

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00026739	2 Total pages filed: 30	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST John P.	MI	OFFICE USE ONLY
	NICKNAME	LAST Devine	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE			Date Hand-delivered or Date Postmarked
	REDACTED PER 254.0313, GOV'T CODE			Receipt # Amount
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR The Honorable	FIRST John P.	MI	
	NICKNAME	LAST Devine	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
	REDACTED PER 254.0313, GOV'T CODE			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(713)	498-9649		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year	
	09/27/2024		10/26/2024	
10 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year		<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> Other
	11/05/2024		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any) Supreme Court Justice Place 4		12 OFFICE SOUGHT (if known) Supreme Court Justice Place 4	

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

2 of 30

13 C / OH NAME Devine, John P. (The Honorable) **14** Filer ID (Ethics Commission Filers)
00026739

15 NOTICE FROM POLITICAL COMMITTEE(S)
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

Additional Pages

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	43,211.18
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	33,293.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	30,734.46
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable John P. Devine

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - JC/OH

18 FILER NAME Devine, John P. (The Honorable)		19 Filer ID 00026739	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	43,206.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	5.18
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	33,293.50
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0.65

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/15 Rpt: 4/30
2 FILER NAME Devine, John P. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00026739
4 Date 10/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adler, Jim S.	7 Amount of Contribution (\$) \$2,500.00
	6 Contributor address; City; State; Zip Code Houston, TX 77027	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Jim S Adler & Associates		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrow, James	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78209	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Law Offices of James H. Barrow, PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooke County Republican Women	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Gainesville, TX 76240	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is 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 Total pages Schedule A(J)1: Sch: 2/15 Rpt: 5/30
2 FILER NAME Devine, John P. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00026739
4 Date 10/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corcoran, Kevin	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Webster, TX 77598	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Partner
10 Contributor's employer/law firm Spencer Fane		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durant, Jerry	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Weatherford, TX 76066	
Contributor's Principal Occupation Auto Sales		Contributor's Job Title Owner
Contributor's employer/law firm Jerry Durant Auto Group		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLD Interests	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Dallas, TX 75204	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is 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 Total pages Schedule A(J)1: Sch: 3/15 Rpt: 6/30
2 FILER NAME Devine, John P. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00026739
4 Date 10/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Ronald 6 Contributor address; City; State; Zip Code Grapevine, TX 76051	7 Amount of Contribution (\$) \$25.00
8 Contributor's Principal Occupation Retired		9 Contributor's Job Title Retired
10 Contributor's employer/law firm Retired		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARW-PAC Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilan, Hassan Contributor address; City; State; Zip Code Missouri City, TX 77459	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Accounting		Contributor's Job Title Accounting
Contributor's employer/law firm American Property Tax Service Inc.		Law firm of contributor's spouse (if any)
If contributor is 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 Total pages Schedule A(J)1: Sch: 4/15 Rpt: 7/30
2 FILER NAME Devine, John P. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00026739
4 Date 10/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glatstein, David <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75034	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation Retired		9 Contributor's Job Title Retired
10 Contributor's employer/law firm Retired		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Godwin Bowman, PC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hensley, Clayton <hr/> Contributor address; City; State; Zip Code Waco, TX 76702	Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is 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 Total pages Schedule A(J)1: Sch: 5/15 Rpt: 8/30
2 FILER NAME Devine, John P. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00026739
4 Date 10/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higley, Robert <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77005	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation Investments		9 Contributor's Job Title Investment Advisor
10 Contributor's employer/law firm Wells Fargo Advisors		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hook, Joanne <hr/> Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoover Slovacek LLP <hr/> Contributor address; City; State; Zip Code Houston, TX 77210	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is 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 Total pages Schedule A(J)1: Sch: 6/15 Rpt: 9/30
2 FILER NAME Devine, John P. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00026739
4 Date 10/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kercheville, Scott E.	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78215	
8 Contributor's Principal Occupation Retired		9 Contributor's Job Title Retired
10 Contributor's employer/law firm Retired		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/09/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: <u>C00236489</u>) KochPAC	Amount of Contribution (\$) \$3,000.00
	Contributor address; City; State; Zip Code Wichita, KS 67220	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolander Jr., Jerry M.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Lubbock, TX 79493	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm McCleskey Harriger Brazill & Graf LLP		Law firm of contributor's spouse (if any)
If contributor is 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 Total pages Schedule A(J)1: Sch: 7/15 Rpt: 10/30
2 FILER NAME Devine, John P. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00026739
4 Date 10/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leander Area Republican Women <hr/> 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lone Star Republican Club <hr/> Contributor address; City; State; Zip Code LaRue, TX 75770	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lubbock Area Republican Women <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79493	Amount of Contribution (\$) \$5,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is 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 Total pages Schedule A(J)1: Sch: 8/15 Rpt: 11/30
2 FILER NAME Devine, John P. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00026739
4 Date 10/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCown, Steven	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Austin, TX 78703	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Littler Mendelson PC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McFarland, Charles	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77002	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm McFarland PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGrue, Aaron	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code Grand Prairie, TX 75050	
Contributor's Principal Occupation Owner		Contributor's Job Title Owner
Contributor's employer/law firm McGrue Transportation		Law firm of contributor's spouse (if any)
If contributor is 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 Total pages Schedule A(J)1: Sch: 9/15 Rpt: 12/30
2 FILER NAME Devine, John P. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00026739
4 Date 10/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NW Austin Republican Women's Club	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Austin, TX 78717	
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Neill, Jack	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Austin, TX 78735	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Pierce & O'Neill, LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peirson Jr., William H	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Dallas, TX 75208	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Peirson Patterson LLP		Law firm of contributor's spouse (if any)
If contributor is 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 Total pages Schedule A(J)1: Sch: 10/15 Rpt: 13/30
2 FILER NAME Devine, John P. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00026739
4 Date 10/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pitcock Jr., James D	7 Amount of Contribution (\$) \$5,000.00
	6 Contributor address; City; State; Zip Code Houston, TX 77006	
8 Contributor's Principal Occupation Contractor		9 Contributor's Job Title President/CEO
10 Contributor's employer/law firm Williams Bros. Construction		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roach, Robert	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Houston, TX 77042	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Roach Newton LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rockwall GOP	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Rockwall, TX 75087	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is 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 Total pages Schedule A(J)1: Sch: 11/15 Rpt: 14/30
2 FILER NAME Devine, John P. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00026739
4 Date 10/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scharbauer, Douglas	7 Amount of Contribution (\$) \$5,000.00
	6 Contributor address; City; State; Zip Code Midland, TX 79702	
8 Contributor's Principal Occupation Oil Consultant		9 Contributor's Job Title Owner
10 Contributor's employer/law firm Self-Employed		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stallings, Kyle	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code Midland, TX 79702	
Contributor's Principal Occupation Investor-Oil & Gas		Contributor's Job Title Founder/CEO
Contributor's employer/law firm Desert Royalty Co.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Scott	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76107	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Stewart, PLLC		Law firm of contributor's spouse (if any)
If contributor is 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 Total pages Schedule A(J)1: Sch: 12/15 Rpt: 15/30
2 FILER NAME Devine, John P. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00026739
4 Date 10/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tarrant Star Republican Women <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76112	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teter, Rex <hr/> Contributor address; City; State; Zip Code Pasadena, TX 77503	Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation Minister		Contributor's Job Title Minister
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Agricultural Co-op Council PAC <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is 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 Total pages Schedule A(J)1: Sch: 13/15 Rpt: 16/30
2 FILER NAME Devine, John P. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00026739
4 Date 10/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Law Offices of Domingo Garcia PC	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code Dallas, TX 75247		
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Triggs, Cindy	Amount of Contribution (\$) \$80.00
Contributor address; City; State; Zip Code Georgetown, TX 78633		
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ware, Jackson, Lee, O'Neill, Smith & Barrow, LLP	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Houston, TX 77019		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is 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 Total pages Schedule A(J)1: Sch: 14/15 Rpt: 17/30
2 FILER NAME Devine, John P. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00026739
4 Date 10/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Steven	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78209	
8 Contributor's Principal Occupation Retired		9 Contributor's Job Title Retired
10 Contributor's employer/law firm Retired		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Modesta	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code Midland, TX 79705	
Contributor's Principal Occupation Investor/Oil & Gas/Ranching		Contributor's Job Title Investor/Oil & Gas/Ranching
Contributor's employer/law firm Clayton Williams Companies, Inc.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, William C.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Cypress, TX 77433-6241	
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is 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 Total pages Schedule A(J)1: Sch: 15/15 Rpt: 18/30
2 FILER NAME Devine, John P. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00026739
4 Date 10/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wise Republican Women <hr/> 6 Contributor address; City; State; Zip Code Boyd, TX 76023	7 Amount of Contribution (\$) \$300.00
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 19/30	
2 FILER NAME Devine, John P. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00026739	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/04/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Farm Bureau AGFUND	8 Amount of contribution (\$) \$5.18	9 In-kind contribution description AGFUND website endorsement
	7 Contributor address; City; State; Zip Code Waco, TX 76702-2689	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/10 Rpt: 20/30	2 FILER NAME Devine, John P. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00026739
4 Date 10/10/2024	5 Payee name Al Biernat's	
6 Amount (\$) \$310.00	7 Payee address; City; State; Zip Code 4217 Oak Lawn Ave Dallas, TX 75219	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign meal
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/27/2024	Payee name Anedot	
Amount (\$) \$10.30	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2024	Payee name Anedot	
Amount (\$) \$3.50	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 2/10 Rpt: 21/30	2 FILER NAME Devine, John P. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00026739
4	Date 10/08/2024	5 Payee name Anedot	
6	Amount (\$) \$0.34	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
	Date 10/16/2024	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
	Date 10/17/2024	Payee name Anedot	
	Amount (\$) \$4.30	Payee address; City; State; Zip Code 1340 Poydras St Suite 1770 New Orleans, LA 70112	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/10 Rpt: 22/30	2 FILER NAME Devine, John P. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00026739
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4 Date 10/17/2024	5 Payee name Anedot
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6 Amount (\$) \$10.30	7 Payee address; City; State; Zip Code 1340 Poydras St Suite 1770 New Orleans, LA 70112
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/21/2024	Payee name Austin Republican Women
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Amount (\$) \$180.00	Payee address; City; State; Zip Code 4501 Westlake Dr. #26 Austin, TX 78746
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event tickets
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/21/2024	Payee name Beloved in Christ Foundation
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Amount (\$) \$900.00	Payee address; City; State; Zip Code 511 Hwy 281 Marble Falls, TX 78654
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 4/10 Rpt: 23/30	2	FILER NAME Devine, John P. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00026739
4	Date 10/10/2024	5	Payee name Buc-ee's		
6	Amount (\$) \$24.30	7	Payee address; City; State; Zip Code 4155 North General Bruce Dr. Temple, TX 76501		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal while traveling		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/02/2024		Payee name Corinne		
	Amount (\$) \$331.68		Payee address; City; State; Zip Code 555 S. Alamo St San Antonio, TX 78205		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Petitions Conference and Retreat Dinner with Court, Staff and Guests		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/11/2024		Payee name Devine, John (The Honorable)		
	Amount (\$) \$5,000.00		Payee address; City; State; Zip Code 201 W. 14th St. Suite 104 Austin, TX 78711		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office lease		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/10 Rpt: 24/30	2 FILER NAME Devine, John P. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00026739
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4 Date 09/27/2024	5 Payee name Hurlburt, Rob
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6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code 4306 Quinlan Park Rd #4311 Austin, TX 78732
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign media and website
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/04/2024	Payee name Hurlburt, Rob
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Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 4306 Quinlan Park Rd #4311 Austin, TX 78732
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign media and website
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/15/2024	Payee name Hurlburt, Rob
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Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 4306 Quinlan Park Rd #4311 Austin, TX 78732
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign media and website
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/10 Rpt: 25/30	2 FILER NAME Devine, John P. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00026739
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4 Date 10/24/2024	5 Payee name Hurlburt, Rob
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6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code 4306 Quinlan Park Rd #4311 Austin, TX 78732
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign media and website
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/11/2024	Payee name Hyatt Place
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Amount (\$) \$171.00	Payee address; City; State; Zip Code 5229 Spring Valley Rd Addison, TX 75240
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/16/2024	Payee name Israel Allies Foundation
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Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1001 Connecticut Ave. NW Suite 607 Washington, DC 20036
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/10 Rpt: 26/30	2 FILER NAME Devine, John P. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00026739
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4 Date 10/16/2024	5 Payee name John Doner & Associates, Inc
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6 Amount (\$) \$10,438.87	7 Payee address; City; State; Zip Code 1005 Congress Ave Suite 580 Austin, TX 78701
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising fees and expenses
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/03/2024	Payee name Matt's El Rancho
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Amount (\$) \$125.88	Payee address; City; State; Zip Code 2613 South Lamar Austin, TX 78704
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Court staff lunch
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/09/2024	Payee name Office Depot
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Amount (\$) \$331.22	Payee address; City; State; Zip Code 1105 C Bar Ranch Trail Cedar Park, TX 78613
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/10 Rpt: 27/30	2 FILER NAME Devine, John P. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00026739
4 Date 10/11/2024	5 Payee name QuikTrip	
6 Amount (\$) \$40.13	7 Payee address; City; State; Zip Code 2350 S New Road Waco, TX 76711	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal while traveling
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/08/2024	Payee name Saltgrass Steak House	
Amount (\$) \$47.79	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign meal
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/03/2024	Payee name Satellite Phone Store	
Amount (\$) \$257.54	Payee address; City; State; Zip Code 2830 Shelter Island Dr. San Diego, CA 92106	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign phones
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/10 Rpt: 28/30	2 FILER NAME Devine, John P. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00026739
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4 Date 10/16/2024	5 Payee name Shoal Creek Saloon
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6 Amount (\$) \$115.02	7 Payee address; City; State; Zip Code 909 N Lamar Blvd Austin, TX 78703
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Court staff lunch
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/30/2024	Payee name Texas Alliance for Life
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Amount (\$) \$1,100.00	Payee address; City; State; Zip Code 8000 Centre Park Dr. Suite 380 Austin, TX 78754
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsor
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/17/2024	Payee name Texas Home School Coalition
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Amount (\$) \$1,039.50	Payee address; City; State; Zip Code PO Box 6747 Lubbock, TX 79493
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsor
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: Sch: 10/10 Rpt: 29/30	2 FILER NAME Devine, John P. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00026739
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4 Date 09/30/2024	5 Payee name Texas Right to Life Committee
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6 Amount (\$) \$3,500.00	7 Payee address; City; State; Zip Code 4500 Bissonnet St Suite 305 Bellaire, TX 77401
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/02/2024	Payee name The Palm
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Amount (\$) \$331.53	Payee address; City; State; Zip Code 233 E. Houston St. Suite 100 San Antonio, TX 78205
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Petitions Conference and Retreat Dinner with Court and Staff
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 30/30
2 FILER NAME Devine, John P. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00026739
4 Date 10/18/2024	5 Name of person from whom amount is received Frost Bank	8 Amount (\$) \$0.65
	6 Address of person from whom amount is received; City; State; Zip Code Austin, TX 78767	
	7 Purpose for which amount is received Interest	<input type="checkbox"/> Check if political contribution returned to filer