Bldg 600	
		Edmond, OK 73013	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	l ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	l outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austi	n, TX, officeholder living expense
		Direct Texts	to Voters
Ļ	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:		0"
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	·		
	Date	Payee name	
	02/20/2024	Bonfire Data, LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$750.00	1900 E 15th Street, Bldg 600	
		Edmond, OK 73013	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	/\dvertising Expense	I outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Direct Texts	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	H	
	Date	Payee name	
	02/20/2024	Bonfire Data, LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$750.00	1900 E 15th Street, Bldg 600	
		Edmond, OK 73013	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	, , , , , , , , , , , , , , , , , , , ,	l outside of Texas. Complete Schedule T.
	EXPENDITURE	l — l —	n, TX, officeholder living expense
		Direct Texts	to voters
_	Complete ONE V if dier -t	Condidate/Officeholder name	Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought H	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 complet	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
l	Sch: 23/28 Rpt: 55/62	Duke, Devvie D. (Mrs.)	00087997
4	Date	5 Payee name	<u>'</u>
	02/21/2024	Bonfire Data, LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$900.00	1900 E 15th Street, Bldg 600	
l			
		Edmond, OK 73013	
8	PURPOSE		Description
ľ	OF	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Direct Texts to Voters
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	experientare to benefit c/of	'	
	Date	Payee name	
l	02/24/2024	Bonfire Data, LLC	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$50.00	1900 E 15th Street, Bldg 600	
		Edmond, OK 73013	
Г	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 Direct Texts to Voters
			Direct Texts to Voters
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	•	Office field
⊨	Data		
l	Date 02/24/2024	Payee name	
		Bonfire Data, LLC	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$200.00	1900 E 15th Street, Bldg 600	
		F I I OK 70010	
		Edmond, OK 73013	
l	PURPOSE OF	, ,	Description
l	EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l			Direct Texts to Voters
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
\vdash			
ı			

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: 24/28 Rpt: 56/62	Duke, Devvie D. (Mrs.) 00087997
4	Date	5 Payee name
	02/24/2024	Bonfire Data, LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$800.00	1900 E 15th Street, Bldg 600
		Edmond, OK 73013
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
		Direct Texts to Voters
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/30/2024	Broad Embroidery
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	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
		Duke Campaign Shirts
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/21/2024	Broad Embroidery
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	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 Campaign Shirts
		- Campaign Office
-	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 Committ

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: 57/62	Duke, Devvie D. (Mrs.) 00087997
4	Date	5 Payee name
	02/09/2024	CFO Shield LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,005.78	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 Services & Support
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
Г	Date	Payee name
	02/02/2024	Google LLC
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$38.38	1600 Amphitheatre Parkway
		Mountain View, CA 94043
	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 Google GSuite Monthly Expense
		Google Gould Monthly Expense
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	01/29/2024	Mailchimp
H	Amount (\$)	Payee address; City; State; Zip Code
	\$47.97	675 Ponce De Leon Ave NE, Suite 5000
	φ41.91	073 Folice De Leon Ave NE, Suite 3000
		Atlanta, GA 30308
H	PURPOSE	I a c
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Advertising Expense
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Ol	<u> </u>
1		

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: 26/28 Rpt: 58/62	Duke, Devvie D. (Mrs.) 00087997
4	Date	5 Payee name
	02/16/2024	McLennan County Republican Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.00	PO 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		25.10.1 1151.01
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	02/16/2024	Numinar Analytics
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$675.00	1201 Wilson Blvd.
	φ073.00	1201 WIISON DIVU.
		Arlington, VA 22209
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Platform Software Subscription
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	•
⊨	Data	
	Date	Payee name
	02/24/2024	Shipley Donuts
	Amount (\$)	Payee address; City; State; Zip Code
	\$66.40	8810 Woodway Dr. #505
		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
		Coffee and Donuts for Block Walkers
		Confect and Donate for Block Warkers
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
I	expenditure to benefit C/O	
\vdash		

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

	orean oara'r ayment	The Instruction Guide explains how to cor	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 27/28 Rpt: 59/62	Duke, Devvie D. (Mrs.)		00087997
4	Date	5 Payee name		-
	02/23/2024	Signs.com		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$1,024.59	1550 South Gladiola Street		
		Salt Lake City, UT 84104		
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.
	EXPENDITURE	• 1		Check if Austin, TX, officeholder living expense
				Yard Signs - Reimbursed to Angela Granger
_				
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou d	ght	Office held
	Date	Payee name		
	02/22/2024	Signs.com		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$1,607.17	1550 South Gladiola Street		
		Salt Lake City, UT 84104		
	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
				Campaign Yard Signs
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O		•	
	Date	Payee name		
	02/12/2024	The McGregor Mirror		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$515.00	311 S Main Street	uo	
	4020.00	0 0a 0 0		
		McGregor, TX 76657		
	PURPOSE		(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
				Campaign Newspaper Ads
	Complete ONLY if direct	Candidate/Officeholder name Office sout	ght	Office held
	expenditure to benefit C/Ol	1		

SCHEDULE F1

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	/ - al Cor	mmittee	Gift/Awa Legal Se		Expense		Expens Wages	e Contract Labor te this form.		Travel in Distric Travel Out of E OTHER (enter		ove)
1	Total pages Schedule F1: Sch: 28/28 Rpt: 60/62	2	FILER NAM Duke, Dev		Mrs.)					3	Filer ID 00087997	(Ethics Commiss	ion Filers)
4	Date	5	Payee name)						<u> </u>			
Ļ	02/14/2024	Ļ	West News		0								
6	Amount (\$) \$137.00	 	Payee addre		City;	State	e; Zip Co	oae					
			West, TX 7					1					
8	PURPOSE OF EXPENDITURE	(a)	Category (s Advertising			ne top of this sc	hedule)	(b)	_	tin, TX,	, officeholder livii	mplete Schedule T. ng expense	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Of	ficehold	er name	1	Office sou	ught			Office I	neld	

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: 61/62 Duke, Devvie D. (Mrs.) 00087997 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 01/26/2024 AMA Graphics, LLC Amount (\$) Payee address; State; Zip Code \$465.59 6301 Imperial Drive Waco, TX 76712 TYPE OF Non-Political 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 Campaign Road Signs 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 02/09/2024 AMA Graphics, LLC Amount (\$) Payee address; City; State; Zip Code \$974.25 6301 Imperial Drive Waco, TX 76712 TYPE OF Non-Political 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 Campaign Road Signs 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 Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/2 Rpt: 62/62 Duke, Devvie D. (Mrs.) 00087997 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 02/20/2024 AMA Graphics, LLC Amount (\$) Payee address; State; Zip Code \$572.58 6301 Imperial Drive Waco, TX 76712 TYPE OF Political Non-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 Campaign Road Signs 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH