Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989)

PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET
PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2014 covering calendar year ending December 31, 2013.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

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OFFICE USE ONLY

Date Received: RECEIVED JAN 24 2014 Texas Ethics Commission 1/21

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Date Processed: PROCESSED JAN 28 2014

Date Imaged

NAME	TITLE; FIRST; MI: JAMES T NICKNAME; LAST; SUFFIX: JIM DUKE
ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: PO BOX 1175' DRIPPING SPRINGS TX 78620 ☐ (CHECK IF FILER'S HOME ADDRESS)
TELEPHONE NUMBER	AREA CODE PHONE NUMBER; EXTENSION: (251) 327-6478

REASON FOR FILING STATEMENT

- ☑ CANDIDATE STATE REPRESENTATIVE DISTRICT 45 (INDICATE OFFICE)
- ☐ ELECTED OFFICER _____ (INDICATE OFFICE)
- ☐ APPOINTED OFFICER _____ (INDICATE AGENCY)
- ☐ EXECUTIVE HEAD _____ (INDICATE AGENCY)
- ☐ FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT
- ☐ STATE PARTY CHAIR _____ (INDICATE PARTY)
- ☐ OTHER _____ (INDICATE POSITION)

Family members whose financial activity you are reporting (see instructions).

SPOUSE _____

DEPENDENT CHILD 1. _____

2. _____

3. _____

In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

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R: 601807

PERSONAL FINANCIAL STATEMENT

COVER SHEET
PAGE 2

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. ***If you place a check in a box, do NOT include pages for that Part in the report.***

6 PARTS NOT APPLICABLE TO FILER

- [ ] N/A Part 1A - Sources of Occupational Income
- [x] N/A Part 1B - Retainers
- [ ] N/A Part 2 - Stock
- [x] N/A Part 3 - Bonds, Notes & Other Commercial Paper
- [x] N/A Part 4 - Mutual Funds
- [x] N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- [x] N/A Part 6 - Personal Notes and Lease Agreements
- [x] N/A Part 7A - Interests in Real Property
- [ ] N/A Part 7B - Interests in Business Entities
- [x] N/A Part 8 - Gifts
- [x] N/A Part 9 - Trust Income
- [x] N/A Part 10A - Blind Trusts
- [x] N/A Part 10B - Trustee Statement
- [ ] N/A Part 11A - Assets of Business Associations
- [x] N/A Part 11B - Liabilities of Business Associations
- [x] N/A Part 12 - Boards and Executive Positions
- [x] N/A Part 13 - Expenses Accepted Under Honorarium Exception
- [x] N/A Part 14 - Interest in Business in Common with Lobbyist
- [x] N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- [x] N/A Part 16 - Representation by Legislator Before State Agency
- [x] N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- [ ] N/A Part 18 - Legislative Continuances

SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, ***and do NOT include this page in the report.***

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 INFORMATION RELATES TO	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 EMPLOYMENT ☑ EMPLOYED BY ANOTHER ☐ SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check if Filer's Home Address) UNITED AIRLINES, BUSH INTERNATIONAL AIRPORT, HOUSTON TX NATURE OF OCCUPATION PILOT
INFORMATION RELATES TO	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☐ EMPLOYED BY ANOTHER ☑ SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☑ (Check if Filer's Home Address) NATURE OF OCCUPATION PORTRAIT/WEDDING PHOTOGRAPHER
INFORMATION RELATES TO	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
EMPLOYMENT ☐ EMPLOYED BY ANOTHER ☐ SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD ☐ (Check if Filer's Home Address) NATURE OF OCCUPATION

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

STOCK

PART 2

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, ***and do NOT include this page in the report.***

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ENTITY	NAME: ETFS Silver Trust Shares
2 STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
3 NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☑ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
4 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: XSUNX
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☑ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: ZION OIL AND GAS
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☑ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: MAGELLAN MIDSTREAM PARTNERS
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☑ LESS THAN 100 ☐ 100 TO 499 ☐ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

BUSINESS ENTITY	NAME: ETFS GOLD TRUST
STOCK HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
NUMBER OF SHARES	☐ LESS THAN 100 ☐ 100 TO 499 ☑ 500 TO 999 ☐ 1,000 TO 4,999 ☐ 5,000 TO 9,999 ☐ 10,000 OR MORE
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INTERESTS IN BUSINESS ENTITIES

PART 7B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, ***and do NOT include this page in the report.***

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, *see* FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 HELD OR ACQUIRED BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
2 DESCRIPTION	NAME AND ADDRESS ☑ (Check If Filer's Home Address) J THOMAS DUKE PHOTOGRAPHY, LLC
3 IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS ☐ (Check If Filer's Home Address)
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE
HELD OR ACQUIRED BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS ☐ (Check If Filer's Home Address)
IF SOLD ☐ NET GAIN ☐ NET LOSS	☐ LESS THAN $5,000 ☐ $5,000--$9,999 ☐ $10,000--$24,999 ☐ $25,000--OR MORE

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ASSETS OF BUSINESS ASSOCIATIONS

PART 11A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, ***and do NOT include this page in the report.***

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, *see* FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ASSOCIATION	NAME AND ADDRESS ☑ (Check If Filer's Home Address) J THOMAS DUKE PHOTOGRAPHY, LLC
2 BUSINESS TYPE	PORTRAIT AND WEDDING PHOTOGRAPHY
3 HELD, ACQUIRED, OR SOLD BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD ———

4 ASSETS

DESCRIPTION	CATEGORY	
CAMERAS AND LENSES	☐ LESS THAN $5,000	☐ $5,000--$9,999
	☑ $10,000--$24,999	☐ $25,000--OR MORE
LIGHTING EQUIPMENT AND BACKDROPS	☐ LESS THAN $5,000	☐ $5,000--$9,999
	☑ $10,000--$24,999	☐ $25,000--OR MORE
COMPUTER EQUIPMENT AND SOFTWARE	☐ LESS THAN $5,000	☑ $5,000--$9,999
	☐ $10,000--$24,999	☐ $25,000--OR MORE
	☐ LESS THAN $5,000	☐ $5,000--$9,999
	☐ $10,000--$24,999	☐ $25,000--OR MORE
	☐ LESS THAN $5,000	☐ $5,000--$9,999
	☐ $10,000--$24,999	☐ $25,000--OR MORE
	☐ LESS THAN $5,000	☐ $5,000--$9,999
	☐ $10,000--$24,999	☐ $25,000--OR MORE
	☐ LESS THAN $5,000	☐ $5,000--$9,999
	☐ $10,000--$24,999	☐ $25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

BOARDS AND EXECUTIVE POSITIONS

PART 12

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, ***and do NOT include this page in the report.***

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, *see* FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 ORGANIZATION	J THOMAS DUKE PHOTOGRAPHY, LLC
2 POSITION HELD	CEO, OWNER
3 POSITION HELD BY	☑ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	☐ FILER ☐ SPOUSE ☐ DEPENDENT CHILD _____

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations. Without proper verification, the statement is not considered filed.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2013, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

FLORENTINA R. MORGAN
Notary Public, State of Texas
My Commission Expires
December 03, 2017

Sworn to and subscribed before me, by the said James Thomas Duke, this the 22 day of January, 20 14, to certify which, witness my hand and seal of office.

Signature of officer administering oath	Print name of officer administering oath	Title of officer administering oath
	Florentina R. Morgan	New Accts Rep/SSB+T

Elect Jim Duke
PO Box 1175
Dripping Springs TX 78620

U.S. POSTAGE
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