

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00088204	2 Total pages filed: 50	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Sally C.	MI	OFFICE USE ONLY
	NICKNAME	LAST Duval	SUFFIX	
Date Received ELECTRONICALLY FILED 10/08/2024				
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
	6705 W. Highway 290 Suite 607 PMB #124 Austin, TX 78735			Receipt # Amount
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Sally C.	MI	
	NICKNAME	LAST Duval	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
	6705 W. Highway 290 Suite 607 PMB #124 Austin, TX 78735			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(737)	500-6610		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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
	07/01/2024			09/26/2024
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)		12 OFFICE SOUGHT (if known)	
			State Representative District 73	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Duval, Sally C. (Mrs.)	14 Filer ID (Ethics Commission Filers) 00088204
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	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)	\$ 21,828.31
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 204.56
	4. TOTAL POLITICAL EXPENDITURES	\$ 19,410.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 14,131.92
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.

Mrs. Sally C. Duval

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 Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Duval, Sally C. (Mrs.)		19 Filer ID 00088204	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	18,428.31
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	3,400.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	7,251.88
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	1,039.84
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	10,355.25
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	763.56
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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/36 Rpt: 4/50
2 FILER NAME Duval, Sally C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088204
4 Date 09/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abate, Jules <hr/> 6 Contributor address; City; State; Zip Code Sonoma, CA 95476	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aden, Marilyn <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78130	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aden, Marilyn <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78130	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Home <hr/> Contributor address; City; State; Zip Code Canyon Lake, TX 78133	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Distiller		Employer (See Instructions) Fifth Generation Inc
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arcizewski, Brooke <hr/> Contributor address; City; State; Zip Code Cedar Park, TX 78613	Amount of Contribution (\$) \$4.20
Principal occupation / Job title (See Instructions) wellness management		Employer (See Instructions) The Drip Bar

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/36 Rpt: 5/50
2 FILER NAME Duval, Sally C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088204
4 Date 09/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aude, Andy	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code San Francisco, CA 94103		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Azenon, Jonathan	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Mount Vernon, IA 52314		
Principal occupation / Job title (See Instructions) Care Associate		Employer (See Instructions) Petsmart
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Rebecca	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Wichita, KS 67204		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Batenhorst, Joshua	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Asheville, NC 28803		
Principal occupation / Job title (See Instructions) Technician		Employer (See Instructions) Pisgah AVL
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bexar, Bethanie	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Houston, TX 77091		
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Vinson & Elkins LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/36 Rpt: 6/50
2 FILER NAME Duval, Sally C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088204
4 Date 09/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bexar, Norma <hr/> 6 Contributor address; City; State; Zip Code Spring Branch, TX 78070	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyt, Jeb <hr/> Contributor address; City; State; Zip Code Austin, TX 78756	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) TX Dept of Insurance
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandon, Sarah <hr/> Contributor address; City; State; Zip Code Austin, TX 78737	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brogden, William <hr/> Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Clifford <hr/> Contributor address; City; State; Zip Code Clarksville, MD 21029	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/36 Rpt: 7/50
2 FILER NAME Duval, Sally C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088204
4 Date 09/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Phillip <hr/> 6 Contributor address; City; State; Zip Code Brandon, FL 33511	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Solutions Consultant		9 Employer (See Instructions) Tech Data
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camp, Dixie <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camp, Dixie <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Ed <hr/> Contributor address; City; State; Zip Code Beaver, PA 15009	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) HAP Enterprises
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caplan, Karen <hr/> Contributor address; City; State; Zip Code Mercer Island, WA 98040	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Property Manager		Employer (See Instructions) Equity Residential

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/36 Rpt: 8/50
2 FILER NAME Duval, Sally C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088204
4 Date 07/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy <hr/> 6 Contributor address; City; State; Zip Code Dripping Springs, TX 78620	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not Employed
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carriker, Kathy <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Kathleen <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clearkin, Ann <hr/> Contributor address; City; State; Zip Code Austin, TX 78737	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Trent <hr/> Contributor address; City; State; Zip Code Greenville, SC 29615	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) TTI

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/36 Rpt: 9/50
2 FILER NAME Duval, Sally C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088204
4 Date 09/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Jim	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code Austin, TX 78746		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conyngham, Karen	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Austin, TX 78746		
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) Self
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cortez, Dyanne	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78756		
Principal occupation / Job title (See Instructions) Web Coordinator		Employer (See Instructions) State of Texas
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crawford, Meagan	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) Venture Capital		Employer (See Instructions) SpaceFund
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cross, Steven	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code New Braunfels, TX 78132		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/36 Rpt: 10/50
2 FILER NAME Duval, Sally C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088204
4 Date 09/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crowe, John <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78704	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Software Developer		9 Employer (See Instructions) Leafly
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curtis, Deanne <hr/> Contributor address; City; State; Zip Code Lancaster, PA 17601	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Administration		Employer (See Instructions) Costco
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dallis-Horton, Evy-Sue <hr/> Contributor address; City; State; Zip Code Canyon Lake, TX 78133	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 07/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport, Meredith <hr/> Contributor address; City; State; Zip Code Wimberley, TX 78676	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Ob/Gyn		Employer (See Instructions) OB Hospitalist Group
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLeo II, John <hr/> Contributor address; City; State; Zip Code North Wales, PA 19454	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Service Coordinator		Employer (See Instructions) Siemens

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/36 Rpt: 11/50
2 FILER NAME Duval, Sally C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088204
4 Date 09/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Democratic Women of Comal County	7 Amount of Contribution (\$) \$1,750.00
6 Contributor address; City; State; Zip Code New Braunfels, TX 78130		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diamond, Eric	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code South Bend, IN 46634		
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self
Date 07/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dibrell, Lea	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Wimberley, TX 78676		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dick, Daniel	Amount of Contribution (\$) \$4.20
Contributor address; City; State; Zip Code Uvalde, TX 78801		
Principal occupation / Job title (See Instructions) Public Sector Consultant		Employer (See Instructions) CGI
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diede, Trae	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78737		
Principal occupation / Job title (See Instructions) HR		Employer (See Instructions) Invicti Security

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/36 Rpt: 12/50
2 FILER NAME Duval, Sally C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088204
4 Date 09/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donnelly, Michael <hr/> 6 Contributor address; City; State; Zip Code Weymouth, MA 02188	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DuPre, John <hr/> Contributor address; City; State; Zip Code Stony Brook, NY 11790	Amount of Contribution (\$) \$4.20
Principal occupation / Job title (See Instructions) Director Digital Products		Employer (See Instructions) Planned Parenthood FOA
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DuVal, Smythe <hr/> Contributor address; City; State; Zip Code Marietta, GA 30067	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Cyber Security		Employer (See Instructions) Southern Company
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duke, Cameron <hr/> Contributor address; City; State; Zip Code Austin, TX 78727	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Apple Inc
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Earley, Michael <hr/> Contributor address; City; State; Zip Code Anacortes, WA 98221	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/36 Rpt: 13/50
2 FILER NAME Duval, Sally C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088204
4 Date 09/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Easterling, Chase	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Austin, TX 78757		
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) National Instruments
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elsma, Joe	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code St Paul, TX 75098		
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eurich, Nathan	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Dallas, TX 75248		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) RTX
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Every State Blue - Texas	Amount of Contribution (\$) \$566.51
Contributor address; City; State; Zip Code Washington, DC 20001		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ewing, Laura	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Wimberley, TX 78676		
Principal occupation / Job title (See Instructions) Expanding Horizons		Employer (See Instructions) Educational Consultant

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/36 Rpt: 14/50
2 FILER NAME Duval, Sally C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088204
4 Date 09/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feazell, Vic	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Waco, TX 76710		
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Self
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Charlie	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78727		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Kay	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Dripping Springs, TX 78620		
Principal occupation / Job title (See Instructions) Interior Designer		Employer (See Instructions) Jerri Kunz Design
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, William	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Rossville, GA 30741		
Principal occupation / Job title (See Instructions) Server		Employer (See Instructions) Waffle House
Date 07/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Robert	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78758		
Principal occupation / Job title (See Instructions) Home Slice Pizza		Employer (See Instructions) DOO

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/36 Rpt: 15/50
2 FILER NAME Duval, Sally C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088204
4 Date 09/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frolov, Anna	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Houston, TX 77091		
8 Principal occupation / Job title (See Instructions) Statistician		9 Employer (See Instructions) IQVIA Inc
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gannon, David	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78750		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardin, Alice	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Canyon Lake, TX 78133		
Principal occupation / Job title (See Instructions) Hotel Reservation		Employer (See Instructions) Soho House Group
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goll, Mark	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code San Antonio, TX 78266		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodwin, Vikki	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78739		
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/36 Rpt: 16/50
2 FILER NAME Duval, Sally C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088204
4 Date 08/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grantham, Lisa <hr/> 6 Contributor address; City; State; Zip Code Wimberley, TX 78676	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hada, Clara <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not employed
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halebian, Paul <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haltom, Thomas <hr/> Contributor address; City; State; Zip Code La Porte, TX 77571	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, James <hr/> Contributor address; City; State; Zip Code Fairview, NC 28730	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/36 Rpt: 17/50
2 FILER NAME Duval, Sally C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088204
4 Date 07/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harlan, Charles <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77059	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harlow, Gary <hr/> Contributor address; City; State; Zip Code Woodcreek, TX 78676	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Chris <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78247	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hash, Burt <hr/> Contributor address; City; State; Zip Code Canyon Lake, TX 78133	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herr, Katherine <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Product Marketing Manager		Employer (See Instructions) GumGum

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/36 Rpt: 18/50
2 FILER NAME Duval, Sally C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088204
4 Date 09/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Ronald <hr/> 6 Contributor address; City; State; Zip Code Dripping Springs, TX 78620	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howse, Monica <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85748	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) St Joes
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hull, Megan <hr/> Contributor address; City; State; Zip Code Washington, DC 20007	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Activist		Employer (See Instructions) Self
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunn, Wm <hr/> Contributor address; City; State; Zip Code Humble, TX 77346	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Material Handling and Controls
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huth, Jesse <hr/> Contributor address; City; State; Zip Code Wimberley, TX 78676	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/36 Rpt: 19/50
2 FILER NAME Duval, Sally C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088204
4 Date 08/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huth, Jesse <hr/> 6 Contributor address; City; State; Zip Code Wimberley, TX 78676	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaso, Jesse <hr/> Contributor address; City; State; Zip Code Dallas, TX 75207	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) MD Anderson Cancer Center
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Nancy <hr/> Contributor address; City; State; Zip Code Bulverde, TX 78163	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kass, Matthew <hr/> Contributor address; City; State; Zip Code Boynton Beach, FL 33472	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaura, Jana <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/36 Rpt: 20/50
2 FILER NAME Duval, Sally C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088204
4 Date 07/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Heather <hr/> 6 Contributor address; City; State; Zip Code Dripping Springs, TX 78620	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 08/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Heather <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Heather <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kleinman, Michael <hr/> Contributor address; City; State; Zip Code Austin, TX 78711	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retailer		Employer (See Instructions) MLK LLC
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klimas, Patricia <hr/> Contributor address; City; State; Zip Code Garden Ridge, TX 78266	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/36 Rpt: 21/50
2 FILER NAME Duval, Sally C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088204
4 Date 09/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koelker, Jason	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Live Oak, TX 78233		
8 Principal occupation / Job title (See Instructions) Developer		9 Employer (See Instructions) Twillo
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurten, Nathan	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Austin, TX 78753		
Principal occupation / Job title (See Instructions) database analyst		Employer (See Instructions) Oracle Corp
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurten, Nathan	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Austin, TX 78753		
Principal occupation / Job title (See Instructions) database analyst		Employer (See Instructions) Oracle Corp
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurten, Nathan	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Austin, TX 78753		
Principal occupation / Job title (See Instructions) database analyst		Employer (See Instructions) Oracle Corp
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lambert, Mia	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code New Braunfels, TX 78130		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/36 Rpt: 22/50
2 FILER NAME Duval, Sally C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088204
4 Date 09/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landacre, Dona <hr/> 6 Contributor address; City; State; Zip Code Bulverde, TX 78163	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laughlin, Angel <hr/> Contributor address; City; State; Zip Code Wimberley, TX 78676	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Self
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Currel <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78222	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Marc <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leyendecker, Bridget <hr/> Contributor address; City; State; Zip Code Austin, TX 78753	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/36 Rpt: 23/50
2 FILER NAME Duval, Sally C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088204
4 Date 09/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leyendecker, Bridget <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78753	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 08/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Locke, Victoria <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$90.00
Principal occupation / Job title (See Instructions) Research		Employer (See Instructions) Self
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Amelia <hr/> Contributor address; City; State; Zip Code Wimberley, TX 78676	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Nonprofit		Employer (See Instructions) Yes
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Juan <hr/> Contributor address; City; State; Zip Code Hingham, MA 02043	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynch, Daniel <hr/> Contributor address; City; State; Zip Code Sunnyside, NY 11104	Amount of Contribution (\$) \$4.20
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Consensus

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/36 Rpt: 24/50
2 FILER NAME Duval, Sally C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088204
4 Date 09/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcum, Matthew	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Bedford, TX 76021		
8 Principal occupation / Job title (See Instructions) Computer Programmer		9 Employer (See Instructions) Crowdstrike
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuire, Marlin	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Spring Branch, TX 78070		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Xplore Technologies
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McHenry, Carroll	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Spring Branch, TX 78070		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McHenry, Martha	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Spring Branch, TX 78070		
Principal occupation / Job title (See Instructions) Dietitian		Employer (See Instructions) Self
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKnight, Barbara	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Austin, TX 78704		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/36 Rpt: 25/50
2 FILER NAME Duval, Sally C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088204
4 Date 09/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McReynolds, Brendon <hr/> 6 Contributor address; City; State; Zip Code Louisville, KY 40205	7 Amount of Contribution (\$) \$40.20
8 Principal occupation / Job title (See Instructions) Dentist		9 Employer (See Instructions) Self
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meisel, Duncan <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Donna Catherine <hr/> Contributor address; City; State; Zip Code Ottawa K2A2Z7 Canada	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Charles <hr/> Contributor address; City; State; Zip Code Louisa, VA 23093	Amount of Contribution (\$) \$3,000.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Retired
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Robert <hr/> Contributor address; City; State; Zip Code Wimberley, TX 78676	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/36 Rpt: 26/50
2 FILER NAME Duval, Sally C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088204
4 Date 09/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Robert <hr/> 6 Contributor address; City; State; Zip Code Tucson, AZ 85714	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Brooke <hr/> Contributor address; City; State; Zip Code Dallas, TX 75220	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Warehouse Associate		Employer (See Instructions) UPS
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison, Mark <hr/> Contributor address; City; State; Zip Code Bulverde, TX 78163	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nash, Alex <hr/> Contributor address; City; State; Zip Code Arlington, TX 76012	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) After Sales Manager		Employer (See Instructions) AMS Ducati Dallas
Date 08/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Debra <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/36 Rpt: 27/50
2 FILER NAME Duval, Sally C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088204
4 Date 09/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Debra <hr/> 6 Contributor address; City; State; Zip Code New Braunfels, TX 78132	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newton, Monica <hr/> Contributor address; City; State; Zip Code Austin, TX 78737	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Dripping Springs ISD
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nielsen, Kyle <hr/> Contributor address; City; State; Zip Code Arlington, TX 76006	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Cybersecurity		Employer (See Instructions) Varonis
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noack, Donna <hr/> Contributor address; City; State; Zip Code Driftwood, TX 78619	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Novak, Nicole <hr/> Contributor address; City; State; Zip Code Shoreline, WA 98155	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Nunya

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/36 Rpt: 28/50
2 FILER NAME Duval, Sally C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088204
4 Date 09/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nurse, Christopher	7 Amount of Contribution (\$) \$4.20
6 Contributor address; City; State; Zip Code Jacksonville, FL 32202		
8 Principal occupation / Job title (See Instructions) Political Consultant		9 Employer (See Instructions) Self
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr, Carla	Amount of Contribution (\$) \$42.00
Contributor address; City; State; Zip Code Saint Jo, TX 76265		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oseguera, Luis	Amount of Contribution (\$) \$4.20
Contributor address; City; State; Zip Code Hot Springs National Park, AR 71913		
Principal occupation / Job title (See Instructions) Cannabis Hemp		Employer (See Instructions) Self
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick, Teresa	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Bulverde, TX 78163		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick, Teresa	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Bulverde, TX 78163		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/36 Rpt: 29/50
2 FILER NAME Duval, Sally C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088204
4 Date 09/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Percival, Alexis	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code New Orleans, LA 70115		
8 Principal occupation / Job title (See Instructions) Software Developer		9 Employer (See Instructions) Netchex
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Mark	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code San Antonio, TX 78209		
Principal occupation / Job title (See Instructions) Fraud Specialist		Employer (See Instructions) TaskUs
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pina, Luis	Amount of Contribution (\$) \$4.20
Contributor address; City; State; Zip Code Brownsville, TX 78520		
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Self
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poffenberger, MV	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Tomball, TX 77377		
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prather, Leslie	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code New Braunfels, TX 78130		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/36 Rpt: 30/50
2 FILER NAME Duval, Sally C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088204
4 Date 09/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray-Tahtinen, Brenda	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code New Braunfels, TX 78132		
8 Principal occupation / Job title (See Instructions) Postal Clerk		9 Employer (See Instructions) USPS
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raybuck, Susan	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Wimberley, TX 78676		
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) Not Employed
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raybuck, Susan	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Wimberley, TX 78676		
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) Not Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reid, Jarrod	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Zionsville, IN 46077		
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) Indy Public Library
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rinebold, Michael	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Lago Vista, TX 78645		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/36 Rpt: 31/50
2 FILER NAME Duval, Sally C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088204
4 Date 09/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rios, Charles	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code San Antonio, TX 78251		
8 Principal occupation / Job title (See Instructions) Settlement Agent		9 Employer (See Instructions) Wells Fargo
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Kathleen	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code New Braunfels, TX 78132		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, David	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78731		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rollins, Guy	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Wimberley, TX 78676		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Self
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romero, Vincent	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Glendale, AZ 85304		
Principal occupation / Job title (See Instructions) Tattoo Artist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/36 Rpt: 32/50
2 FILER NAME Duval, Sally C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088204
4 Date 09/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Nancy	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Dripping Springs, TX 78620		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowland, John	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Richardson, TX 75080		
Principal occupation / Job title (See Instructions) Prepress Technician		Employer (See Instructions) Digital Marketing and Print Solutions
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaeffer, Lee	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Austin, TX 78734		
Principal occupation / Job title (See Instructions) Research		Employer (See Instructions) Self
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schafer, David	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Bulverde, TX 78163		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schell, Audrey	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Canyon Lake, TX 78133		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/36 Rpt: 33/50
2 FILER NAME Duval, Sally C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088204
4 Date 09/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schippani, M	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Delray Beach, FL 33444		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schram, Mark	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Austin, TX 78736		
Principal occupation / Job title (See Instructions) Roofing Contractor		Employer (See Instructions) Self
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, John	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Palmer, TX 75152		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Navarro College
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scudder, Kendall	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Dallas, TX 75214		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Self
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simonetta, Cara	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Riegelsville, PA 18077		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/36 Rpt: 34/50
2 FILER NAME Duval, Sally C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088204
4 Date 07/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sipowicz, James <hr/> 6 Contributor address; City; State; Zip Code Fletcher, NC 28732	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Therapist		9 Employer (See Instructions) RHA Health Services
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skret, Daniel <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slater, Debbie <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Allison <hr/> Contributor address; City; State; Zip Code Driftwood, TX 78619	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Melinda <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78130	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/36 Rpt: 35/50
2 FILER NAME Duval, Sally C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088204
4 Date 09/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Otawana <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75232	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Project Coordinator		9 Employer (See Instructions) City of Dallas
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stecker, Milli <hr/> Contributor address; City; State; Zip Code Austin, TX 78733	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stinson, Henry <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76118	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Database Developer		Employer (See Instructions) Artech Information Systems
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tate, Charlotte <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78130	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Democratic Women <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/36 Rpt: 36/50
2 FILER NAME Duval, Sally C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088204
4 Date 09/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Townsend, Jacqueline <hr/> 6 Contributor address; City; State; Zip Code White Oak, PA 15131	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Data Analytics		9 Employer (See Instructions) PNC
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treece, Deborah <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Political Campaign Consultant		Employer (See Instructions) Self
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Troxell, David <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78130	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tysenn, Gina <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Digital Care Specialist		Employer (See Instructions) Comcast
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ulbrich, Cannis <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78130	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Christus Santa Rosa NB

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/36 Rpt: 37/50
2 FILER NAME Duval, Sally C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088204
4 Date 09/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vieira, Margaret <hr/> 6 Contributor address; City; State; Zip Code New Braunfels, TX 78132	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wesson, Cynthia <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitaker, John <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78130	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Paralegal		Employer (See Instructions) Lang Law Firm
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Elizabeth <hr/> Contributor address; City; State; Zip Code Alamogordo, NM 88310	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Joanne <hr/> Contributor address; City; State; Zip Code New York, NY 10014	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/36 Rpt: 38/50
2 FILER NAME Duval, Sally C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088204
4 Date 09/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodall, Ashley	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Austin, TX 78737		
8 Principal occupation / Job title (See Instructions) Software Engineer		9 Employer (See Instructions) Leafly
Date 09/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, JoeAnn	Amount of Contribution (\$) \$3,000.00
Contributor address; City; State; Zip Code San Marcos, TX 78666		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Mandy	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Wimberley, TX 78676		
Principal occupation / Job title (See Instructions) Aesthetician		Employer (See Instructions) Self-employed
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeager, Stephanie	Amount of Contribution (\$) \$4.20
Contributor address; City; State; Zip Code Wichita, KS 67217		
Principal occupation / Job title (See Instructions) Organizer		Employer (See Instructions) IAFF
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yearty, Cameron	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77005		
Principal occupation / Job title (See Instructions) Administration		Employer (See Instructions) CenterPoint Energy

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/36 Rpt: 39/50
2 FILER NAME Duval, Sally C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088204
4 Date 09/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zimmerman, Mikayla <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78232	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Writer		9 Employer (See Instructions) Self

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/2 Rpt: 40/50	
2 FILER NAME Duval, Sally C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088204	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/26/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Locke, Victoria	8 Amount of contribution (\$) \$600.00	9 In-kind contribution description Data analysis and Texting
	7 Contributor address; City; State; Zip Code New Braunfels, TX 78132	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Research		11 Employer (FOR NON-JUDICIAL) (See instructions) Self	
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)			
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paiz, Bently	Amount of contribution (\$) \$400.00	In-kind contribution description Event organization
	Contributor address; City; State; Zip Code New Braunfels, TX 78130	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paustenbach, Tara	Amount of contribution (\$) \$1,500.00	In-kind contribution description Social Media management.
	Contributor address; City; State; Zip Code Austin, TX 78737	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Manager		Employer (FOR NON-JUDICIAL) (See instructions) Self	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/2 Rpt: 41/50	
2 FILER NAME Duval, Sally C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088204	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/26/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pelton, Wilfred	8 Amount of contribution (\$) \$900.00	9 In-kind contribution description Helps with everything for free.
	7 Contributor address; City; State; Zip Code Austin, TX 78737	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Not Employed		11 Employer (FOR NON-JUDICIAL) (See instructions) Not Employed	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of 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: 1/4 Rpt: 42/50	2 FILER NAME Duval, Sally C. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088204
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4 Date 09/22/2024	5 Payee name ActBlue
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6 Amount (\$) \$453.59	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144
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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 Total of fees paid on Contributions received.
---------------------------------	---	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/05/2024	Payee name Anderson, Ben
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Amount (\$) \$450.00	Payee address; City; State; Zip Code 480 E South Temple Apt 212 Salt Lake City, UT 84111
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 Communications Consulting
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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 08/20/2024	Payee name Campaign Verify
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Amount (\$) \$95.00	Payee address; City; State; Zip Code 215 31st Street NW PO Box 3554 Washington, DC 20007
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee to verify my campaign for texting program.
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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: 2/4 Rpt: 43/50	2 FILER NAME Duval, Sally C. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088204
4 Date 08/09/2024	5 Payee name Nayax Vending Green Box	
6 Amount (\$) \$104.50	7 Payee address; City; State; Zip Code 801 Chestnut St San Marcos, TX 78666	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Products needed for researching issue addressed in an advertisement.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/20/2024	Payee name Panthertown Strategies, LLC	
Amount (\$) \$3,545.00	Payee address; City; State; Zip Code 4320 Vickery Blvd Fort Worth, TX 76107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 Development and production of advertisement video.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2024	Payee name Postal Annex	
Amount (\$) \$108.00	Payee address; City; State; Zip Code 6705 W. Hwy 290 Ste 607 Austin, TX 78735	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 6 more months of rental on post mail box.
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: 3/4 Rpt: 44/50	2 FILER NAME Duval, Sally C. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088204
4 Date 09/12/2024	5 Payee name Super Cheap Signs	
6 Amount (\$) \$636.39	7 Payee address; City; State; Zip Code 9200 Waterford Centre Blvd #100 Austin, TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 24 large road signs
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2024	Payee name Texas Hemp Reporter	
Amount (\$) \$541.25	Payee address; City; State; Zip Code 1104 S. Mays #208 Round Rock, TX 78664	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Half Page Ad In Oct - Texas Hemp Reporter Podcast Appearance Oct 24th
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/31/2024	Payee name USPS	
Amount (\$) \$146.00	Payee address; City; State; Zip Code 6104 Old Fredericksburg Rd Austin, TX 78749	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 postage stamps
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	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 -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/4 Rpt: 45/50	2 FILER NAME Duval, Sally C. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088204
4 Date 09/12/2024	5 Payee name Uprinting	
6 Amount (\$) \$1,064.15	7 Payee address; City; State; Zip Code 8000 Haskell Avenue Van Nuys, CA 91406	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Printing of door hangers and bumper stickers.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F2: Sch: 1/1 Rpt: 46/50	2 FILER NAME Duval, Sally C. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088204
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 09/26/2024	6 Payee name Duval, Sally
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7 Amount (\$) \$1,039.84	8 Payee address; City; State; Zip Code 13300 Paisano Tr Austin, TX 78737
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 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 Mileage for travel in District.
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

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 F4: Sch: 1/3 Rpt: 47/50	2 FILER NAME Duval, Sally C. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088204
4 CREDIT CARD ISSUER	Name of financial institution Chase	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 96.56
6 PAYMENT	(a) Amount Charged \$3,080.00	(b) Date of Charge 09/11/2024
7 PAYEE	(a) Payee name Panthertown Strategies, LLC	(c) Date(s) Credit Card Issuer Paid
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	(b) Description Meetings with experts and videographer, script writing & editing for advertisement video production. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
PAYMENT	(a) Amount Charged	(b) Date of Charge
PAYEE	(a) Payee name	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	(b) Payee address; City, State, Zip Code
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
PAYMENT	(a) Amount Charged	(b) Date of Charge
PAYEE	(a) Payee name	(c) Date(s) Credit Card Issuer Paid
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	(b) Payee address; City, State, Zip Code
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

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 F4: Sch: 2/3 Rpt: 48/50	2	FILER NAME Duval, Sally C. (Mrs.)	3	Filer ID (Ethics Commission Filers) 00088204
4	CREDIT CARD ISSUER	Name of financial institution American Express		5	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 96.56
6	PAYMENT	(a) Amount Charged \$368.20	(b) Date of Charge 08/22/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Uprinting		(b) Payee address; City, State, Zip Code 8000 Haskell Avenue Van Nuys, CA 91406	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Bumper stickers	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$2,420.05	(b) Date of Charge 08/22/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Buda Treehouse Digital		(b) Payee address; City, State, Zip Code 16220 Remuda Trail Buda, TX 78610	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Video shooting & editing	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT	(a) Amount Charged \$1,503.06	(b) Date of Charge 07/01/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name NGP VAN INC		(b) Payee address; City, State, Zip Code 655 15th St. NW Ste 650 Washington DC, DC 20005	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description 3 months subscription to customer management database & online event management tool.	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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 F4: Sch: 3/3 Rpt: 49/50	2 FILER NAME Duval, Sally C. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088204
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 96.56
6 PAYMENT	(a) Amount Charged \$2,887.38	(b) Date of Charge 09/07/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Super Cheap Signs	(b) Payee address; City, State, Zip Code 9200 Waterford Centre Blvd #100 Austin, TX 78758	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Yard Signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> 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)

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 G: Sch: 1/1 Rpt: 50/50	2 FILER NAME Duval, Sally C. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088204
4 Date 09/09/2024	5 Payee name Adobe Inc	
6 Amount (\$) \$292.23 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 11501 Domain Dr Ste 110 Austin, TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Subscription to Creative Cloud All Apps
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/09/2024	Payee name Adobe Stock	
Amount (\$) \$162.33 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 11501 Domain Dr Ste 110 Austin, TX 78758	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription to stock photo library
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/31/2024	Payee name Nine Banded Strategies	
Amount (\$) \$309.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1314 Elizabeth Blvd Fort Worth, TX 76110	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Graphic design
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held