FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 14 00088204 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mrs. Sally C. NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 NICKNAME LAST **SUFFIX** Duval CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 13300 Paisano Trl MAILING Amount Receipt # **ADDRESS** Change of Address Austin, TX 78737 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Sally C. NAME NICKNAME LAST **SUFFIX** Duval STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 13300 Paisano Trl **ADDRESS** (Residence or Business) Austin, TX 78737

EXTENSION

THROUGH

Primary

χ General

Runoff

Exceeded modified

Month

ELECTION TYPE

Runoff

Special

reporting limit

Χ

Year

Other

Day

12/31/2024

12 OFFICE SOUGHT (if known)

State Representative District 73

30th day before election

8th day before election

CAMPAIGN

PHONE

REPORT TYPE

PERIOD

10 ELECTION

11 OFFICE

COVERED

TREASURER

AREA CODE

(737) 500-6610

January 15

Day

Day

11/05/2024

OFFICE HELD (if any)

ELECTION DATE

10/27/2024

Year

Year

July 15

Month

Month

PHONE NUMBER

15th day after campaign treasurer appointment (officeholder only)
Final Report (Attach C/OH-FR)

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 14

			<u> </u>				
13 C / OH NAME	Duval, Sally C. (Mrs.)		14 Filer ID 00088204	(Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendi These expenditures may have been made withou d officeholders are required to report this information	it the candidate's or office	eholder's knowledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	X GENERAL	GENERAL Blue Horizon Texas PAC					
		COMMITTEE ADDRESS					
	SPECIFIC	PO Box 780162					
		San Antonio, TX 78278					
		COMMITTEE CAMPAIGN TREASURER NAME					
		Barnett, Claire					
		COMMITTEE CAMPAIGN TREASURER ADDRE	ESS				
		тх					
16 CONTRIBUTION TOTALS	IAN PLEDGES, LOANS, ECTRONICALLY)	\$ 0.00					
	NS)	\$ 2,625.20					
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00				
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 13,536.48			
CONTRIBUTION BALANCE	5. TOTAL POLITICATION REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 0.00			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 0.00			
17 AFFIDAVIT							
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code.	all information required t				
		N.	C. W. O. Daniel				
			Irs. Sally C. Duval of Candidate or Officeho	lala			
		Signature	of Candidate of Officerio	iuei			
AFFIX NO	TARY STAMP / SEAL ABO	DVE					
		aid	, this the	day			
of	, 20, to ce	ertify which, witness my hand and seal of office.					
Signature of office	cer administering	Printed name of officer administering	Title of office	er administering oath			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

					3 of 14
18 FII	LER NAN	AE	19 Filer ID	(Eth	ics Commission Filers)
Dι	ıval, Sa	lly C. (Mrs.)	00088204		
	AME OF		SUBTOTAL AMOUNT		
1.	X	\$	275.20		
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	2,350.00	
3.		\$			
4.		\$			
5.	X	\$	13,536.48		
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12	. 🔲	\$			

	MONET	ARY POLITICAL CONTRIBUTION	ΟN	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/14	
2	FILER NAME Duval, Sally	C. (Mrs.)			3	Filer ID (Ethics Commission 00088204	n Filers)
4	Date 10/27/2024	 Full name of contributor out-of-state PAC (ID# Aden, Marilyn Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$35.00	
8	Principal occu	New Braunfels, TX 78130 pation / Job title (See Instructions)	ام	Employer (See Instructions	<u>''</u>		
0	Retired	pation 7 300 title (See instructions)		Retired	·)		
	Date Full name of contributor out-of-state PAC (ID#:) Alsdorf, Mary Beth Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$50.00
	Principal occu	Dripping Springs, TX 78620 pation / Job title (See Instructions)	1	Employer (See Instructions	<u> </u>		
	Retired			Retired			
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Wayland, MA 01778					
	Principal occu Mediator	pation / Job title (See Instructions)		Employer (See Instructions The Mediation Group	5)		
	Date Full name of contributor out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$4.20
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/27/2024 Huth, Jesse Contributor address; City; State; Zip Code Wimberley, TX 78676					Amount of Contribution (\$)	\$1.00
	Principal occu Not Employe	pation / Job title (See Instructions) d	Employer (See Instructions Not Employed	s)			
			1				

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	■ A1
	The Instru	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/14	
2	FILER NAME Duval, Sally	C. (Mrs.)			3	Filer ID (Ethics Commission 00088204	ı Filers)
4	Date 10/27/2024	5 Full name of contributor Kling, Steven6 Contributor address; City; State)	7	Amount of Contribution (\$)	\$25.00	
_		Dripping Springs, TX 78620					
8	Principal occu IT	pation / Job title (See Instructions)		Employer (See Instructions Home Away	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/29/2024 Petrilli, Elizabeth Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$10.00
	Principal occu	Pasadena, CA 91105 pation / Job title (See Instructions)		Employer (See Instructions) 		
	Aquatics Inst			YMCA	')		
	Date 10/29/2024	Full name of contributor Raybuck, Susan Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)	Amount of Contribution (\$)	\$10.00	
		Wimberley, TX 78676					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	()		
	Date 10/27/2024	Full name of contributor Sibille, Ariel Contributor address; City; State Austin, TX 78704	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$15.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	()		
	Date Full name of contributor out-of-state PAC (ID#:) 11/15/2024 Stecker, Milli Contributor address; City; State; Zip Code Austin, TX 78733					Amount of Contribution (\$)	\$25.00
Principal occupation / Job title (See Instructions) Not Employed Not Employed							

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Sch Sch: 1/2 Rpt:						
2 FILER NAME Duval, Sally			3 Filer ID (Ethico) 00088204	es Commission Filers)					
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$						
5 Date 10/27/2024	 6 Full name of contributor out-of-state PAC (ID#:	contribution (\$)	9 In-kind contribution description GOTV texting campaign.						
10 Principal occu	San Antonio, TX 78278 upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON		outside of Texas. Complete Schedule T. nstructions)					
20 Timolpai ococ	apaden, ces due (ren nen ces len L)	21 Employer (Forther	oobion (L)	,					
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL)	(See instructions)					
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)					
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)									
Date 10/28/2024	Full name of contributor out-of-state PAC (ID#: Hays County Democratic Party Contributor address; City; State; Zip Code			In-kind contribution description 1/8 page ad placed in Hays Dems Election Newspaper.					
	San Marcos, TX 78667		Check if travel of	I butside of Texas. Complete Schedule T.					
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON		nstructions)					
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)							
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)							
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)								
Date 11/07/2024	Full name of contributor out-of-state PAC (ID#: Locke, Victoria Contributor address; City; State; Zip Code		Amount of contribution (\$) \$200.00	In-kind contribution description Work on texting campaigns					
	New Braunfels, TX 78132		Check if travel of	l outside of Texas. Complete Schedule T.					
Principal occu Research	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON Self	-JUDICIAL) (See ii	nstructions)					
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)					
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)					
If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)								

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 7/14 FILER NAME 3 Filer ID (Ethics Commission Filers) Duval, Sally C. (Mrs.) 00088204 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 11/15/2024 Paustenbach, Tara \$500.00 | Social media 7 Contributor address; City; State; Zip Code management Austin, TX 78737 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) Manager Self 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 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 Full name of contributor Amount of In-kind contribution out-of-state PAC (ID#: contribution (\$) description 11/15/2024 Pelton, Wilfred \$300.00 | Campaign assistant Contributor address; City; State; Zip Code Austin, TX 78737 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Not Employed Not Employed Contributor's job title (FOR JUDICIAL) Contributor's principal occupation (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)

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment							Travel Out of District OTHER (enter a category not listed above)					
				The instruction Gu	ide explains now	to com	piei	e unis iorm.				
1	Total pages Schedule F1:	l								Filer ID	(Ethics Commission File	ers)
	Sch: 1/6 Rpt: 8/14		Duval, Sally	C. (Mrs.)						00088204		
4	Date	5	5 Payee name									
	10/30/2024	/	ActBlue									
6	Amount (\$)	7	Payee addres	s; City;	State; Zi	p Code	<u>—</u>					
	\$3.19	;	366 Summe			•						
		Ι,	Comon <i>i</i> illo M	4A 02144								
L		├	Somerville, N									
8	PURPOSE OF			e Categories listed at th	e top of this schedule	e) (k	b)	Description				
	EXPENDITURE	/	Accounting/E	Banking			ļ	=		de of Texas. Com officeholder living	plete Schedule T.	
							ļ	ee on Oct 30			у схренас	
								00 011 001 00	uc	posit		
9	Complete ONLY if direct		andidata/Offic	eholder name	Office	e sough	at.			Office he	ald	
9	expenditure to benefit C/OI		anuluale/Onic	endider name	Offic	e sougi	IL			Office fit	eiu	
_												
	Date	l	Payee name									
	11/07/2024	/	ActBlue									
	Amount (\$)		Payee addres	s; City;	State; Zi	p Code	е					
	\$4.75	(366 Summe	r St								
		;	Somerville, N	ЛА 02144								
	PURPOSE	(a) (Category (ca.	e Categories listed at th	o top of this cohodule	. Ta	b)	Description				
	OF	ı					٠,	_ :	outsio	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	`	Solicitation/Fundraising Expense L			Check if Austin, TX, officeholder living expense						
							Fee deducted from contributions received on					
								11/6/2024.				
	Complete ONLY if direct		andidate/Offic	eholder name	Offic	e sough	nt			Office he	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	11/15/2024	l	ActBlue									
	Amount (\$)		Payee addres	s; City;	State; Zi	n Code						
	\$0.99	l	366 Summe	-	State, 2	p Couc	C					
	Ψ0.99	`	300 Sullille	31								
			Somerville, N	ИА 02144 								
	PURPOSE OF			e Categories listed at th		_{e)} (k	b)	Description				
	EXPENDITURE		Solicitation/F	undraising Exp	ense		ļ			de of Texas. Com officeholder living	plete Schedule T.	
							Į,				eived via ActBlue.	
								Account is clo			tived via Actbide.	
_	Complete ONLY if direct		andidata/Offic	oholdor nama	O#:~	o conce	at.			Office he	old.	
	Complete ONLY if direct expenditure to benefit C/OI		anuluale/Offic	eholder name	Offic	e sough	IL			Office ne	ziu -	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/6 Rpt: 9/14	Duval, Sally C. (Mrs.) 00088204
4	Date	5 Payee name
	11/07/2024	Canva
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$36.00	200 E 6th Street
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		☐ Check if Austin, TX, officeholder living expense Final bill on subscription to online graphic art tool.
		r mai sin on susscription to online graphic art tool.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	10/30/2024	Duval, Sally
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,054.22	13300 Paisano Tr
	Ψ1,00 HZZ	10000 Faloano Fi
		Austin, TX 78737
	PURPOSE	1
	OF	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Reimburse myself for expenses paid from personal funds in 2023, as found on the 1/15/2024 report.
		· ·
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/04/2024	Duval, Sally
	Amount (\$)	Payee address; City; State; Zip Code
	\$551.20	13300 Paisano Tr
		Austin, TX 78737
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T.
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	OF EXPENDITURE Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reimburse myself for credit card expenditures made in 2023. Card was paid in full on 1/19/2024. Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reimburse myself for credit card expenditures made in 2023. Card was paid in full on 1/19/2024. Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reimburse myself for credit card expenditures made in 2023. Card was paid in full on 1/19/2024. Candidate/Officeholder name Office sought Office held
	OF EXPENDITURE Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reimburse myself for credit card expenditures made in 2023. Card was paid in full on 1/19/2024. Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee I	Gift/Awards/Memorials Legal Services The Instruction G	•		ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict a category not listed above	e)
1	Total pages Schedule F1:	2	FILER NAME					İ	3	Filer ID	(Ethics Commission	Filers)
	Sch: 3/6 Rpt: 10/14		Duval, Sally	C. (Mrs.)						00088204		-,
4	Date	5	Payee name									
	12/04/2024		Duval, Sally									
6	Amount (\$)	7	Payee addres	s; City;	State;	; Zip Co	de					
	\$1,023.09		13300 Paisa	no Tr								
			Austin, TX 7	8737								
8	PURPOSE	(a)	Category (Se	e Categories listed at	he top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Loan Repay	ment/Reimburs	sement			=			nplete Schedule T.	
								—		officeholder living		e found
								on the 7/15/20			district mileage a	เอาบนกัน
_	Operation Objects "	L	0	-1-1-1		D.ft.: -					-1-1	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	enolder name	C	Office sou	gnt			Office h	eia	
_		_										
	Date		Payee name									
	12/04/2024		Duval, Sally									
	Amount (\$)		Payee addres	s; City;	State;	; Zip Co	de					
	\$1,273.67		13300 Paisa	no Tr								
		_	Austin, TX 7				4.					
	PURPOSE OF	(a) 		Categories listed at		edule)	(b)	Description	nuto:	do of Toyon Com	unlata Schadula T	
	EXPENDITURE		Loan Repay	ment/Reimburs	sement			-		officeholder living	nplete Schedule T. g expense	
								—			rict mileage as fo	und on
								the 7/15/2024			, and the second	
	Complete ONLY if direct		Candidate/Offic	eholder name	C	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	H										
	Date		Payee name									
	12/17/2024		Duval, Sally									
	Amount (\$)		Payee addres		State;	Zip Co	de					
	\$501.52		13300 Paisa	no Tr								
			Austin, TX 7			 						
	PURPOSE OF	(a)		Categories listed at		edule)	(b)	Description		J 4 T -	unlate Oak III =	
	EXPENDITURE		Loan Repay	ment/Reimburs	sement			ш		de of Texas. Com officeholder living	plete Schedule T.	
								ш		-	iditures made fro	n
											on the 8-day repo	
	Complete ONLY if direct		Candidate/Offic	eholder name	C	Office soug	ght			Office he	eld	
	expenditure to benefit C/OI											

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/6 Rpt: 11/14	Duval, Sally C. (Mrs.) 00088204
4	Date	5 Payee name
	12/17/2024	Duval, Sally
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$706.18	13300 Paisano Tr
		Austin, TX 78737
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Reimburse myself for in-district travel mileage as detailed on the 8-day report.
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/17/2024	Duval, Sally
	Amount (\$)	Payee address; City; State; Zip Code
	\$763.56	13300 Paisano Tr
		Austin, TX 78737
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Reimburse myself for expenditures made from
		personal funds as detailed on the 30-day report.
	Complete ONLY if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
	experialitate to belieff of of	•
	Date	Payee name
	12/17/2024	Duval, Sally
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,039.84	13300 Paisano Tr
		Austin, TX 78737
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Reimburse myself for in-district travel/mileage as
		detailed on the 30-day report.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee I	Gift/Awards/Memorials Legal Services The Instruction G	•		ages.	/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission I	-ilers)
	Sch: 5/6 Rpt: 12/14	Ĺ	Duval, Sally	C. (Mrs.)						00088204		- - /
4	Date	5	Payee name									
	12/17/2024		Duval, Sally									
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$4,588.29		13300 Paisa	no Tr								
			Austin, TX 7	8737								
8	PURPOSE	(a)	Category (See	Categories listed at t	he top of this sch	edule)	(b)	Description				
	OF EXPENDITURE			ment/Reimburs				=			nplete Schedule T.	
								—		officeholder living		
											nditures made from on my July 15 repo	
								porocriai falla				
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	C	Office sou	ght			Office h	eld	
L												
	Date		Payee name									
	12/30/2024		Duval, Sally									
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$419.95		13300 Paisa	no Tr								
			Austin, TX 7									
	PURPOSE OF	(a)		e Categories listed at t		edule)	(b)	Description				
	EXPENDITURE		Loan Repay	ment/Reimburs	sement			-		officeholder living	nplete Schedule T.	
								ш			card expenditures	as
											Card paid off 12/30	
	Complete ONLY if direct		Candidate/Offic	eholder name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	П										
	Date		Payee name									
	10/30/2024		Scale to Win									
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de		_			
	\$762.63		13742 Harpe	er St								
			Santa Ana, (CA 92703								
	PURPOSE OF	(a)		e Categories listed at t	the top of this sche	edule)	(b)	Description				
	EXPENDITURE		Advertising E	Expense				ш		de of Texas. Con officeholder living	nplete Schedule T.	
								—			^{g expense} ach texting campai	ians
								2031 01 20101	,01	votor outre	aon toxting campa	.g. 13.
	Complete ONLY if direct		Candidate/Offic	eholder name		Office soug	aht			Office h	eld	
	expenditure to benefit C/OI					5000(J. 16			Ooc 11		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 6/6 Rpt: 13/14	Duval, Sally C. (Mrs.)	00088204
4	Date	5 Payee name	<u>'</u>
l	11/02/2024	SquareSpace	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$20.00	225 Varick Street, 12th Floor	
l			
L		New York, NY 10014	
8	PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	Description
l	EXPENDITURE	Solicitation/Fundraising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l			Renew domain name for one year.
l			
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	Office held
L	expenditure to benefit C/OI	1	
Г	Date	Payee name	
	11/29/2024	SquareSpace	
	Amount (\$)	Payee address; City; State; Zip Code	
l	\$287.40	225 Varick Street, 12th Floor	
l			
		New York, NY 10014	
l	PURPOSE OF	2 (Description
l	EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l			Webhosting for another year. Didn't cancel in time.
l			
Г	Complete ONLY if direct	Candidate/Officeholder name Office sough	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	10/30/2024	Texas Ethics Commission	
	Amount (\$)	Payee address; City; State; Zip Code	
l	\$500.00	201 E. 14th St., 10th floor	
l			
L		Austin, TX 78701	
l	PURPOSE OF	,	Description
l	EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l			Penalty for having filed my 30-day report two hours
			late.
Г	Complete ONLY if direct	Candidate/Officeholder name Office sough	Office held
L	expenditure to benefit C/OI	1	

		FORM C/OH - FR					
	The Instruction Guide explains how to complete this form. ** Complete only if "Report Type" on page 1 is marked "Final Report" **	Page 14 of 14					
1	C/OH NAME	2 Filer ID (Ethics Commission Filers)					
	Duval, Sally C. (Mrs.)	00088204					
3	SIGNATURE	1					
	I do not expect any further political contributions or political expenditures in connection with my cand as a final report terminates my campaign treasurer appointment. I also understand that I may not accampaign expenditures without a campaign treasurer appointment on file.						
	Mrc S	ally C. Duval					
		andidate / Officeholder					
_	·						
4	FILER WHO IS NOT AN OFFICEHOLDER ** Complete A & B below only if you are not an officeholder **						
	Complete A & B below only if you are not all officentiale						
	A CAMPAIGN FUNDS						
	Check only one:						
	X I do not have unexpended contributions or unexpended interest or income earned from polit	tical contributions.					
	I have unexpended contributions or unexpended interest or income earned from political cor convert unexpended political contributions or unexpended interest or income earned on political contributions.	ntributions. I understand that I may not					
	understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code 254.204.						
	B ASSETS						
	Check only one:						
	$ \mathbf{x} $ I do not retain assets purchased with political contributions or interest or other income from $ \mathbf{x} $	political contributions.					
	I do retain assets purchased with political contributions or interest or other income from political convert assets purchased with political contributions or interest or other income from political understand that I must dispose of assets purchased with political contributions in accordance 254.204.	al contributions to personal use. I also					
	Mrs. Sa	ally C. Duval					
	Signatur	re of Candidate					
5	OFFICEHOLDER						
	** Complete this section only if you are an officeholder **						
	I am aware that I remain subject to filing requirements applicable to an officeholder who doe also aware that I will be required to file reports of unexpended contributions if, after filing the retain political contributions, interest or other income from political contributions, or assets p interest or other income from political contributions.	e last required report as an officeholder, I					
	Signature	e of Officeholder					