## CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

### FORM JCOR-C/OH

00026739 CANDIDATE /	hics Commission Filers)	2 Total pages filed:			OFFICE	USE ONLY
CANDIDATE /		77			Date Received	
	MS / MRS / MR	FIRST		MI	ELECTRONIC	ALLY FILED
OFFICEHOLDER NAME	The Honorable	John P.			08/02/2024	
	NICKNAME	LAST		SUFFIX		
		Devine			Date Hand-delivered	or Dato Bostmarkod
ORIGINAL	X January 15	Runoff	Other (s	pecify)	Date Hand-delivered (	or Date i Ostinarked
REPORT TYPE	July 15	Exceeded modified	reporting limit		Receipt #	Amount
	30th day before election	15th day after camp				
	8th day before election	appointment (office	• • •		Date Processed	•
ODICINAL DEDICE	<u> </u>			V		
ORIGINAL PERIOD COVERED	1	ar THROUGH	Month Day 12/31/2023	Year	Date Imaged	
EXPLANATION OF	07/01/2023		12/31/2023			
	deposit made on 12/29/23 edit card deposits were also	,			`	,,
AFFIDAVIT						
			ear, or affirm, under po correct.	enalty of perjur	y, that this correcte	
		and	COMPACT			ed report is true
		Ol	correct.			ed report is true
		Cne	ck the box next to any	and all applica	able statements:	ed report is true
		_	ck the box next to any			·
		X	ck the box next to any  Semiannual reports was made in good fa	: I swear, or	r affirm that the orig t an intent to mislea	ginal report
		_	ck the box next to any	: I swear, or	r affirm that the orig t an intent to mislea	ginal report
		X	ck the box next to any  Semiannual reports was made in good fa misrepresent the info	s: I swear, or ith and without ormation contai	r affirm that the orig t an intent to mislea ined in the report.	ginal report ad or to
		_	Semiannual reports was made in good fa misrepresent the info Other reports: Is	s: I swear, or ith and without ormation contain wear, or affirm	r affirm that the orig t an intent to mislea ined in the report. , that I am filing this	ginal report ad or to s corrected
		X	Semiannual reports was made in good fa misrepresent the info	s: I swear, or lith and without ormation contai wear, or affirm the 14th busine ginally filed is in	r affirm that the orig t an intent to misleat ined in the report. , that I am filing this ess day after the da naccurate or incom	ginal report ad or to s corrected ate I learned aplete. I
		X	Semiannual reports was made in good fa misrepresent the info	s: I swear, or lith and without ormation contain wear, or affirm the 14th busine ginally filed is in any error or or	r affirm that the orig t an intent to misleat ined in the report. , that I am filing this ess day after the da naccurate or incom	ginal report ad or to s corrected ate I learned aplete. I
		X	Semiannual reports was made in good fa misrepresent the info	s: I swear, or lith and without ormation contain wear, or affirm the 14th busine ginally filed is in any error or or	r affirm that the orig t an intent to misleat ined in the report. , that I am filing this ess day after the da naccurate or incom	ginal report ad or to s corrected ate I learned aplete. I
		X	Semiannual reports was made in good fa misrepresent the info  Other reports: I see report not later than that the report as oris swear, or affirm, that filed was made in go	s: I swear, or ith and without ormation contai wear, or affirm the 14th busine ginally filed is in any error or or od faith.	r affirm that the original tan intent to misleatined in the report.  That I am filing this ess day after the day accurate or incommission in the report	ginal report ad or to s corrected ate I learned aplete. I
		X	Semiannual reports was made in good fa misrepresent the info  Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go	s: I swear, or ith and without ormation contain wear, or affirm the 14th busine ginally filed is in any error or or or daith.	r affirm that the original tan intent to mislest an intent to mislest ined in the report.  That I am filling this less day after the danaccurate or incommission in the report.  The P. Devine	ginal report ad or to s corrected ate I learned aplete. I
AFEIX NOTARY S	TAMP/SEAL AROVE	X	Semiannual reports was made in good fa misrepresent the info  Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go	s: I swear, or ith and without ormation contain wear, or affirm the 14th busine ginally filed is in any error or or or daith.	r affirm that the original tan intent to misleatined in the report.  That I am filing this ess day after the day accurate or incommission in the report	ginal report ad or to s corrected ate I learned aplete. I
AFFIX NOTARY S	TAMP / SEAL ABOVE	X	Semiannual reports was made in good fa misrepresent the info  Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go	s: I swear, or ith and without ormation contain wear, or affirm the 14th busine ginally filed is in any error or or or daith.	r affirm that the original tan intent to mislest an intent to mislest ined in the report.  That I am filling this less day after the danaccurate or incommission in the report.  The P. Devine	ginal report ad or to s corrected ate I learned aplete. I
	TAMP / SEAL ABOVE cribed before me, by the sa	X	Semiannual reports was made in good fa misrepresent the info  Other reports: I sereport not later than that the report as oris swear, or affirm, that filed was made in go  The Signature	s: I swear, or ith and without ormation contain wear, or affirm the 14th busine ginally filed is in any error or or or faith.  Honorable Jore of Candidate	r affirm that the original tan intent to misleat an intent to misleat ined in the report.  That I am filing this less day after the danaccurate or incommission in the report.  The P. Devine e or Officeholder	ginal report ad or to s corrected ate I learned aplete. I rt as originally
Sworn to and subs		X	Semiannual reports was made in good fa misrepresent the info  Other reports: I s report not later than that the report as oris swear, or affirm, that filed was made in go  The Signature	s: I swear, or ith and without ormation contain wear, or affirm the 14th busine ginally filed is in any error or or or daith.  Honorable Jore of Candidate, this the stream of the	r affirm that the original tan intent to misleat an intent to misleat ined in the report.  That I am filing this less day after the danaccurate or incommission in the report.  The P. Devine e or Officeholder	ginal report ad or to s corrected ate I learned aplete. I rt as originally
Sworn to and subs	cribed before me, by the sa	X	Semiannual reports was made in good fa misrepresent the info  Other reports: I s report not later than that the report as oris swear, or affirm, that filed was made in go  The Signature	s: I swear, or ith and without ormation contain wear, or affirm the 14th busine ginally filed is in any error or or or daith.  Honorable Jore of Candidate, this the stream of the	r affirm that the original tan intent to misleat an intent to misleat ined in the report.  That I am filing this less day after the danaccurate or incommission in the report.  The P. Devine e or Officeholder	ginal report ad or to s corrected ate I learned aplete. I rt as originally
Sworn to and subs	cribed before me, by the sa	X	Semiannual reports was made in good fa misrepresent the info  Other reports: I s report not later than that the report as oris swear, or affirm, that filed was made in go  The Signature	s: I swear, or ith and without ormation contain wear, or affirm the 14th busine ginally filed is in any error or or or daith.  Honorable Jore of Candidate, this the stream of the	r affirm that the original tan intent to misleat an intent to misleat ined in the report.  That I am filing this less day after the danaccurate or incommission in the report.  The P. Devine e or Officeholder	ginal report ad or to s corrected ate I learned aplete. I rt as originally

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

#### FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00026739 77 CANDIDATE / MS / MRS / MR **FIRST** ΜI **OFFICE USE ONLY OFFICEHOLDER** The Honorable John P. NAME Date Received **ELECTRONICALLY FILED** 08/02/2024 NICKNAME LAST **SUFFIX** Devine CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST ΜI **TREASURER** The Honorable John P. NAME NICKNAME LAST **SUFFIX** Devine **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 498-9649 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx| appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2023 12/31/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Supreme Court Justice Place 4 Supreme Court Justice Place 4

**GO TO PAGE 2** 

## JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

3 of 77

13 C / OH NAME	Devine, John P. (The	Honorable)	<b>14</b> Filer ID 00026739	(Ethics Com	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this informatio	t the candidate's or offic	ceholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	X GENERAL	Texas Alliance for Life			
		COMMITTEE ADDRESS			
	SPECIFIC	8000 Centre Park Dr			
		Suite 380			
		Austin, TX 78754			
		COMMITTEE CAMPAIGN TREASURER NAME			
		Shaw, James			
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS		
		4505 Corazon Cv			
		Round Rock, TX 78681			
<b>16</b> CONTRIBUTION TOTALS	\$	0.00			
		ICAL CONTRIBUTIONS		\$	128,960.00
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)				_	
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS				\$	0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	146,371.21
CONTRIBUTION BALANCE	5. TOTAL POLITIC. REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LERIOD	LAST DAY OF THE	\$	51,250.28
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT		l swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.			
		The Hor	norable John P. Devir	ne	
		Signature c	of Candidate or Officeho	older	
AFFIX NO	OTARY STAMP / SEAL ABO	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 offi	icer administering oath	Printed name of officer administering oath	Title of office	er administer	ing oath
_	Ç	, and the second			-

## SUBTOTALS - JC/OH

## FORM JC/OH COVER SHEET PG 3

					4 of 77
l	ER NAN vine, Jo	ME Ohn P. (The Honorable)	<b>19</b> Filer ID 00026739	(Ethics C	ommission Filers)
l		E SUBTOTALS SCHEDULE		SUB	TOTAL AMOUNT
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	128,960.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	3. SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$		
4.	4. SCHEDULE E(J): LOANS (JUDICIAL)			\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	136,121.21
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	10,250.00
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	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 1/22 Rpt: 5/77
2	FILER NAME Devine, John	n P. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00026739
4	Date 10/24/2023	<ul><li>5 Full name of contributor Anderson, Geff</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$500.00
		Fort Worth, TX 76204				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Partner		
10	Contributor's 6 Anderson &	employer/law firm Riddle		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	09/11/2023 Anderson, Geff  Contributor address; City; State; Zip Code				\$500.00	
		Fort Worth, TX 76204				
		Principal Occupation		Contributor's Job Title		
	Attorney			Partner		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Anderson &		: a.a. 3			
	ii contributor i	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	12/29/2023	Anthony G Buzbee LP				\$5,000.00
		Contributor address; City;  Houston, TX 77002	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor 3 i	Thiopai Geografion		Contributor 3 dob Title		
Contributor's employer/law firm			Law firm of contributor's sp	oous	se (if any)	
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	ONS	SCHEDULE A(J)1			
	The Instru	ction Guide explains ho	ow to complete this	form.	1	Total pages Schedule A(J)1: Sch: 2/22 Rpt: 6/77	
2	FILER NAME Devine, John	n P. (The Honorable)			1	Filer ID (Ethics Commission Filers) 00026739	
4	Date 11/17/2023	<ul><li>5 Full name of contributor Baker Botts Amicus Fur</li><li>6 Contributor address; City;</li></ul>		)	7	Amount of Contribution (\$) \$10,000.00	
		Houston, TX 77002					
8	Contributor's F	Principal Occupation		9 Contributor's Job Title			
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oouse	e (if any)	
12	! If contributor is	s a child, law firm of parent(s) (i	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)	ī	Amount of Contribution (\$)	
	11/13/2023 Brown, Alex  Contributor address; City; State; Zip Code				\$50.00		
		Houston, TX 77025					
		Principal Occupation		Contributor's Job Title			
	Attorney			Managing Attorney			
	The Lanier L	employer/law firm		Law firm of contributor's sp	oouse	e (if any)	
		s a child, law firm of parent(s) (i	f any)				
	ii contributor i	s a criliu, law littii or paretii(s) (i	i arry)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/13/2023	Brown, Harvey				\$50.00	
	11/13/2023 Brown, Harvey  Contributor address; City; State; Zip Code  Houston, TX 77024						
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>		
	Attorney			Of Counsel			
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse	e (if any)	
	The Lanier L	aw Firm					
	If contributor is	s a child, law firm of parent(s) (i	f any)				

	MONET	ARY POLITICAL		SCHEDULE A(J)1		
	The Instru	ction Guide explains ho	ow to complete this t	form.		ges Schedule A(J)1: 22 Rpt: 7/77
2	FILER NAME				3 Filer ID	(Ethics Commission Filers)
	Devine, Joh	n P. (The Honorable)			000267	39
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	<b>7</b> Amount	of Contribution (\$)
	07/12/2023	Caldwell, Fred			_]	\$1,000.00
		6 Contributor address; City; Cypress, TX 77429	State; Zip Code			
8	Contributor's	Principal Occupation		9 Contributor's Job Title	1	
	Developer	· · ·		CEO		
10	-	employer/law firm		11 Law firm of contributor's s	pouse (if any)	
	Caldwell Co				, ,	
12	2 If contributor i	s a child, law firm of parent(s) (i	if any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount	of Contribution (\$)
	11/07/2023	Caney Hanger LLP				\$500.00
		Contributor address; City;	State; Zip Code			
		Fort Worth, TX 76102		T		
	Contributor's	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)	
	If contributor i	s a child, law firm of parent(s) (i	if any)			
-	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount	of Contribution (\$)
	11/07/2023	Caney Hanger LLP	<b>–</b>			\$500.00
		Contributor address; City;	State; Zip Code			
		Fort Worth, TX 76102				
	Contributor's	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)	
	If contributor i	s a child, law firm of parent(s) (i	if any)			
L						

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 4/22 Rpt: 8/77
2	FILER NAME Devine, John	n P. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00026739
4	Date 11/13/2023	<ul><li>5 Full name of contributor Cannon, Ernest</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$2,000.00
		Stephenville, TX 76401				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10		employer/law firm on Law Firm		11 Law firm of contributor's sp	oous	e (if any)
12	If contributor is	s a child, law firm of parent(s) (i	f any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	11/07/2023 Carreras, Miriam  Contributor address; City; State; Zip Code				\$50.00	
		Houston, TX 77006				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Senior Attorney		
		employer/law firm		Law firm of contributor's sp	oous	e (if any)
	The Lanier L	aw Firm, PC				
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	08/15/2023	Carter, Janet	_			\$210.00
		Contributor address; City;  Moran, TX 76464	State; Zip Code			
H	Contributor's F	rincipal Occupation		Contributor's Job Title	_	
	Investments			Executive Director		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Moondawg F	Ranch Investments Inc				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHE	EDULE A	A(J)1
	The Instru	ction Guide explains ho	w to complete this f	form.	1	Total pages Sche Sch: 5/22 Rpt:	, ,	:
2	FILER NAME				3	Filer ID (Ethics	Commission	on Filers)
	Devine, John	n P. (The Honorable)				00026739		
4	Date 10/05/2023	<ul><li>5 Full name of contributor Doornbos, Billy</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:_		7	Amount of Contri	bution (\$)	\$500.00
		Nederland, TX 77627						
8	Contributor's I	Principal Occupation		9 Contributor's Job Title				
	Investments			President				
10	Contributor's 6	employer/law firm s, LP		11 Law firm of contributor's s	pous	se (if any)		
12	! If contributor i	s a child, law firm of parent(s) (if	f any)					
F	Date	Full name of contributor	out-of-state PAC (ID#:	1	T	Amount of Contri	bution (\$)	
	07/21/2023	Duggins, Ralph	out of state 1710 (IB//.			, and done or contain	Julio (4)	\$5,000.00
	01/22/2020	Contributor address; City;	State: 7in Code					+0,000.00
	Contributor's I	Fort Worth, TX 76116 Principal Occupation		Contributor's Job Title				
	Attorney			Partner				
	Contributor's	employer/law firm		Law firm of contributor's s	pous	se (if any)		
	Cantey Han	ger LLP						
	If contributor i	s a child, law firm of parent(s) (if	f any)					
	Date	Full name of contributor	out-of-state PAC (ID#:	)	T	Amount of Contri	bution (\$)	
	11/13/2023	Gray Reed & McGraw L	<del></del>					\$500.00
		Contributor address; City;	State; Zip Code					
		Houston, TX 77056						
	Contributor's I	Principal Occupation		Contributor's Job Title				
	Contributor's	employer/law firm		Law firm of contributor's s	pous	se (if any)		
	If contributor i	s a child, law firm of parent(s) (if	fany)					

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 6/22 Rpt: 10/77
2	FILER NAME Devine, Johi	n P. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00026739
4	Date 10/28/2023	<ul><li>5 Full name of contributor Greenhill, William</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$500.00
		Fort Worth, TX 76107				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Counsel		
10	Contributor's e	employer/law firm Boone LLP		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	f any)	1		
H	Date	Full name of contributor	Out of state DAC (ID#:	,	Т	Amount of Contribution (\$)
	Date Full name of contributor out-of-state PAC (ID#:)  O9/22/2023 Greer, Marcy  Contributor address; City; State; Zip Code				\$250.00	
		Austin, TX 78746				
	Contributor's Principal Occupation Contributor's Job Title					
	Attorney			Partner		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		ubose & Jefferson, LLP				
	if contributor is	s a child, law firm of parent(s) (i	rany)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	12/29/2023	Hagans, William	_			\$1,000.00
		Contributor address; City;  Houston, TX 77006	State; Zip Code			
-	Contributor's I	I Principal Occupation		Contributor's Job Title	_	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Hagans PC					
	If contributor is	s a child, law firm of parent(s) (i	f any)	1		

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS	!	SCHEDULE	A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1	s Schedule A(J)1 Rpt: 11/77	L:
2	FILER NAME				3 Filer ID (	Ethics Commissi	on Filers)
	Devine, John	n P. (The Honorable)			00026739	)	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_	)	7 Amount of	Contribution (\$)	
	10/05/2023	Harris, Finley & Bogle					\$1,000.00
		6 Contributor address; City; Si Fort Worth, TX 76102	tate; Zip Code				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	1		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oouse (if any)		
12	If contributor i	s a child, law firm of parent(s) (if a	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of	Contribution (\$)	
	12/21/2023	Holland & Knight Texas P	AC				\$5,000.00
		Contributor address; City; Si  Dallas, TX 75201	tate; Zip Code				
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if any)		
	If contributor i	s a child, law firm of parent(s) (if a	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of	Contribution (\$)	
	12/21/2023	Hoover Slovacek LLP					\$1,000.00
		Contributor address; City; Si Houston, TX 77210	tate; Zip Code				
$\vdash$	Contributor's I	I Principal Occupation		Contributor's Job Title			
	Contributor's employer/law firm			Law firm of contributor's sp	oouse (if any)		
	If contributor i	s a child, law firm of parent(s) (if a	any)				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A(J)1		
	The Instru	ction Guide explains ho	ow to complete this	form.		otal pages Schedule A(J)1 ch: 8/22 Rpt: 12/77	L:	
2	FILER NAME				3 Fi	er ID (Ethics Commissi	on Filers)	
	Devine, Joh	n P. (The Honorable)			00	0026739		
4	Date 08/15/2023	<ul><li>Full name of contributor Hunt, Woody</li><li>Contributor address; City;</li></ul>	out-of-state PAC (ID#:		<b>7</b> Ar	nount of Contribution (\$)	\$1,500.00	
		El Paso, TX 79913						
8	Contributor's	Principal Occupation		9 Contributor's Job Title				
	Investments			Chairman				
10	Ocontributor's General Hunt Compa	employer/law firm anies Inc		11 Law firm of contributor's s	pouse (	if any)		
12	If contributor i	s a child, law firm of parent(s) (i	f any)					
-	Date	Full name of contributor	out-of-state PAC (ID#:	1	I Ar	nount of Contribution (\$)		
	12/29/2023	Hunton Andrews Kurth	—		'"	mount of Continbution (φ)	\$5,000.00	
	Contributor address; City; State; Zip Code						φο,σσσ.σσ	
	Contributor's	Houston, TX 77002 Principal Occupation		Contributor's Job Title				
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (	if any)		
	If contributor i	s a child, law firm of parent(s) (i	f any)					
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	Ar	nount of Contribution (\$)		
	07/20/2023	IBC State PAC	<b>–</b>			, ,	\$1,500.00	
		Contributor address; City;	State; Zip Code					
		San Antonio, TX 78205						
	Contributor's	Principal Occupation		Contributor's Job Title				
Contributor's employer/law firm				Law firm of contributor's s	pouse (	if any)		
	If contributor i	s a child, law firm of parent(s) (i	f any)	1				

	MONET	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A(J)1		
	The Instru	ction Guide explains ho	ow to complete this	form.	1	Total pages Schedule A(J)1: Sch: 9/22 Rpt: 13/77		
2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Devine, Joh	n P. (The Honorable)			퇶	00026739		
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)		
	09/14/2023	Jackson, Claudine  6 Contributor address; City;	State: Zin Code			\$1,000.00		
			State, Zip Code					
		Fort Worth, TX 76110		_				
8	Contributor's I Attorney	Principal Occupation		9 Contributor's Job Title Partner				
10	Contributor's of Phelps Dunk	employer/law firm oar LLP		11 Law firm of contributor's s	pou	se (if any)		
12	2 If contributor i	s a child, law firm of parent(s) (	if any)	•				
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)		
	11/13/2023	Kirk, Carol	_			\$100.00		
	Contributor address; City; State; Zip Code			1				
		Houston, TX 77068						
	Contributor's Principal Occupation Contributor's Job Title							
	Retired			Retired				
		employer/law firm		Law firm of contributor's s	pou	se (if any)		
	Retired		et \					
	It contributor i	s a child, law firm of parent(s) (	if any)					
	Date	Full name of contributor	x out-of-state PAC (ID#:	C00236489	T	Amount of Contribution (\$)		
	12/21/2023	KochPAC				\$3,000.00		
		Contributor address; City;			Ϊ			
		Wichita, TX 67220		1				
	Contributor's I	Principal Occupation		Contributor's Job Title				
	Contributor's employer/law firm			Law firm of contributor's s	pou	se (if any)		
$\vdash$	If contributor i	s a child, law firm of parent(s) (	if any)	<u>l</u>				

ľ	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDULE A	\(J)1
1	Γhe Instru	ction Guide explains how	w to complete this 1	form.		es Schedule A(J)1: 22 Rpt: 14/77	
2 F	ILER NAME				3 Filer ID	(Ethics Commission	n Filers)
	Devine, Johi	n P. (The Honorable)			0002673	9	
4 [		5 Full name of contributor	out-of-state PAC (ID#:	)	7 Amount o	f Contribution (\$)	
1	1/07/2023						\$100.00
		6 Contributor address; City; S	State; Zip Code				
		Fort Worth, TX 76102					
8 (	Contributor's I	Principal Occupation		9 Contributor's Job Title			
10 (	0 Contributor's employer/law firm 11 Law firm of contributor's sp			oouse (if any)			
<b>12</b> If	f contributor is	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount o	f Contribution (\$)	
1	1/13/2023	Mackenzie, Gretchen					\$50.00
		Contributor address; City; S Waco, TX 76712					
	Contributor's F	Principal Occupation		Contributor's Job Title	1		
b	est efforts			best efforts			
	Contributor's e	employer/law firm		Law firm of contributor's sp	oouse (if any)		
b	est efforts						
If	f contributor is	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amount o	f Contribution (\$)	
1	1/13/2023	Major, Benjamin				. ,	\$50.00
		Contributor address; City; S	State; Zip Code		†		
		Porter, TX 77365					
C	Contributor's I	Principal Occupation		Contributor's Job Title			
	Attorney			Attorney			
		employer/law firm		Law firm of contributor's sp	oouse (if any)		
┗	The Lanier L						
l li	contributor is	s a child, law firm of parent(s) (if	any)				
1							

MONET	ARY POLITICAL CONTRIBUT	TONS	SCHEDULE A(J)1
The Instruc	ction Guide explains how to complete thi	s form.	1 Total pages Schedule A(J)1: Sch: 11/22 Rpt: 15/77
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Devine, John	P. (The Honorable)		00026739
4 Date	5 Full name of contributor  ut-of-state PAC (II	D#:)	7 Amount of Contribution (\$)
09/18/2023	Martin, Brant		\$1,000.00
	6 Contributor address; City; State; Zip Code		
	Fort Worth, TX 76102		
8 Contributor's P	rincipal Occupation	9 Contributor's Job Title	
Attorney		Partner	
10 Contributor's e		11 Law firm of contributor's s	pouse (if any)
	s Gould & Martin, LLP		
<b>12</b> If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (II	D#: )	Amount of Contribution (\$)
11/13/2023 McBride, Ralph			\$50.00
Contributor address; City; State; Zip Code			<mark>.</mark>
	Houston, TX 77057		
	rincipal Occupation	Contributor's Job Title	
Attorney		Of Counsel	
	mployer/law firm	Law firm of contributor's s	pouse (if any)
The Lanier L	aw Firm		
If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (II	D#: )	Amount of Contribution (\$)
11/19/2023	Middleton, Mayes		\$5,000.00
•	Contributor address; City; State; Zip Code		··· <mark>·</mark>
	Galveston, TX 77550		
Contributor's P	rincipal Occupation	Contributor's Job Title	•
Oil & Gas		President	
Contributor's e	mployer/law firm	Law firm of contributor's s	pouse (if any)
Middleton Oil	Co.		
If contributor is	a child, law firm of parent(s) (if any)	•	

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 12/22 Rpt: 16/77
2	FILER NAME Devine, John	n P. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00026739
4	Date 08/31/2023	<ul><li>5 Full name of contributor Miers, Harriet</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$1,000.00
		Dallas, TX 75230				
8		Principal Occupation		9 Contributor's Job Title		
_	Attorney			Partner		
10	Locke Lord L	employer/law firm _LP		11 Law firm of contributor's sp	oous	se (If any)
12	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	10/24/2023	Nickelson, Chris  Contributor address; City; S	State; Zip Code			\$1,000.00
	Contributor's [	Dallas, TX 75206 Principal Occupation		Contributor's Job Title		
	Attorney	Tilicipal Occupation		Partner		
-		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Goranson Ba	, ,				, ,,,
	If contributor is	s a child, law firm of parent(s) (if	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	12/29/2023	Norton Rose Fulbright U. Contributor address; City; \$ Houston, TX 77010		ee 		\$5,000.00
	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	<u> </u>		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 13/22 Rpt: 17/77
2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Devine, Joh	n P. (The Honorable)			╙	00026739
4	Date 11/17/2023	5 Full name of contributor out-of-state PAC (ID#:) Parker, Kevin			7	Amount of Contribution (\$) \$50.00
		6 Contributor address; City;	State; Zip Code			
		Houston, TX 77069				
8	Contributor's I Attorney	Principal Occupation		9 Contributor's Job Title Managing Attorney		
10	Contributor's of The Lanier L	employer/law firm .aw Firm		11 Law firm of contributor's s	pous	se (if any)
12	2 If contributor i	s a child, law firm of parent(s) (i	f any)			
-	Date	Full name of contributor	out-of-state PAC (ID#:	)	Ī	Amount of Contribution (\$)
	12/29/2023	Pierce & O'Neill LLP				\$5,000.00
		Contributor address; City;	State; Zip Code			
		Houston, TX 77006				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's employer/law firm			Law firm of contributor's s	pous	se (if any)
	If contributor i	s a child, law firm of parent(s) (i	f any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:		T	Amount of Contribution (\$)
	10/05/2023	Political Action Committe	_			\$2,500.00
		1			1	, ,
		, , , , , , , , , , , , , , , , , , , ,	,			
		Dallas, TX 75201				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's s	pous	se (if any)
	If contributor i	s a child, law firm of parent(s) (i	f any)	1		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1	Total pages Schedule A(J)1: Sch: 14/22 Rpt: 18/77
2	FILER NAME Devine, John	n P. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00026739
4	Date 12/29/2023	<ul><li>5 Full name of contributor Porter Hedges LLP</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$1,000.00
		Houston, TX 77002		1		
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor i	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)
	10/30/2023	Precella, Karen  Contributor address; City;				\$100.00
		Fort Worth, TX 76102				
		Principal Occupation		Contributor's Job Title		
	Attorney			Senior Counsel		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Haynes and					
	If contributor i	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	11/09/2023	Pyle, Ben	_			\$50.00
			State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	The Lanier L	aw Firm				
	If contributor i	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 15/22 Rpt: 19/77
2	FILER NAME Devine, John	n P. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00026739
4	Date 09/26/2023	<ul><li>5 Full name of contributor Rispoli, Stephen L</li><li>6 Contributor address; City; s</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$1,000.00
		Waco, TX 76706				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's e Mayer LLP	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	11/13/2023	Salim, Robert  Contributor address; City; \$	State; Zip Code		•	\$5,000.00
		Natchitoches, LA 71457		T		
		Principal Occupation		Contributor's Job Title		
	Attorney	employer/law firm		Founding Partner		on (if any)
	Salim & Bea	• •		Law firm of contributor's sp	Jous	se (II aliy)
		s a child, law firm of parent(s) (if	anv)			
	coacc	o a oa, .a.v o. pa. o(o) (	a.,,,			
F	Date	Full name of contributor	out-of-state PAC (ID#:	)	Π	Amount of Contribution (\$)
	07/03/2023	Saulsbury, Charles R				\$1,000.00
		Contributor address; City; s Odessa, TX 79768	State; Zip Code		•	
-	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>	
	Retired	molpai Gecapation		Retired		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Saulsbury In					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 16/22 Rpt: 20/77
2	FILER NAME Devine, John	n P. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00026739
4	Date 07/03/2023	Full name of contributor     Saulsbury, Mark     Contributor address; City; 3	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$1,000.00
		Odessa, TX 79768				
8		Principal Occupation		9 Contributor's Job Title		
	Managemen			Senior Vice President		
10	Contributor's 6 Saulsbury In	employer/law firm dustries		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Ī	Amount of Contribution (\$)
	07/03/2023	Saulsbury, Matthew  Contributor address; City;  Odessa, TX 79768	State; Zip Code			\$1,000.00
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Managemen			President		
		employer/law firm		Law firm of contributor's sp	าดน	se (if any)
	Saulsbury In	• •				
		s a child, law firm of parent(s) (if	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)
	07/03/2023	Saulsbury Jr., Charles R	<b>—</b>	)		\$1,000.00
		Contributor address; City; : Odessa, TX 79768	State; Zip Code		-	
$\vdash$	Contributor's F	I Principal Occupation		Contributor's Job Title		
	Managemen	t		Director/Shareholder		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Saulsbury In	dustries				
	If contributor is	s a child, law firm of parent(s) (if	any)			

MONET	ARY POLITICAL (	SCHEDULE A(J)1			
The Instruc	ction Guide explains how	v to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 17/22 Rpt: 21/77	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
Devine, Johr	P. (The Honorable)			00026739	
4 Date	5 Full name of contributor	out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
07/18/2023	Shamoun & Norman LLP			\$1,000.00	
	6 Contributor address; City; Si	tate; Zip Code			
	Dallas, TX 75234-8944				
8 Contributor's F	Principal Occupation		9 Contributor's Job Title		
10 Contributor's e	0 Contributor's employer/law firm 11 Law firm of co			pouse (if any)	
12 If contributor is	s a child, law firm of parent(s) (if a	any)			
Date	Full name of contributor	out-of-state PAC (ID#:_	`	Amount of Contribution (\$)	
11/08/2023   Sorrels, Randall		)	\$500.00		
11/00/2023	Contributor address; City; Si	toto: 7in Codo			
Contributor's F	Houston, TX 77007		Contributor's Job Title		
Attorney			Attorney		
Contributor's e	mployer/law firm		Law firm of contributor's s	pouse (if any)	
Sorrels Law					
If contributor is	s a child, law firm of parent(s) (if a	any)			
Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
10/19/2023	Stokes, Macey Reasoner	<b>—</b>		\$1,000.00	
	Contributor address; City; Si	tate; Zip Code		··· <mark>·</mark>	
	Houston, TX 77002				
Contributor's F	Principal Occupation		Contributor's Job Title		
Attorney			Partner		
	mployer/law firm		Law firm of contributor's s	pouse (if any)	
Baker Botts					
If contributor is	s a child, law firm of parent(s) (if a	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 18/22 Rpt: 22/77
2	FILER NAME Devine, John	n P. (The Honorable)			1	Filer ID (Ethics Commission Filers) 00026739
4	Date 11/27/2023	<ul><li>5 Full name of contributor Sullivan, Kent</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$50.00
		Austin, TX 78735				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Of Counsel		
10	Contributor's 6 The Lanier L	employer/law firm .aw Firm		11 Law firm of contributor's sp	pouse	e (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	12/21/2023	Texas Association of Re Contributor address; City;				\$5,000.00
		Austin, TX 78768		T		
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse	e (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	10/25/2023	Vartabedian, Rob				\$5,000.00
		Contributor address; City; Fort Worth, TX 76107	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney			Partner		
		employer/law firm		Law firm of contributor's sp	pouse	e (if any)
	Alston & Bird	d		NextEra Energy		
	If contributor is	s a child, law firm of parent(s) (i	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	otal pages Schedule A(J)1: ch: 19/22 Rpt: 23/77
2	FILER NAME Devine, John	n P. (The Honorable)			1	ler ID (Ethics Commission Filers) 0026739
4	Date 08/08/2023	<ul><li>5 Full name of contributor</li><li>Vaughan, Shelton</li><li>6 Contributor address; City;</li></ul>	out-of-state PAC (ID#:		7 A	mount of Contribution (\$) \$100.00
		Houston, TX 77057				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Partner		
10	Contributor's of Duane Morri	employer/law firm s LLP		11 Law firm of contributor's sp	oouse (	if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)	1		
_	Date	Full name of contributor	out-of-state PAC (ID#:	)	A	mount of Contribution (\$)
	08/28/2023	Vinson & Elkins Texas F Contributor address; City;				\$25,000.00
		Houston, TX 77002				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (	if any)
	If contributor is	s a child, law firm of parent(s) (i	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	A	mount of Contribution (\$)
11/13/2023 Waida, Megan  Contributor address; City; State; Zip Code				\$50.00		
	Contributor's I	Tomball, TX 77375 Principal Occupation		Contributor's Job Title		
	Attorney	- micipal Occupation		Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (	if any)
	The Lanier L	aw Firm				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS			SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	w to complete this f	form.	1		es Schedule A(J)1 22 Rpt: 24/77	L:
2	FILER NAME				3	Filer ID	(Ethics Commissi	on Filers)
	Devine, Joh	n P. (The Honorable)				0002673	39	
4	Date 11/09/2023	Full name of contributor     Waltman, Judson     Contributor address; City; 9	out-of-state PAC (ID#:_		7	Amount o	of Contribution (\$)	\$50.00
		Spring, TX 77379						
8	Contributor's	Principal Occupation		9 Contributor's Job Title				
	Attorney			Managing Attorney				
10	Contributor's Contributor's Contributor's	employer/law firm		11 Law firm of contributor's s	pou	se (if any)		
_			`					
12	t it contributor i	s a child, law firm of parent(s) (if	any)					
-	Date	Full name of contributor	out-of-state PAC (ID#:	)	Т	Amount o	of Contribution (\$)	
	11/08/2023	Watts, Mikal	Out of state 1 AC (IDII)	<i></i>		, unoune c	or Contribution (¢)	\$5,000.00
	,,	Contributor address; City; S	State: 7in Code					+0,000.00
		Continuator address, City, S	State, Zip Code					
		Dorado 00646 Puerto Ri	00					
_	Contributor's	Principal Occupation		Contributor's Job Title				
	Attorney	ғтінсіраі Оссираціон		Founder/Partner				
		employer/law firm		Law firm of contributor's s	nou	so (if any)		
	Watts Guerr			Law iiiiii of contributor 3 3	рои.	sc (ii arry)		
		s a child, law firm of parent(s) (if	anv)					
	ii contributor i	3 a crima, law iirii or parcria(3) (ii	uily)					
	Date	Full name of contributor	out-of-state PAC (ID#:	)	T	Amount o	of Contribution (\$)	
	11/07/2023	Whitaker Chalk Swingle	& Schwartz PLLC					\$1,000.00
		Contributor address; City; S	State; Zip Code					
		Fort Worth, TX 76102						
	Contributor's	Principal Occupation		Contributor's Job Title				
_	Contributor's	employer/law firm		Law firm of contributor's s	ะทดนะ	se (if anv)		
					рош	oo ( ay)		
	If contributor i	s a child, law firm of parent(s) (if	any)					

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE	A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1	al pages Schedule A(J)1 n: 21/22 Rpt: 25/77	L:
2	FILER NAME				3 File	r ID (Ethics Commissi	on Filers)
	Devine, Joh	n P. (The Honorable)			000	26739	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	<b>7</b> Amo	ount of Contribution (\$)	
	11/13/2023	Wilson, Lawrence					\$50.00
		6 Contributor address; City;	State; Zip Code				
Ļ	O - ortoile ot - ol -	Houston, TX 77098		O Contributanta 1ah Titla			
8		Principal Occupation		9 Contributor's Job Title			
10	Attorney	o manala y a will a y y fi was		Attorney			
10	The Lanier L	employer/law firm		11 Law firm of contributor's s	spouse (II	any)	
12		s a child, law firm of parent(s) (	if any)				
12	. II CONTINUION	s a criliu, law litti of pareril(s) (	ii ariy)				
_	Date	Full name of contributor	out-of-state PAC (ID#:		Ι Δm	ount of Contribution (\$)	
	12/13/2023 Yetter Coleman LLP		U out-oi-state PAC (ID#.			built of Contribution (4)	\$2,500.00
	12/13/2023		State: Zin Code				Ψ2,500.00
		Contributor address; City;	State, Zip Code				
		Houston, TX 77002					
	Contributor's	Principal Occupation		Contributor's Job Title			
	Continuator 5	Filicipal Оссирацоп		Continuator \$ 300 Title			
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if	anv)	
					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	If contributor i	s a child, law firm of parent(s) (	if any)	1			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Amo	ount of Contribution (\$)	
	12/18/2023	Yetter, Paul	_				\$2,500.00
		Contributor address; City;	State; Zip Code				
		Spring, TX 77379					
	Contributor's	Principal Occupation		Contributor's Job Title	<u> </u>		
	Attorney			Partner			
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if	any)	
	Yetter Coler	nan LLP					
	If contributor i	s a child, law firm of parent(s) (	if any)				

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE	A(J)1		
	The Instruction Guide explains how to complete this form.	1		ges Schedule A(J)1 /22 Rpt: 26/77	L:
2	FILER NAME	3	Filer ID	(Ethics Commissi	on Filers)
	Devine, John P. (The Honorable)		0002673	39	
4	Date 07/03/2023  5 Full name of contributor out-of-state PAC (ID#:)  Zugg, Amelia  6 Contributor address; City; State; Zip Code	7	Amount of	of Contribution (\$)	\$1,000.00
	Odessa, TX 79768				
8	Contributor's Principal Occupation 9 Contributor's Job Title				
	Management Community Investment	Ma	nager		
10	Contributor's employer/law firm 11 Law firm of contributor's sp	pous	e (if any)		
	Saulsbury Industries  If contributor is a child, law firm of parent(s) (if any)				

### SCHEDULE F1

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services  The Instruction Guide expla	Office O Polling E Printing Salaries	verhea Expens Expens Wages	se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
_	Tatal as a constitute E4.	_	<u> </u>		op.	1113 1011111	_	Ell ID	(Ethian Camanianian Eilana)
1	Total pages Schedule F1: Sch: 1/49 Rpt: 27/77	l	Devine, John P. (The Honorable)				3	Filer ID 00026739	(Ethics Commission Filers)
4	Date	5	Payee name						
	12/26/2023		AT&T Store Katy						
6	Amount (\$) \$799.99		Payee address; City; S 24441 Katy Fwy Ste 100, Katy, TX Katy, TX 77494	tate; Zip C 77494	ode				
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of thi Office Overhead/Rental Expense	s schedule)	(b)		, TX,	de of Texas. Compofficeholder living	expense
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name	Office so	ught			Office he	ld
	Date		Payee name						
	12/26/2023		AT&T Store Katy						
	Amount (\$)		Payee address; City; S	tate; Zip C	ode				
	\$106.90		24441 Katy Fwy Ste 100, Katy, TX Katy, TX 77494	77494					
	PURPOSE	(a)	Category (See Categories listed at the top of thi	c cobodulo)	(b)	Description			
	OF EXPENDITURE		Office Overhead/Rental Expense	s scriedule)		Check if travel	, TX,	de of Texas. Compofficeholder living	expense
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	Office so	ught			Office he	ld
	Date 12/20/2023	ı	Payee name AT&T Store						
	Amount (\$) \$242.93		Payee address; City; S 13500 Galleria Circle Ste U100 Bee Cave, TX 78738	tate; Zip C	ode				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of thi Office Overhead/Rental Expense	s schedule)	(b)	ш	, TX,	de of Texas. Composition of the	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	Office so	ught			Office he	ld

### SCHEDULE F1

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

Fees Office Ov Food/Beverage Expense Polling E Git/Awards/Memorials Expense Printing E Legal Services Salaries/

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
OTHER (order a category pet listed above)

	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: 2/49 Rpt: 28/77	Devine, John P. (The Honorable) 00026739
4	Date	5 Payee name
	12/20/2023	AT&T Store
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$99.00	13500 Galleria Circle
		Ste U100
		Bee Cave, TX 78738
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  campaign phone accessories
		Campaign phone accessories
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/20/2023	AT&T Store
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$938.00	13500 Galleria Circle
		Ste U100
		Bee Cave, TX 78738
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		campaign phone
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/20/2023	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,333.02	410 Terry Ave. N
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  canopy tent for outdoor campaign events
		canopy tent for outdoor campaign events
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
$\vdash$		
ı		

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 3/49 Rpt: 29/77	Devine, John P. (The Honorable)    3 Filer ID (Ethics Commission Filers)
4	Date	5 Payee name
	12/22/2023	Anaya's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$83.41	3600 Shire Blvd
		Suite 100
		Richardson, TX 75082
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		campaign meal
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/17/2023	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.30	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	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		credit card processing fees
		orount out a processing root
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_	Date	Davias nams
	10/20/2023	Payee name Anedot
	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	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		credit card processing fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1 

### SCHEDULE F1

The strength of the strength o

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/49 Rpt: 30/77	Devine, John P. (The Honorable) 00026739
4	Date	5 Payee name
	10/26/2023	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.30	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	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense credit card processing fees
		Credit card processing rees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/26/2023	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.30	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	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense credit card processing fees
		credit card processing rees
┢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/26/2023	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.30	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	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		credit card processing fees
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

### 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

	Credit Card Payment	The Instruction Guide explains how to c	-	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 5/49 Rpt: 31/77	Devine, John P. (The Honorable)		00026739
4	Date	5 Payee name		<u> </u>
	10/31/2023	Anedot		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$20.30	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	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.
	2/11 2/13/17 C/12			Check if Austin, TX, officeholder living expense
				credit card processing fees
9	Complete ONLY if direct	Candidate/Officeholder name Office so	uaht	Office held
ľ	expenditure to benefit C/O		ugiit	Since Held
H	Date	Payee name		
	11/01/2023	Anedot		
┝	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$4.30	1340 Poydras St	ouc	
	Ψ4.50	Suite 1770		
L		New Orleans, LA 70112	1	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Accounting/Banking		Check if Austin, TX, officeholder living expense
				credit card processing fees
	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	11/09/2023	Anedot		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$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	Accounting/Banking		Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE			Check if Austin, TX, officeholder living expense
				credit card processing fees
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office so	liaht	Office held
	expenditure to benefit C/O		agnt	Office Held
$\vdash$				

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		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	B Filer ID (Ethics Commission Filers)
	Sch: 6/49 Rpt: 32/77	Devine, John P. (The Honorable)	00026739
4	Date	5 Payee name	
	11/22/2023	Anedot	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$200.30	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		tside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, T	X, officeholder living expense
		credit card pro	cessing fees
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/18/2023	Anedot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.30	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	/ Accounting/Banking	tside of Texas. Complete Schedule T. "X, officeholder living expense
		credit card pro	
		3.5ak 6ak a p. 6	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	12/20/2023	Anedot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.30	1340 Poydras St	
	¥200.00	Suite 1770	
		New Orleans, LA 70112	
	PURPOSE	la.	
	OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel out	tside of Texas. Complete Schedule T.
	EXPENDITURE	/ Accounting/Dunking	X, officeholder living expense
		credit card pro	cessing fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	n 	

#### SCHEDULE F1

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<b>4 7</b> . 1	
1 Total pages Schedule F1: Sch: 7/49 Rpt: 33/77	2 FILER NAME Devine, John P. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00026739
4 Date 07/25/2023	5 Payee name Anedot
6 Amount (\$) \$200.30	7 Payee address; City; State; Zip Code 1340 Poydras St Suite 1770 New Orleans, LA 70112
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card processing fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/11/2023	Anedot
Amount (\$) \$40.30	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) Accounting/Banking  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card processing fees
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 09/13/2023	Payee name Anedot
Amount (\$) \$20.30	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) Accounting/Banking  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card processing fees
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 8/49 Rpt: 34/77	2 FILER NAME Devine, John P. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00026739
_	<u> </u>	
4	Date 09/19/2023	5 Payee name Anedot
_		
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.30	1340 Poydras St
		Suite 1770
		New Orleans, LA 70112
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Credit card processing fees
		Grount start processing roots
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/OI	
	Date	Payee name
	09/21/2023	Anedot
	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	Accounting/Banking  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Credit card processing fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/26/2023	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.30	1340 Poydras St
	420.00	Suite 1770
		New Orleans, LA 70112
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Credit card processing fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
_		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 9/49 Rpt: 35/77	Devine, John P. (The Honorable)  00026739
4	Date	5 Payee name
	09/29/2023	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.30	1340 Poydras St
		Suite 1770
		New Orleans, LA 70112
_	DUDDOCE	·
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if traval subside of Tayon Complete Schedule T
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Credit card processing fees
		Croult out a processing roos
<u> </u>	0 1: 0:::::::::::::::::::::::::::::::::	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
T	Date	Payee name
	11/10/2023	Anedot
		11.11
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.30	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	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	LAI LIIDITORE	Check if Austin, TX, officeholder living expense
		Credit card processing fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/10/2023	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	` '	
	\$20.30	1340 Poydras St
		Suite 1770
		New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Credit card processing fees
	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 -

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: 10/49 Rpt: 36/77	Devine, John P. (The Honorable) 00026739
4	Date	5 Payee name
	11/14/2023	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.60	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	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Credit card processing fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/01/2023	Appelt, Christina
	Amount (\$)	Payee address; City; State; Zip Code
	\$815.00	1536 Columbia St
		Houston, TX 77008
	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 reports
		Gampaign reporte
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	08/22/2023	BJ's Restaurant
	Amount (\$)	Payee address; City; State; Zip Code
	\$187.00	1101 N Central Expy
		Plano, TX 75075
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		campaign meal
$\vdash$	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 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 com	-	te this form.
1	Total pages Schedule F1:	2 FILER NAME	_	3 Filer ID (Ethics Commission Filers)
	Sch: 11/49 Rpt: 37/77	Devine, John P. (The Honorable)		00026739
4	Date	5 Payee name		•
	09/11/2023	BJ's Restaurant		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$56.92	1001 E Whitestone Blvd		
		Cedar Park, TX 78613		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE			Check if Austin, TX, officeholder living expense
				campaign meal
_				200
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
	Date	Payee name		
	11/15/2023	BJ's Restaurant		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$158.25	1001 E Whitestone Blvd		
		Cedar Park, TX 78613		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense
				campaign meal
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ıht	Office held
	expenditure to benefit C/OI		,,,,,	Office field
	Data			
	Date 09/20/2023	Payee name Babin's Seafood House		
	Amount (\$)	Payee address; City; State; Zip Cod	ie	
	\$80.36	21851 Katy Frwy.		
		Katy, TX 77450		
	PURPOSE OF	, , ,	(b)	Description
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				campaign meal
				. •
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI			

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 comp	olete this f	orm.		
1	Total pages Schedule F1:			3	Filer ID	(Ethics Commission Filers)
	Sch: 12/49 Rpt: 38/77	Devine, John P. (The Honorable)			00026739	
4	Date	5 Payee name				
Ļ	10/16/2023	Babin's Seafood House				
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 21851 Katy Frwy.	9			
	Ψ100.00	21031 Raty Flwy.				
		Katy, TX 77450				
8	PURPOSE	-	) Descrip	ntion		
	OF EXPENDITURE	Food/Beverage Expense			de of Texas. Com	pplete Schedule T.
	EXPENDITURE				officeholder living	g expense
			Сатра	aign meal		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	nt		Office he	eld
	expenditure to benefit C/O					
H	Date	Payee name				
	10/30/2023	Bone Daddy's				
	Amount (\$)	Payee address; City; State; Zip Code	)			
	\$46.11	3008 W Loop 289				
		Lubbock, TX 79407				
	PURPOSE OF	, ,	) Descrip			
	EXPENDITURE	Food/Beverage Expense			de of Texas. Com officeholder living	nplete Schedule T. g expense
				aign meal		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	nt		Office he	eld
	experiental to belief to 50	'				
	Date	Payee name				
	07/05/2023	Bowers, Debbie				
	Amount (\$) \$52.43	Payee address; City; State; Zip Code  1805 W Spring Creek Pkwy AA2	9			
	φ32.43	1803 W Spring Creek FkWy AA2				
		Plano, TX 75023				
	PURPOSE		) Descrip	ntion		
	OF	Salaries/Wages/Contract Labor			de of Texas. Com	pplete Schedule T.
	EXPENDITURE		ш		officeholder living	g expense
			campa	aign work		
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	nt		Office he	eld
	expenditure to benefit C/O		-		200 11	

#### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made |
Candidate/Officeholder/Politic

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 Total manage Calculate E4	1
1 Total pages Schedule F1: Sch: 13/49 Rpt: 39/77	2 FILER NAME Devine, John P. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00026739
4 Date	5 Payee name
09/25/2023	Bryans on 290
6 Amount (\$) \$231.41	7 Payee address; City; State; Zip Code 300 E. Main St  Johnson City, TX 78636
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  campaign meal
	campaignmear
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/21/2023	Buc-ee's
Amount (\$)	Payee address; City; State; Zip Code
\$24.29	4155 North General Bruce Dr.
	Temple, TX 76501
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taxas, Complete Schedule T
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	meal while traveling
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/16/2023	Busby, Brett
Amount (\$)	Payee address; City; State; Zip Code
\$341.29	201 W. 14th St
	Austin, TX 78701
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	reimbursement of officeholder court event expenses
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/49 Rpt: 40/77	Devine, John P. (The Honorable) 00026739
4	Date	5 Payee name
	11/15/2023	Capitol Gift Shop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$346.40	1400 Congress Ave.
		E1.006
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Christmas gifts for supporters
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	expenditure to benefit C/Ol	
⊨	Date	Payee name
	09/18/2023	Care Net Pregnancy Center of Central Texas
L	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	800 W Waco Dr
	Φ1,500.00	600 W Wato Di
		W TV 70704
		Waco, TX 76701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Event sponsor
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	12/13/2023	Chevron
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.50	1510 FM-1486
		Magnolia, TX 77354
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		meal while traveling
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
$\vdash$		

#### 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

	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: 15/49 Rpt: 41/77	Devine, John P. (The Honorable) 00026739
4	Date	5 Payee name
	09/21/2023	Chevron
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.49	8701 NE Loop 338
		Odessa, TX 79762
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  meal while traveling
		med write traveling
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Dayso nama
	09/21/2023	Payee name Chevron
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$65.97	8701 NE Loop 338
		Odessa, TX 79762
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		meal while traveling
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	D-4-	
	Date 09/29/2023	Payee name
		Chevron
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.27	7205 S Broadway Ave
		Tyler, TX 75703
	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
		meal while traveling
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
L		
1		
l		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

l	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1: Sch: 16/49 Rpt: 42/77	2 FILER NAME Devine, John P. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00026739
4	Date 08/29/2023	5 Payee name Chief Justice Nathan Hecht Campaign		
6	Amount (\$) \$6,329.45	7 Payee address; City; State; Zip Coo 1005 Congress Ave Ste 400 Austin, TX 78701	de	
8	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule)  Loan Repayment/Reimbursement	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Reimbursement of officeholder court event expenses
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug H	ght	Office held
	Date 09/21/2023	Payee name Circle K		
	Amount (\$) \$44.57	Payee address; City; State; Zip Coo 101 N Water St Burnet, TX 78611	de	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  meal while traveling
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ght	Office held
	Date 10/30/2023	Payee name Comfort Inn & Suites Lubbock		
	Amount (\$) \$119.60	Payee address; City; State; Zip Coo 3430 W Loop 289	de	
		Lubbock, TX 79407		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense hotel stay for campaign event
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ght	Office held

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 17/49 Rpt: 43/77	2 FILER NAME Devine, John P. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00026739
4	Date 12/26/2023	5 Payee name Courtyard Houston Katy Mills
6	Amount (\$) \$140.38	7 Payee address; City; State; Zip Code 25402 Katy Mills Pkwy  Katy, TX 77494
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense hotel stay for campaign event
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 08/01/2023	Payee name Courtyard by Marriott Lubbock
	Amount (\$) \$136.85	Payee address; City; State; Zip Code 308 Avenue V  Lubbock, TX 79415
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense hotel stay for campaign event
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 09/29/2023	Payee name Courtyard by Marriott Tyler
	Amount (\$) \$168.67	Payee address; City; State; Zip Code 7424 S Broadway Ave
		Tyler, TX 75703
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense hotel stay for campaign event
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

The Instruction Cuide and

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

	Credit Card r dyment	The Instruction Guide explains how to co	mple	ete this form.			
1	Total pages Schedule F1:	2 FILER NAME		3	3	Filer ID	(Ethics Commission Filers)
	Sch: 18/49 Rpt: 44/77	Devine, John P. (The Honorable)				00026739	
4	Date	5 Payee name		•			
	07/17/2023	Cracker Barrel					
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode				
	\$117.44	221 Enterprise Blvd					
		Hewitt, TX 76643					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Food/Beverage Expense		Check if travel ou			
				Check if Austin, T campaign mea		onicenoider living	expense
				- Garage and American			
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ight			Office he	eld
	expenditure to benefit C/OI	4					
_	Date	Payee name					
	08/07/2023	Cracker Barrel					
	Amount (\$)	Payee address; City; State; Zip Co	ode				
	\$41.40	221 Enterprise Blvd					
		Hewitt, TX 76643					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Food/Beverage Expense		Check if travel out			
	EXI ENDITORE			Check if Austin, T		officeholder living	expense
				campaign mea	u		
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	l Iaht			Office he	ald.
	expenditure to benefit C/OI		giit			Onice ne	Jiu
_	Date	Payee name					
	08/21/2023	Cracker Barrel					
	Amount (\$)	Payee address; City; State; Zip Co	nde				
	\$44.74	221 Enterprise Blvd	Juo				
	•						
		Hewitt, TX 76643					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF	Food/Beverage Expense	(~)	Check if travel ou	ıtsic	de of Texas. Com	plete Schedule T.
	EXPENDITURE	5 .		Check if Austin, T		officeholder living	expense
				campaign mea	al		
	Operation ONE VIII II	Open lister (Office healthough				0//: :	.1.1
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ignt			Office he	21 <b>0</b>
	•						

#### 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 Solarios (Magne) (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	-	ete this form.
1	Total pages Schedule F1:	·		3 Filer ID (Ethics Commission Filers)
	Sch: 19/49 Rpt: 45/77	Devine, John P. (The Honorable)		00026739
4	Date	5 Payee name		<u> </u>
	08/23/2023	Cracker Barrel		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	
	\$35.61	221 Enterprise Blvd		
		Hewitt, TX 76643		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense campaign meal
				campaign meal
9	Complete ONLY if direct	Candidate/Officeholder name Office so	ıaht	Office held
ľ	expenditure to benefit C/O		agrit	Office field
⊨	Data	D		
	Date 09/07/2023	Payee name Cracker Barrel		
L				
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$42.17	4275 N I-35		
		Lacy Lakeview, TX 76705		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				campaign meal
H	Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held
	expenditure to benefit C/OI	1		
F	Date	Payee name		
	11/01/2023	Cracker Barrel		
H	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$27.30	221 Enterprise Blvd		
		·		
		Hewitt, TX 76643		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE			Check if Austin, TX, officeholder living expense
				campaign meal
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office so	laht	Office held
	expenditure to benefit C/O		uyıll	Office field
$\vdash$				

#### 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
OTHER (or processes and installation)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/49 Rpt: 46/77	Devine, John P. (The Honorable) 00026739
4	Date	5 Payee name
	08/07/2023	Devine, Angelique
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$700.00	PO Box 1090
		Marble Falls, TX 78654
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  campaign work
		Campaign work
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	08/14/2023	Devine, Angelique
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	PO Box 1090
		Marble Falls, TX 78654
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  campaign work
		campaigh work
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	_	
	Date	Payee name
	09/28/2023	Devine, Angelique
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	PO Box 1090
		Marble Falls, TX 78654
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		campaign work
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	

#### 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 B Candidate/Officeholder/Politica Credit Card Payment		I Committee	Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	pense Pr	olling Expeninting Expe			Travel in Distric	
	Credit Card Payment		The Instruction Guid	le explains hov	v to comp	lete this form.			
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 21/49 Rpt: 47/77	Devine, Jo	hn P. (The Honoral	ble)				00026739	
4	Date	5 Payee name	<i>j</i>						
	10/30/2023	Devine, An							
6	Amount (\$)	<b>7</b> Payee addre		State; Z	in Codo				
٥	\$100.00	PO Box 10		State, Z	ip Code				
	Φ100.00	FO BOX 10	30						
		Marble ⊢al	ls, TX 78654						
8	PURPOSE	(a) Category (S	See Categories listed at the t	top of this schedul	e) (b	<b>Description</b>			
	OF EXPENDITURE	Salaries/W	ages/Contract Lab	or		=			mplete Schedule T.
						campaign wo		, officeholder livir	ig expense
						campaign we	JIK		
_	Compulate ONLY if direct	Condidate/Of	finale alder records	O#:				Office la	
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Ollic	e sough			Office h	leid
	Date	Payee name	9						
	07/18/2023	Devine, Jo	hn (The Honorable	<del>!</del> )					
	Amount (\$)	Payee addre	ess; City;	State; Z	ip Code				
	\$1,414.68	201 W. 14t	h St.						
		Suite 104							
		Austin, TX	79711						
	DUDDOOF				10-	· - · · ·			
	PURPOSE OF		See Categories listed at the t	top of this schedul	e) (D	Description  Check if travel	outei	ide of Teves Cor	mplete Schedule T.
	EXPENDITURE	Travel In D	ISTRICT			<u> </u>		, officeholder livir	
						travel mileag	e re	eimburseme	ent (6/18/23-7/13/23)
	Complete ONLY if direct	Candidate/Of	ficeholder name	Offic	e sough	t		Office h	neld
	expenditure to benefit C/OI	4							
	Date	Pavee name							
	10/30/2023		hn (The Honorable	)					
			-	-	in Code				
	Amount (\$)	Payee addre		State; Z	.ip Code				
	\$1,818.33	201 W. 14t	n St.						
		Suite 104							
		Austin, TX	78711						
	PURPOSE	(a) Category (S	See Categories listed at the t	top of this schedul	e) <b>(b</b>	) Description			
	OF EXPENDITURE	Travel In D	istrict						mplete Schedule T.
								, officeholder livir	
						ıravei mileag	e re	einiburseme	ent (9/23/23-10/30/23)
	0 1. 0	0    1   1   1	e					- · · ·	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ficeholder name	Offic	e sough	t		Office h	neld
	onponditure to belieff 6/01	•							
	ms provided by Texas E	thian Camanaian	:	w othics stat	- 4				Version V// 1 0 /9da51f7

#### 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 complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 22/49 Rpt: 48/77	Devine, John P. (The Honorable)	00026739
4	Date	5 Payee name	•
	08/10/2023	Devine, John (The Honorable)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$3,500.00	201 W. 14th St.	
		Suite 104	
		Austin, TX 78711	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Loan Repayment/Reimbursement	outside of Texas. Complete Schedule T.
	LAFLINDITORL	,	n, TX, officeholder living expense
		Reimbursem personal fund	nent for campaign expense paid from ds
_	Complete ONLY if direct		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	08/15/2023	Devine, John (The Honorable)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,179.00	201 W. 14th St.	
		Suite 104	
		Austin, TX 78711	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Traver in District	outside of Texas. Complete Schedule T.
			n, TX, officeholder living expense Je reimbursement (8/3/23-8/21/23)
		uaver mileag	e reimbursement (Granza Grzinza)
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	Since noid
-	Date	Davido namo	
	08/17/2023	Payee name Devine, John (The Honorable)	
	Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 201 W. 14th St.	
	φ2,500.00		
		Suite 104	
		Austin, TX 78711	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Loan Repayment/Reimbursement	outside of Texas. Complete Schedule T.  n, TX, officeholder living expense
			ent for campaign expenses paid from
		personal fund	
	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 -

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: 23/49 Rpt: 49/77	Devine, John P. (The Honorable) 00026739
4	Date	5 Payee name
	08/21/2023	Devine, John (The Honorable)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,750.00	201 W. 14th St.
		Suite 104
		Austin, TX 78711
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		reimbursement for campaign expenses paid from
		personal funds
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit c/of	
	Date	Payee name
	09/18/2023	Devine, John (The Honorable)
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,492.58	201 W. 14th St.
		Suite 104
		Austin, TX 78711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		travel mileage reimbursement (8/30/23-9/17/23)
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	09/21/2023	Devine, John (The Honorable)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,455.73	201 W. 14th St.
		Suite 104
		Austin, TX 78711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		travel mileage reimbursement (9/18/23-9/21/21)
		### (8/15/15 6/16/15)
	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 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 co	mpl	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 24/49 Rpt: 50/77		Devine, John P. (The Honorable)		00026739
4	Date	5	Payee name		·
	10/10/2023		Devine, John (The Honorable)		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$2,500.00		201 W. 14th St.		
			Suite 104		
			Austin, TX 78711		
8	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Loan Repayment/Reimbursement		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense reimbursement of campaign expenses paid from
					personal funds
9	Complete ONLY if direct		Candidate/Officeholder name Office sou	l Jaht	Office held
	expenditure to benefit C/O	Н		3	
_	Date	Т	Payee name		
	12/26/2023		Devine, John (The Honorable)		
	Amount (\$)	╁	Payee address; City; State; Zip Co	ode	
	\$1,754.09		201 W. 14th St.		
	<del></del>		Suite 104		
			Austin, TX 78711		
	PURPOSE	(2)		(h)	Description
	OF	ارم	Category (See Categories listed at the top of this schedule)  Travel In District	(5)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Traver in District		Check if Austin, TX, officeholder living expense
					travel mileage reimbursement (11/7/23-12/23/23)
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office sou	ught	Office held
		_			
	Date		Payee name		
	08/22/2023		DoubleTree by Hilton Richardson		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$168.29		1981 N Central Expy		
			Richardson, TX 75080		
	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Travel In District		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense hotel stay for campaign event
					noter stay for earnpaight event
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ıaht	Office held
	expenditure to benefit C/O			-9''t	555 11514

### 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 t	his form.
1	Total pages Schedule F1: Sch: 25/49 Rpt: 51/77	2 FILER NAME Devine, John P. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00026739
4	Date 10/16/2023	5 Payee name Eagles	00020133
6	Amount (\$) \$17.66	7 Payee address; City; State; Zip Code 680 IH 45	
8	PURPOSE OF EXPENDITURE	Food/Beverage Expense	Scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense eal while traveling
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 09/14/2023	Payee name Ebay Inc.	
	Amount (\$) \$26.82	Payee address; City; State; Zip Code 2025 Hamilton Ave San Jose, CA 95125	
	PURPOSE OF EXPENDITURE	Event Expense	Scription  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Dle cloth covers for campaign events
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 09/14/2023	Payee name Ebay Inc.	
	Amount (\$) \$65.73	Payee address; City; State; Zip Code 2025 Hamilton Ave	
		San Jose, CA 95125	
	PURPOSE OF EXPENDITURE	Event Expense	Scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DIE cloth covers for campaign events
	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 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	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: 26/49 Rpt: 52/77	Devine, John P. (The Honorable) 00026739
4	Date	5 Payee name
	09/21/2023	Ebay Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$59.99	2025 Hamilton Ave
		San Jose, CA 95125
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense table cloth covers for campaign events
		table cloth covers for campaign events
_	Complete ONLY if direct	Condidate/Office holds
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/11/2023	Flat Creek Estate
	Amount (\$)	Payee address; City; State; Zip Code
	\$584.55	24912 Sngltn Bnd E Rd
		Marble Falls, TX 78654
	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
		Court staff event
		Sourt Stail event
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/18/2023	Flat Creek Estate
	Amount (\$)	Payee address; City; State; Zip Code
	\$496.50	24912 Sngltn Bnd E Rd
		Marble Falls, TX 78654
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Court staff event
		Court Stair event
	Complete ONLY if allowed	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By 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: 27/49 Rpt: 53/77	Devine, John P. (The Honorable) 00026739	
4	Date	5 Payee name	_
	09/08/2023	Four Seasons Hotel Austin	
6	Amount (\$)	7 Payee address; City; State; Zip Code	-
	\$23.00	98 San Jacinto Blvd.	
		Austin, TX 78701	
8	PURPOSE		_
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		parking	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/Ol	1	
	Date	Payee name	=
	09/11/2023	Four Seasons Hotel Austin	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$23.00	98 San Jacinto Blvd.	
		Austin, TX 78701	
-	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Travel In District  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		parking	
			_
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	experientare to benefit Gro		_
	Date	Payee name	
	09/08/2023	General Shelters of Texas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,057.20	1639 TX-87	
		Center, TX 75935	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Storage for campaign signs and materials	
			_
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
L			_
l			

#### 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 Salaries/Wages/Contract Labor

Travel Out of District

Transportation Equipment & Related Expense Travel in District

Solicitation/Fundraising Expense

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 28/49 Rpt: 54/77 Devine, John P. (The Honorable) 00026739 4 Date Payee name 08/22/2023 Grassroots America We The People 6 Amount (\$) Payee address; City; State; Zip Code \$1,000.00 PO Box 130012 Tyler, TX 75713 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense event sponsor Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/21/2023 Herrick, Garth Amount (\$) Payee address; City; State; Zip Code \$10,000.00 5424 Lena St. Philadelphia, PA 19144 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Judicial portrait gifted to the 190th District Court Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/22/2023 Hilton Garden Inn Richardson Amount (\$) Payee address: City: State; Zip Code \$146.38 1001 W President George Bush Turnpike Richardson, TX 75080 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense hotel stay for campaign event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -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: 29/49 Rpt: 55/77	Devine, John P. (The Honorable) 00026739
4	Date	5 Payee name
	10/19/2023	Hilton Houston Post Oak
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$511.42	2001 Post Oak Blvd.
		Houston, TX 77056
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense hotel stay for campaign event
		noter stay for earnpaign event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	09/21/2023	Holiday Inn Express - Brady
H	Amount (\$)	Payee address; City; State; Zip Code
	\$139.54	2320 South Bridge Street
	Ψ100.04	2020 Could Bridge Circle
		Brady, TX 76825
L	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		hotel stay for campaign event
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/07/2023	Hruska's
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.87	109 State Hwy. 71
		Ellinger, TX 78938
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		meal while traveling
$\vdash$	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
L		

#### SCHEDULE F1

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 30/49 Rpt: 56/77	Devine, John P. (The Honorable) 00026739	
4	Date	5 Payee name	
	09/25/2023	Huckaba, Josh	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$9,123.55	24493 Kildare St.	
	!		
		Hempstead, TX 77445	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
	!	Check if Austin, TX, officeholder living expense security services and equipment	
	!	Security services and equipment	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	4
9	expenditure to benefit C/O		
	Date	Payee name	╡
	09/20/2023	John Doner & Associates, Inc	
	Amount (\$)	Payee address; City; State; Zip Code	4
		1005 Congress Ave	
	\$2,489.75		
	!	Suite 580	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
	OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.	
	_	Check if Austin, TX, officeholder living expense Fundraising fees	
	!	Fullulaising ices	
_	Camplete ONL V if direct	Candidate/Officeholder name Office sought Office held	_
	Complete ONLY if direct expenditure to benefit C/OH	- · · · · · · · · · · · · · · · · · · ·	
_			_
	Date	Payee name Payee name	
	09/05/2023	Kimball, Jeffrey	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,501.00	2547 Main St	
	!		
		Lake Jackson, TX 77531	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
		Check if Austin, TX, officeholder living expense	
	!	campaign work	
			_
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	experientare to benefit over	·	

#### SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

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

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services  The Instruction Guide ex		OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAM	1E				3	Filer ID	(Ethics Commission Filers	s)
	Sch: 31/49 Rpt: 57/77	Devine, Jo	hn P. (The Honorable)	)				00026739		
4	Date	5 Payee nam	e							
	09/07/2023	Kimball, Je	effrey							
6	Amount (\$)	<b>7</b> Payee addr	ess; City;	State; Zip Co	ode					
	\$1,500.00	2547 Mair	ı St							
		Lake Jack	son, TX 77531							
8	PURPOSE	(a) Category	See Categories listed at the top o	f this schedule)	(b)	Description				
	OF EXPENDITURE	Salaries/W	/ages/Contract Labor			=		ide of Texas. Com		
						campaign wo		, officeholder living	j experise	
						oupa.g 110				
9	Complete ONLY if direct	Candidate/O	fficeholder name	Office sou	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/OI	Н			J					
	Date	Payee nam	e							
	08/04/2023	La Quinta	Inn - McKinney							
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode					
	\$111.87	6501 Heni	neman Way							
		McKinney	, TX 75070							
	PURPOSE	(a) Category	See Categories listed at the top o	f this schedule)	(b)	Description				
	OF EXPENDITURE	Travel In [	District			<b>=</b>		ide of Texas. Com		
						hotel stay for		, officeholder living mnaign evel		
						note: etaly ter	000	pag 010.		
	Complete ONLY if direct	Candidate/O	fficeholder name	Office sou	<u>I</u> ught			Office he	eld	
	expenditure to benefit C/OI	Н								
	Date	Payee nam	e							
	12/19/2023	Lincoln Re	eagan Dinner							
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode					
	\$5,500.00	401 S Bud	hanan St							
		Amarillo, 1	X 79101							
	PURPOSE	(a) Category	See Categories listed at the top o	f this schedule)	(b)	Description				
	OF EXPENDITURE	Event Exp	ense					ide of Texas. Com		
						_		, officeholder living Republicans	table co-sponsor	
						. ottor randa	1	Copabilouis	table of spoilsoi	
$\vdash$	Complete ONLY if direct	Candidate/O	fficeholder name	Office sou	l ught			Office he	eld	
	expenditure to benefit C/OI				J -					
H										

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of State Control of State Con

	Credit Card Payment	The Instruction Guide explains how to co	-	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	_	3 Filer ID (Ethics Commission Filers)
	Sch: 32/49 Rpt: 58/77	Devine, John P. (The Honorable)		00026739
4	Date	5 Payee name		•
	12/21/2023	Look Cinemas		
6	Amount (\$)	<b>7</b> Payee address; City; State; Zip Co	de	
	\$33.36	10110 Technology Blvd E		
		٠,		
		Dallas, TX 75220		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ			Check if Austin, TX, officeholder living expense
				meal at campaign event
_	0 1: 0.11.7.7.1.			000
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	Date	Payee name		
	12/11/2023	Marriott Dallas Las Colinas		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$381.97	223 Las Colinas Blvd W		
		Irving, TX 75039		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel In District		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Hotel stay for campaign event
	0 1: 0.11.7.7.1.			000
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	gnt	Office held
	Date	Payee name		
	07/07/2023	Matt's El Rancho		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$97.25	2613 South Lamar		
		Austin, TX 78704		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Court staff lunch
	Operation ONE VIII II	Out lide to 10 ff and all larger	1- *	Office I I I
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	gnt	Office held

#### SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 33/49 Rpt: 59/77	Devine, John P. (The Honorable) 00026739
4	Date	5 Payee name
	12/11/2023	Mi Cocina
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$156.30	7750 N MacArthur Blvd
		Ste 150
		Irving, TX 75063
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  campaign meal
		Campaign meai
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	07/17/2023	Moodyville BBQ
	Amount (\$)	Payee address; City; State; Zip Code
	\$244.04	4001 State Highway 7 E
		Center, TX 75935
	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
		campaign meal
		Campaign mod
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
	Date	Payee name
	07/31/2023	Morataya, Luis
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,750.00	1719 E. 7th St
		Bastrop, TX 78602
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  campaign worker
		Campaign worker
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
Н		
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#### SCHEDULE F1

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

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

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

e Tra se Tra s/Contract Labor OT

	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: 34/49 Rpt: 60/77	Devine, John P. (The Honorable) 00026739
4	Date	5 Payee name
L	08/07/2023	Morataya, Luis
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,750.00	1719 E 7th St
		Bastrop, TX 78602
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  campaign work
		Cumpaign work
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	09/25/2023	Morataya, Luis
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	1719 E 7th St
		Bastrop, TX 78602
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  campaign work
		Campaign Work
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	08/17/2023	North Italia
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$170.00	500 W 2nd St
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	_,,,_,,,,,	Check if Austin, TX, officeholder living expense
		campaign meal
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
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## SCHEDULE F1

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

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

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

Trave Trave otract Labor OTHE

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Se		·		/ages	/Contract Labor			IER (enter a		not listed above)	
		_			struction G	uide explains	s how to co	mple	ete this form.						
1	Total pages Schedule F1:	2	FILER NAME	Ξ						3	File		(Ethics	Commission Filers	3)
	Sch: 35/49 Rpt: 61/77		Devine, Joh	າn P. (	The Hono	rable)					000	)26739			
4	Date	5	Payee name												
	11/10/2023		Oski's												
6	Amount (\$)	7	Payee addre	ess;	City;	State	e; Zip Co	de							_
	\$17.88		20602 RM		•										
			Lago Vista,	TV 79	2645										
_		_					-								
8	PURPOSE OF	(a)	Category (S			he top of this so	chedule)	(b)	Description						
	EXPENDITURE		Food/Beve	rage E	xpense				Check if travel o Check if Austin,					dule 1.	
									meal while tra			inolaet liviii	g expense		
											9				
۵	Complete ONLY if direct	<u> </u>	Candidate/Off	icahold	er name		Office sou	aht				Office h	ماط		
9	expenditure to benefit C/OI		Sandidate/On	icerioia	ei iiaiiie		Office 30u	grit				Office fi	Ciu		
		_													_
	Date		Payee name												
	08/07/2023		Pappadeau	IX											
	Amount (\$)		Payee addre	ess;	City;	State	e; Zip Co	de							
	\$295.67		11617 Res	earch l	Blvd.										
			Austin, TX	78759											
	PURPOSE	(a)	Category (S	ee Cateo	ories listed at t	he top of this so	chedule)	(b)	Description						
	OF EXPENDITURE		Food/Beve				,		Check if travel o	outsi	de of	Texas. Con	nplete Sche	dule T.	
	EXPENDITURE			•					Check if Austin,			holder livin	g expense		
									campaign me	eti	ng				
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	icehold	er name		Office sou	ght				Office h	eld		
	experialitate to benefit 6/01														
	Date		Payee name												
	11/21/2023		Patriot Aca	demy											
	Amount (\$)		Payee addre	ss;	City;	State	e; Zip Co	de							
	\$500.00		1103 US-8	7											
			Comfort, TX	x 7801	.3										
	PURPOSE	(a)	Category (S			ho ton af thi-	shodula)	(h)	Description						
	OF	(")	Event Expe		ories listed at t	ne top of this so	cnedule)	(2)	Check if travel o	outsi	de of	Texas. Con	nplete Sche	dule T.	
	EXPENDITURE		Event Expe	.1130					Check if Austin,	TX,	office	holder livin	g expense		
									Event tickets						
	Complete ONLY if direct		Candidate/Off	icehold	er name		Office sou	ght				Office h	eld		
	expenditure to benefit C/OI	Н													

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 36/49 Rpt: 62/77	2 FILER NAME Devine, John P. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00026739
4	Date 08/16/2023	5 Payee name Patriot Academy	
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 1103 US-87	
		Comfort, TX 78013	
8	PURPOSE OF EXPENDITURE	Event Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense Of
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 10/28/2023	Payee name Perry's Steahouse	
	Amount (\$) \$431.66	Payee address; City; State; Zip Code 114 W 7th St	
		Austin, TX 78701	
	PURPOSE OF EXPENDITURE	Check if Austi	outside of Texas. Complete Schedule T. n, TX, officeholder living expense eme Court annual conference and retreat
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 12/11/2023	Payee name QuikTrip	
	Amount (\$) \$21.15	Payee address; City; State; Zip Code 951 North Loop 340	
		Bellmead, TX 76705	
	PURPOSE OF EXPENDITURE	Tood/beverage Expense   L	outside of Texas. Complete Schedule T. n, TX, officeholder living expense caveling
	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 -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	al 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: 37/49 Rpt: 63/77	Devine, John P. (The Honorable) 00026739
4	Date	5 Payee name
	10/02/2023	Recover America
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,000.00	15311 Vantage Pkwy West
		Suite 315
		Houston, TX 77032
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Event sponsor
		Event sponsor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/01/2023	Renaissance Hotel Fort Worth
	Amount (\$)	Payee address; City; State; Zip Code
	\$970.97	200 Main St.
		Fort Worth, TX 76102
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		hotel stay, parking, meals for FRW Conference
		notes stay, parting, medic for river comercines
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
Г	Date	Payee name
	11/13/2023	Republican Party of Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,750.00	1108 Lavaca
		Suite 500
		Austin, TX 78701
	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
		2024 Primary Filing Fee
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
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#### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Travel Out of Di OTHER (enter a	strict category not listed above)
Ŀ			1.		
1	Total pages Schedule F1: Sch: 38/49 Rpt: 64/77	2 FILER NAME Devine, John P. (The Honorable)	3	Filer ID 00026739	(Ethics Commission Filers)
4	Date	5 Payee name			
ľ					
	07/24/2023	Salt Traders Coastal Cooking			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$98.69	1101 S Mopac Expy			
		,			
		Austin, TX 78746			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF		outs	ide of Texas. Com	plete Schedule T.
l	EXPENDITURE		n, TX	, officeholder living	g expense
		court staff lu	nch	I	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	
ľ	expenditure to benefit C/O			000	
┕					
	Date	Payee name			
	08/24/2023	Salt Traders Coastal Cooking			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$95.94	1101 S Mopac Expy			
	Ψ00.04	1101 O Mopac Expy			
		Austin, TX 78746			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF		outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE		n, TX	, officeholder living	g expense
		court staff lu	nch		
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	eld
	expenditure to benefit C/O				
⊨					
	Date	Payee name			
	09/14/2023	Salt Traders Coastal Cooking			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$113.49	1101 S Mopac Expy			
		, ,,			
		A			
		Austin, TX 78746			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	1 000/Develage Expense			plete Schedule T.
	LAFLINDITORL	<b>-</b>		, officeholder living	g expense
		court staff lu	nch	l	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office h	eld
1	expenditure to benefit C/O				
$\vdash$					
ĺ					

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	<u> </u>					
_	Sch: 39/49 Rpt: 65/77	Devine, John P. (The Honorable) 00026739					
4	Date	5 Payee name					
	11/14/2023	Salt Traders Coastal Cooking					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$158.25	1101 S Mopac Expy					
		Austin, TX 78746					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense  court staff lunch					
		Court Stail fulfor					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
9	expenditure to benefit C/OI	the state of the s					
_							
	Date	Payee name					
	12/20/2023	Salt Traders Coastal Cooking					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$125.05	1101 S Mopac Expy					
		Austin, TX 78746					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.					
	2/11/2/10/12	Check if Austin, TX, officeholder living expense					
		court staff lunch					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
_							
	Date	Payee name					
	09/19/2023	Saltgrass Steak House					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$103.74	21855 Katy Fwy					
		Katy, TX 77450					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.					
	LAFENDITORE	Check if Austin, TX, officeholder living expense					
		campaign meal					
	0 1. 0						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Emportance to bonont 0/01						

### 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

l	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 40/49 Rpt: 66/77	2 FILER NAME Devine, John P. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00026739	
4	Date 09/28/2023	5 Payee name Saltgrass Steak House	_
6	Amount (\$) \$103.05	7 Payee address; City; State; Zip Code 7214 S Broadway Ave Tyler, TX 75703	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign meal	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 12/26/2023	Payee name Saltgrass Steak House	
	Amount (\$) \$65.56	Payee address; City; State; Zip Code 21855 Katy Fwy  Katy, TX 77450	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign meal	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date 09/11/2023	Payee name Saltgrass Steak House	
	Amount (\$) \$132.74	Payee address; City; State; Zip Code 21855 Katy Fwy	
		Katy, TX 77450	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign meal	
	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 Credit Card Payment			Fee Foo Gift nmittee Leg	ent Expense es od/Beverage Expense t/Awards/Memorials Exp gal Services ne Instruction Guide		Office Overl Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
_	Total pages Cabadula F1:	_						3	Filor ID	(Ethics Commission Filers)
1	Total pages Schedule F1: Sch: 41/49 Rpt: 67/77	2		P. (The Honoral	ole)			3	Filer ID 00026739	(Eurics Commission Filers)
4	Date	5	Payee name							
	09/28/2023		Satellite Phone	e Store						
6	Amount (\$) \$1,842.78	7	Payee address; 2830 Shelter Is San Diego, CA	sland Dr.	State;	Zip Cod	e			
			San Diego, CA	4 92100						
8	PURPOSE OF EXPENDITURE	(a)		Categories listed at the to ad/Rental Exper		dule)		n, TX,	ide of Texas. Com , officeholder living	
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officel	holder name	O	ffice soug	ht		Office he	eld
	Date		Payee name							-
	08/04/2023		Shiawise							
Amount (\$)			Payee address; City; State; Zip Code							
	\$63.60 2540 N Watters Rd									
			Allen, TX 7501	13						
	PURPOSE OF EXPENDITURE	OF Food/Beverage Expanse Complete Schedule T.								
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Officel	holder name	O	ffice soug	ht		Office he	eld
	Date		Payee name							
	08/18/2023		Shogun Japan	nese Grill						
	Amount (\$) \$80.00		Payee address; 20702 Katy Fv		State;	Zip Cod	e			
			Katy, TX 7744	.9						
	PURPOSE OF EXPENDITURE	(a)	Category (See C Food/Beverag	Categories listed at the to e Expense	op of this sche	edule)		n, TX,	ide of Texas. Com , officeholder living	
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Officeh	holder name	O	ffice soug	ht		Office he	eld
	forms provided by Tayas Ethics Commission www.athics state ty us Version V/ 1.0 /8/da51f7									

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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: 42/49 Rpt: 68/77	Devine, John P. (The Honorable) 00026739
4	Date	5 Payee name
	09/11/2023	Shogun Japanese Grill
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$70.00	20702 Katy Fwy
		Katy, TX 77449
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		campaign meal
		Sampangi mea
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	experioritire to beriefft C/O	
	Date	Payee name
	08/28/2023	Shore Raw Bar & Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$173.14	8665 W, TX-71
		Suite 100
		Austin, TX 78735
┝	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		campaign meal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	11/15/2023	Southwest Airlines
H	Amount (\$)	Payee address; City; State; Zip Code
	\$439.96	P.O. Box 36647-1CR
	* *******	
		Dallas, TX 75235
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		airfare to campaign event
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·
$\vdash$	-	
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#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political 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 co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 43/49 Rpt: 69/77	Devine, John P. (The Honorable)	00026739
4 Date	5 Payee name	·
12/12/2023	Supreme Court Giving Fund	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$3,000.00	201 W. 14th St.	
	Austin, TX 78701	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Benevolence Fund
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	Н	
Date	Payee name	
08/17/2023	TFRW Convention 2023 PAC	
Amount (\$)	Payee address; City; State; Zip Co	de
\$250.00	2113 Flat Creek Dr	
	Richardson, TX 75080-2331	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Meet and greet table
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	Н	
Date	Payee name	
09/08/2023	TXPC/HAPC	
Amount (\$)	Payee address; City; State; Zip Co	de
\$2,500.00	PO Box 692207	
	Houston, TX 77269	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Event sponsor
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	н	

#### 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

Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 44/49 Rpt: 70/77	Devine, Joh	nn P. (The Honorable)	1				00026739	
4	Date	<b>5</b> Payee name							
	08/27/2023	Texans for	Jeff Boyd						
6	Amount (\$)	<b>7</b> Payee addre	ss; City;	State; Zip C	ode				
	\$878.26	1108 Lavad	a St						
		Suite 110, I	Box 688						
		Austin, TX	78701						
8	PURPOSE OF	(a) Category (S	ee Categories listed at the top of	this schedule)	(b)	Description			
	EXPENDITURE	Event Expe	nse			므		de of Texas. Com , officeholder living	
						_			der expenses for the
						Court's annua			
9	Complete ONLY if direct expenditure to benefit C/OI		ceholder name	Office so	ught			Office he	eld
	Date	Payee name							
	09/05/2023	Texas Allia	nce for Life						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$4,000.00	8000 Centr							
	, ,	Suite 380							
		Austin, TX	7875 <i>1</i>						
	PURPOSE				(h)	Description			
	OF		ee Categories listed at the top of	this schedule)	(0)	Description  Check if travel of	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE	Event Expe	lise			<b>=</b>		officeholder living	
						Event sponso	or		
	Complete ONLY if direct expenditure to benefit C/OI		ceholder name	Office so	ught			Office he	eld
	Date	Payee name							
	12/19/2023	Texas Bar	oundation						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$250.00	515 Congre	ess Ave.						
		Suite 1755							
		Austin, TX	78701-3505						
	PURPOSE	(a) Category (S	ee Categories listed at the top of	f this schedule)	(b)	Description			
	OF EXPENDITURE	Fees						de of Texas. Com	
	ZA ZADITORZ					ш		officeholder living	g expense
						Sustaining Lif	ie f	-eliow	
	Complete ONLY if direct	Candidate/Off	ceholder name	Office so	<u>l</u> ught			Office he	eld
	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 Com

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

	Candidate/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: 45/49 Rpt: 71/77	Devine, John P. (The Honorable) 00026739
4	Date	5 Payee name
	12/22/2023	Texas Federation of Republican Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,000.00	13740 US-183
		J4
		Austin, TX 78750
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Leadership sponsor
		Leauership sponsor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
Г	Date	Payee name
	09/27/2023	Texas Home School Coalition
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	PO Box 6747
		Lubbock, TX 79493
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  THSC Gala Sponsor
		THISC Gala Sponsor
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
Г	Date	Payee name
	09/11/2023	Texas Right to Life Committee
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$5,000.00	4500 Bissonnet St
		Suite 305
		Bellaire, TX 77401
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Life Gala sponsor
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·
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#### SCHEDULE F1

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

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

Printing Expense

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

	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: 46/49 Rpt: 72/77	Devine, John P. (The Honorable) 00026739
4	Date	5 Payee name
L	12/13/2023	Texas Tea Party Republican Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$725.00	11811 Bourgeois Forest Dr.
		Houston, TX 77066
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Christmas event sponsor
		Cinistinus event sponsor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	11/12/2023	Texas Values
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$1,250.00	900 Congress
		Suite L115
		Austin, TX 78701
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Event sponsor
L		
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
L	09/20/2023	Texas Values
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	900 Congress
		Suite L115
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Event sponsor
		Event sponsor
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
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#### 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:	
	Sch: 47/49 Rpt: 73/77	Devine, John P. (The Honorable) 00026739
4	Date	5 Payee name
	09/21/2023	Texas Values
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	900 Congress
		Suite L115
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Event sponsor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/10/2023	The UPS Store
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.88	1107 Hwy 1431
		Marble Falls, TX 78654
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		shipping expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/04/2023	Travel Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$14.75	160 SH 77
		Hillsboro, TX 76645
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	ZAI ZAISTONZ	Check if Austin, TX, officeholder living expense  meal while traveling
		meal write travelling
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
_		

#### SCHEDULE F1

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

Travel in District Travel Out of District OTHER (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 48/49 Rpt: 74/77 Devine, John P. (The Honorable) 00026739 4 Date Payee name 12/15/2023 **USPS** 6 Amount (\$) Payee address; City; State; Zip Code \$132.00 8027 Bronco Ln Lago Vista, TX 78645 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Postage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/30/2023 **USPS** Amount (\$) Payee address; City; State; Zip Code \$66.00 1212 N US Highway 281 Marble Falls, TX 78654 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Postage Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/16/2023 Westin Hotel - Irving Amount (\$) Payee address: City: State; Zip Code \$638.83 400 West Las Colinas Blvd. Irving, TX 75039 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel In District **EXPENDITURE** Check if Austin, TX, officeholder living expense hotel stay for campaign event Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### 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	mmittee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services  Polling Expense Printing Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.					Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FII FR NAM	 F					3	Filer ID	(Ethics Commission Filers)
	Sch: 49/49 Rpt: 75/77	-		hn P. (The Ho	onorable)					00026739	(
4	Date	5	Payee name	<u> </u>					_		
	08/07/2023		Zao Churcl								
6	Amount (\$) 7 Payee address; City; State; Zip Code										
	\$12,000.00		21900 Stat	e Hwy 71							
			Spicewood	, TX 78669							
8	PURPOSE	(a)	Category (s	See Categories listed	d at the ten of this s	ahadula)	(b)	Description			
	OF	``		ns/Donations		criedule)	()		outsi	de of Texas. Com	olete Schedule T.
	EXPENDITURE			Officeholder/I		mittee		Check if Austin	, TX,	officeholder living	expense
								Event sponso	or a	nd donation	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	ficeholder name	е	Office sou	ght			Office he	eld

## POLITICAL EXPENDITURES FROM PERSONAL FUNDS

#### SCHEDULE G

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

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office of Food/Beverage Expense Polling /- Gift/Awards/Memorials Expense Printing I Committee Legal Services Salarie	epayment/Reimbursement Overhead/Rental Expense Expense   Expense s/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	!					
The Instruction Guide explains how to complete this form.										
1	Total pages Schedule G: Sch: 1/2 Rpt: 76/77	2 FILER NAME Devine, John P. (The Honorable)		3 Filer ID (Ethics Commission File 00026739	rs)					
4	Date	5 Payee name		I						
	08/10/2023	Morataya, Luis								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$3,500.00	1719 E 7th St								
	Reimbursement from political contributions intended	Bastrop, TX 78602								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Scheo	dule T.					
	OF	Salaries/Wages/Contract Labor		Check if Austin, TX, officeholder living expense						
	EXPENDITURE	campaign work								
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held						
	Date	Payee name								
	08/17/2023	Morataya, Luis								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$2,500.00	1719 E 7th St								
	X Reimbursement from political contributions intended	Bastrop, TX 78602								
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Sched	dule T.					
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if Austin, TX, officeholder living expense						
	LAFENDITORE		campaign work							
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held						
	Date	Payee name								
	08/21/2023	Morataya, Luis								
Н	Amount (\$)	Payee address; City; State; Zip (	Code							
	\$1,750.00	1719 E 7th St								
	Reimbursement from									
	x political contributions intended	Bastrop, TX 78602								
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Scheo	dule T.					
	EXPENDITURE	Salaries/Wages/Contract Labor	L	Check if Austin, TX, officeholder living expense						
			campaign work							
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held						

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 2/2 Rpt: 77/77 Devine, John P. (The Honorable) 00026739 Date Payee name 10/10/2023 Texas Right to Life Committee 6 Amount (\$) Payee address; City; State; Zip Code 4500 Bissonnet St \$2,500.00 Suite 305 Reimbursement from political contributions intended Х Bellaire, TX 77401 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Event table sponsor Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH