

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: 15 | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mrs. | FIRST Sally C. | MI | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/28/2024 | | |
| | NICKNAME | LAST Duval | SUFFIX | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE | | | Date Hand-delivered or Date Postmarked | | |
| | 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 type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | | | | |
| | <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | | | |
| 9 PERIOD COVERED | Month | Day | Year | THROUGH | Month Day Year | |
| | 09 | 27 | 2024 | | 10/26/2024 | |
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE | | |
| | Month | Day | Year | <input type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other |
| | 11 | 05 | 2024 | <input checked="" type="checkbox"/> General | <input type="checkbox"/> Special | |
| 11 OFFICE | OFFICE HELD (if any) | | | 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

2 of 15

| | |
|--|---|
| 13 C / OH NAME Duval, Sally C. (Mrs.) | 14 Filer ID (Ethics Commission Filers) 00088204 |
|--|---|

| | | |
|---|--|--|
| 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 checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME Blue Horizon Texas PAC |
| | | COMMITTEE ADDRESS PO Box 780162 San Antonio, TX 78278 |
| | | COMMITTEE CAMPAIGN TREASURER NAME Barnett, Claire |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS TX |

| | | | |
|--------------------------------|---|----|-----------|
| 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) | \$ | 2,913.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 4,674.60 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 13,261.28 |
| 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 | \$ | 1,813.00 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | 1,100.00 |
| 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 | \$ | 2,683.64 |
| 6. | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | 706.18 |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ | |
| 8. | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | 783.26 |
| 9. | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ | 501.52 |
| 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: 1/5 Rpt: 4/15 |
| 2 FILER NAME Duval, Sally C. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088204 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aden, Marilyn | 7 Amount of Contribution (\$) \$35.00 |
| 6 Contributor address; City; State; Zip Code New Braunfels, TX 78130 | | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 10/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson-Dunst, Shirley | Amount of Contribution (\$) \$375.00 |
| Contributor address; City; State; Zip Code Dripping Springs, TX 78620 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaudoin, Cory | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code Hyde Park, MA 02136 | | |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 10/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buchanan, Patience | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code Dripping Springs, TX 78620 | | |
| Principal occupation / Job title (See Instructions) Social Worker | | Employer (See Instructions) Family Tree |
| Date 10/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buley, Michael | 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: 2/5 Rpt: 5/15 |
| 2 FILER NAME Duval, Sally C. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088204 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Eugenia <hr/> 6 Contributor address; City; State; Zip Code Blairsville, GA 30512 | 7 Amount of Contribution (\$) \$3.00 |
| 8 Principal occupation / Job title (See Instructions) Print Specialist | | 9 Employer (See Instructions) IRS |
| Date 10/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hansen, Barrett <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 10/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hays County Democratic Party <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78667 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/17/2024 | 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 10/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurten, Nathan <hr/> Contributor address; City; State; Zip Code Austin, TX 78753 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) database analyst | | Employer (See Instructions) Oracle Corp |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/15 |
| 2 FILER NAME Duval, Sally C. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088204 |
| 4 Date 09/30/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGill, Laurie <hr/> 6 Contributor address; City; State; Zip Code Canyon Lake, TX 78133 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 10/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Millar, Ron <hr/> Contributor address; City; State; Zip Code Arlington, VA 22201 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Center for Freethought Equality | | Employer (See Instructions) Political Manager |
| Date 10/05/2024 | 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 |
| Date 10/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oltrogge, Kymberly <hr/> Contributor address; City; State; Zip Code Dripping Springs, TX 78620 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) TX Health & Human Svc Commission |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Overton, David <hr/> Contributor address; City; State; Zip Code Austin, TX 78723 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Partner | | Employer (See Instructions) Opus Faveo Innovation Development |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/15 |
| 2 FILER NAME Duval, Sally C. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088204 |
| 4 Date 09/29/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raybuck, Susan <hr/> 6 Contributor address; City; State; Zip Code Wimberley, TX 78676 | 7 Amount of Contribution (\$) \$10.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 10/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silverfine-Ott, Eva <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Editor | | Employer (See Instructions) Self |
| Date 10/15/2024 | 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 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Underwood, Kelly <hr/> Contributor address; City; State; Zip Code San Diego, CA 92122 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Not Employed | | Employer (See Instructions) Not Employed |
| Date 10/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urban, Toni <hr/> Contributor address; City; State; Zip Code Canyon Lake, TX 78133 | Amount of Contribution (\$) \$35.00 |
| 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: 5/5 Rpt: 8/15 |
| 2 FILER NAME Duval, Sally C. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088204 |
| 4 Date 09/27/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Well, Peter <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77008 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) Not Employed | | 9 Employer (See Instructions) Not Employed |
| Date 10/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Madeline <hr/> Contributor address; City; State; Zip Code Bulverde, TX 78163 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 09/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yarborough, Sean <hr/> Contributor address; City; State; Zip Code Virginia Beach, VA 23453 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Scientist | | Employer (See Instructions) Private |

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: 9/15 | |
| 2 FILER NAME Duval, Sally C. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088204 | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 09/27/2024 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blue Horizon Texas PAC | 8 Amount of contribution (\$) \$100.00 | 9 In-kind contribution description strategy session |
| | 7 Contributor address; City; State; Zip Code San Antonio, TX 78278 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | 11 Employer (FOR NON-JUDICIAL) (See instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Locke, Victoria | Amount of contribution (\$) \$200.00 | In-kind contribution description Runs texting operation |
| | Contributor address; City; State; Zip Code New Braunfels, TX 78132 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Research | | 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) | | | |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paustenbach, Tara | Amount of contribution (\$) \$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: 10/15 | |
| 2 FILER NAME Duval, Sally C. (Mrs.) | | 3 Filer ID (Ethics Commission Filers) 00088204 | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 10/25/2024 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pelton, Wilfred | 8 Amount of contribution (\$) \$300.00 | 9 In-kind contribution description Admin help and sign placement. |
| | 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: 1/2 Rpt: 11/15 | 2 FILER NAME Duval, Sally C. (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00088204 |
| 4 Date 10/23/2024 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$46.59 | 7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144 | |
| 8 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 paid on contributions received. |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/07/2024 | Payee name Canva | |
| Amount (\$) \$36.00 | Payee address; City; State; Zip Code 200 E 6th Street Austin, TX 78701 | |
| 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 for graphic design web tool |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/23/2024 | Payee name Herald Zeitung | |
| Amount (\$) \$2,059.65 | Payee address; City; State; Zip Code 549 Landa St New Braunfels, TX 78130 | |
| 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 digital and print ad placement |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 2/2 Rpt: 12/15 | 2 FILER NAME Duval, Sally C. (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00088204 |
| 4 Date 10/01/2024 | 5 Payee name Scale to Win | |
| 6 Amount (\$) \$541.40 | 7 Payee address; City; State; Zip Code 13742 Harper St Santa Ana, CA 92703 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense texting program for voter outreach |
| 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: 13/15 | 2 FILER NAME Duval, Sally C. (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00088204 |
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | | \$ |
| 5 Date 10/25/2024 | 6 Payee name Duval, Sally | |
| 7 Amount (\$) \$706.18 | 8 Payee address; City; State; Zip Code 13300 Paisano Tr Austin, TX 78737 | |
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | |
| 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 1054 miles driven in district |
| 11 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: 1/1 Rpt: 14/15 | 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 \$ |
| 6 | PAYMENT | (a) Amount Charged \$32.24 | (b) Date of Charge 10/01/2024 | (c) Date(s) Credit Card Issuer Paid | |
| 7 | PAYEE | (a) Payee name Google | | (b) Payee address; City, State, Zip Code 500 W 2nd St Austin, TX 78701 | |
| 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) Office Overhead/Rental Expense | | (b) Description subscription for Workspace and Voice | |
| (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 ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought | Office held |
| 6 | PAYMENT | (a) Amount Charged \$250.00 | (b) Date of Charge 10/09/2024 | (c) Date(s) Credit Card Issuer Paid | |
| 7 | PAYEE | (a) Payee name Blue Horizons PAC | | (b) Payee address; City, State, Zip Code PO Box 780162 San Antonio, TX 78278 | |
| 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 Contribution to help with their GOTV texting campaign featuring me. | |
| (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 ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought | Office held |
| 6 | PAYMENT | (a) Amount Charged \$501.02 | (b) Date of Charge 10/01/2024 | (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 subscription to CMS & 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 ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought | Office held |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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: 15/15 | 2 FILER NAME Duval, Sally C. (Mrs.) | 3 Filer ID (Ethics Commission Filers) 00088204 |
| 4 Date 10/07/2024 | 5 Payee name Adobe Inc | |
| 6 Amount (\$) \$97.41 <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 graphic art programs |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/09/2024 | Payee name Adobe Stock | |
| Amount (\$) \$54.11 <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 10/07/2024 | Payee name Nine Banded Strategies | |
| Amount (\$) \$350.00 <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 website work |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |