

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

|   |  |   |                                       |  |                                    |
|---|--|---|---------------------------------------|--|------------------------------------|
| <b>The JC/OH Instruction Guide explains how to complete this form.</b>                              |  | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00085818 | <b>2</b> Total pages filed:<br><br>41 |  |                                    |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br>The Honorable   | FIRST<br>Angela M.  | MI                                    | <b>OFFICE USE ONLY</b><br><br>Date Received<br><b>ELECTRONICALLY FILED</b><br>07/15/2023   |                                    |
|   | NICKNAME   | LAST<br>Lancelin  | SUFFIX                                |  |                                    |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br>4553 BENNING DR<br>houston<br>houston, TX 77035   |   |                                       | Date Hand-delivered or Date Postmarked   |                                    |
|   |  |   |                                       | Receipt #      Amount  |                                    |
|   |  |   |                                       | Date Processed   |                                    |
|   |  |   |                                       | Date Imaged  |                                    |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR<br>Ms.   | FIRST<br>Nicole R.  | MI                                    |  |                                    |
|   | NICKNAME   | LAST<br>Bates   | SUFFIX                                |  |                                    |
| <b>6</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>2010 North Loop West<br>Ste. 175<br>Houston, TX 77018   |   |                                       |  |                                    |
|   |  |   |                                       |  |                                    |
| <b>7</b> CAMPAIGN TREASURER PHONE   | AREA CODE<br>(713)   | PHONE NUMBER<br>225-1300                                    | EXTENSION                             |  |                                    |
| <b>8</b> 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 checked="" 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)   |   |                                       |  |                                    |
| <b>9</b> PERIOD COVERED   | Month    Day    Year<br>01/01/2023   |   |                                       | THROUGH  | Month    Day    Year<br>06/30/2023 |
| <b>10</b> ELECTION  | ELECTION DATE<br>Month    Day    Year<br>11/08/2022  |   |                                       | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |                                    |
|   |  |   |                                       |  |                                    |
| <b>11</b> OFFICE  | OFFICE HELD (if any)<br>District Judge District 245 Harris   |   |                                       | <b>12</b> OFFICE SOUGHT (if known)   |                                    |

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

2 of 41

**13** C / OH NAME Lancelin, Angela M. (The Honorable) **14** Filer ID (Ethics Commission Filers)  
00085818

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

Additional Pages

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

|                               |  |    |           |
|-------------------------------|--|----|-----------|
| <b>16</b> CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00      |
|                               | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                       | \$ | 30,225.00 |
| EXPENDITURE TOTALS            | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES   | \$ | 0.00      |
|                               | 4. <b>TOTAL POLITICAL EXPENDITURES</b>   | \$ | 2,759.92  |
| CONTRIBUTION BALANCE          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ | 37,516.68 |
| OUTSTANDING LOAN TOTALS       | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 5,086.07  |

**17** AFFIDAVIT

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

The Honorable Angela M. Lancelin  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

# SUBTOTALS - JC/OH

|   |  |                                |                            |
|---|--|--------------------------------|----------------------------|
| <b>18 FILER NAME</b><br>Lancelin, Angela M. (The Honorable) |  | <b>19 Filer ID</b><br>00085818 | (Ethics Commission Filers) |
| <b>20 SCHEDULE SUBTOTALS</b>                                |  |                                | <b>SUBTOTAL AMOUNT</b>     |
| NAME OF SCHEDULE  |  |                                |                            |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)                        | \$                             | 28,725.00                  |
| 2.  | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                             | 1,500.00                   |
| 3.  | <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)   | \$                             |                            |
| 4.  | <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)   | \$                             |                            |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | \$                             | 2,759.92                   |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | \$                             |                            |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                             | \$                             |                            |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD   | \$                             |                            |
| 9.  | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS  | \$                             |                            |
| 10.   | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH                        | \$                             |                            |
| 11.   | <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$                             | 1,306.47                   |
| 12.   | <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                             | 17.12                      |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>  |   | 1 Total pages Schedule A(J)1:<br>Sch: 1/20 Rpt: 4/41 |
| 2 FILER NAME<br>Lancelin, Angela M. (The Honorable)               |   | 3 Filer ID (Ethics Commission Filers)<br>00085818    |
| 4 Date<br>01/24/2023  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Anderson , ricky | 7 Amount of Contribution (\$)<br><br>\$1,000.00      |
|   | 6 Contributor address; City; State; Zip Code<br><br>Houston , TX 77027                                |  |
| 8 Contributor's Principal Occupation<br>Attorney                  |   | 9 Contributor's Job Title<br>attorney                |
| 10 Contributor's employer/law firm<br>Attorney Ricky Anderson     |   | 11 Law firm of contributor's spouse (if any)         |
| 12 If contributor is a child, law firm of parent(s) (if any)      |   |  |
| Date<br>03/01/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bonney, Jerry      | Amount of Contribution (\$)<br><br>\$500.00          |
|   | Contributor address; City; State; Zip Code<br><br>Houston , TX 77025                                  |  |
| Contributor's Principal Occupation<br>attorney                    |   | Contributor's Job Title<br>attorney                  |
| Contributor's employer/law firm<br>Jerry R Bonney & Associates    |   | Law firm of contributor's spouse (if any)            |
| If contributor is a child, law firm of parent(s) (if any)         |   |  |
| Date<br>03/08/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Boudreaux, Rogers  | Amount of Contribution (\$)<br><br>\$250.00          |
|   | Contributor address; City; State; Zip Code<br><br>Houston , TX 77098                                  |  |
| Contributor's Principal Occupation<br>Attorney                    |   | Contributor's Job Title<br>attorney                  |
| Contributor's employer/law firm<br>Law office of Rogers Boudreaux |   | Law firm of contributor's spouse (if any)            |
| If contributor is a child, law firm of parent(s) (if any)         |   |  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>    |  | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 2/20 Rpt: 5/41 |
| <b>2</b> FILER NAME<br>Lancelin, Angela M. (The Honorable)          |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085818    |
| <b>4</b> Date<br>01/24/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bragg, Melonie | <b>7</b> Amount of Contribution (\$)<br><br>\$150.00        |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston , TX 77056                              |   |
| <b>8</b> Contributor's Principal Occupation<br>Attorney             |  | <b>9</b> Contributor's Job Title<br>attorney                |
| <b>10</b> Contributor's employer/law firm<br>Bragg Law PC           |  | <b>11</b> Law firm of contributor's spouse (if any)         |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |  |   |
| Date<br>03/01/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bruce , La Shon         | Amount of Contribution (\$)<br><br>\$150.00                 |
|   | Contributor address; City; State; Zip Code<br><br>houston , TX 77070                                       |   |
| Contributor's Principal Occupation<br>Attorney                      |  | Contributor's Job Title<br>attorney                         |
| Contributor's employer/law firm<br>Fleming-Bruce Law Firm           |  | Law firm of contributor's spouse (if any)                   |
| If contributor is a child, law firm of parent(s) (if any)           |  |   |
| Date<br>03/01/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Carlin, Amy             | Amount of Contribution (\$)<br><br>\$250.00                 |
|   | Contributor address; City; State; Zip Code<br><br>Houston, TX 77002  |   |
| Contributor's Principal Occupation<br>attorney                      |  | Contributor's Job Title<br>attorney                         |
| Contributor's employer/law firm<br>Carlin law Firm                  |  | Law firm of contributor's spouse (if any)                   |
| If contributor is a child, law firm of parent(s) (if any)           |  |   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                |  | 1 Total pages Schedule A(J)1:<br>Sch: 3/20 Rpt: 6/41 |
| 2 FILER NAME<br>Lancelin, Angela M. (The Honorable)                             |  | 3 Filer ID (Ethics Commission Filers)<br>00085818    |
| 4 Date<br>03/01/2023  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Charlton, Cecilia     | 7 Amount of Contribution (\$)<br><br>\$150.00        |
|   | 6 Contributor address; City; State; Zip Code<br><br>Houston , TX 77040                                     |  |
| 8 Contributor's Principal Occupation<br>Attorney                                |  | 9 Contributor's Job Title<br>attorney                |
| 10 Contributor's employer/law firm<br>Law Office of Charlton & Associates, PLLC |  | 11 Law firm of contributor's spouse (if any)         |
| 12 If contributor is a child, law firm of parent(s) (if any)                    |  |  |
| Date<br>01/24/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Charlton, Cecilia       | Amount of Contribution (\$)<br><br>\$250.00          |
|   | Contributor address; City; State; Zip Code<br><br>Houston , TX 77040                                       |  |
| Contributor's Principal Occupation<br>Attorney                                  |  | Contributor's Job Title<br>attorney                  |
| Contributor's employer/law firm<br>the Law Office of Charlton & Assoc. PLLC     |  | Law firm of contributor's spouse (if any)            |
| If contributor is a child, law firm of parent(s) (if any)                       |  |  |
| Date<br>03/01/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Clevenger, George (Mr.) | Amount of Contribution (\$)<br><br>\$250.00          |
|   | Contributor address; City; State; Zip Code<br><br>Spring, TX 77379   |  |
| Contributor's Principal Occupation<br>attorney                                  |  | Contributor's Job Title<br>attorney                  |
| Contributor's employer/law firm<br>Clevenger Law Firm                           |  | Law firm of contributor's spouse (if any)            |
| If contributor is a child, law firm of parent(s) (if any)                       |  |  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>    |   | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 4/20 Rpt: 7/41 |
| <b>2</b> FILER NAME<br>Lancelin, Angela M. (The Honorable)          |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085818    |
| <b>4</b> Date<br>01/24/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Clevenger, Matt | <b>7</b> Amount of Contribution (\$)<br>\$1,000.00          |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Spring, TX 77379                                 |   |
| <b>8</b> Contributor's Principal Occupation<br>attorney             |   | <b>9</b> Contributor's Job Title<br>attorney                |
| <b>10</b> Contributor's employer/law firm<br>Clevenger Law Firm     |   | <b>11</b> Law firm of contributor's spouse (if any)         |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |   |   |
| Date<br>01/24/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gelman, Emily            | Amount of Contribution (\$)<br>\$100.00                     |
|   | Contributor address; City; State; Zip Code<br><br>houston, TX 77005   |   |
| Contributor's Principal Occupation<br>Attorney                      |   | Contributor's Job Title<br>attorney                         |
| Contributor's employer/law firm<br>Emily Gelman Law Firm            |   | Law firm of contributor's spouse (if any)                   |
| If contributor is a child, law firm of parent(s) (if any)           |   |   |
| Date<br>01/24/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Good, Tracy              | Amount of Contribution (\$)<br>\$200.00                     |
|   | Contributor address; City; State; Zip Code<br><br>Houston , TX 77401  |   |
| Contributor's Principal Occupation<br>attorney                      |   | Contributor's Job Title<br>attorney                         |
| Contributor's employer/law firm<br>ALP Law Firm                     |   | Law firm of contributor's spouse (if any)                   |
| If contributor is a child, law firm of parent(s) (if any)           |   |   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b> |   | 1 Total pages Schedule A(J)1:<br>Sch: 5/20 Rpt: 8/41 |
| 2 FILER NAME<br>Lancelin, Angela M. (The Honorable)              |   | 3 Filer ID (Ethics Commission Filers)<br>00085818    |
| 4 Date<br>01/20/2023   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hale, Hal (Mr.)  | 7 Amount of Contribution (\$)<br><br>\$500.00        |
|  | 6 Contributor address; City; State; Zip Code<br><br>houston, TX 77056                                 |  |
| 8 Contributor's Principal Occupation<br>attorney                 |   | 9 Contributor's Job Title<br>attorney                |
| 10 Contributor's employer/law firm<br>The Hale Firm, PC          |   | 11 Law firm of contributor's spouse (if any)         |
| 12 If contributor is a child, law firm of parent(s) (if any)     |   |  |
| Date<br>03/01/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hale, Hollie (Ms.) | Amount of Contribution (\$)<br><br>\$500.00          |
|  | Contributor address; City; State; Zip Code<br><br>Pasadena, TX 77505                                  |  |
| Contributor's Principal Occupation<br>attorney                   |   | Contributor's Job Title<br>attorney                  |
| Contributor's employer/law firm<br>Law Office of Hollie L hale   |   | Law firm of contributor's spouse (if any)            |
| If contributor is a child, law firm of parent(s) (if any)        |   |  |
| Date<br>03/01/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Harmon, Hilary     | Amount of Contribution (\$)<br><br>\$250.00          |
|  | Contributor address; City; State; Zip Code<br><br>Houston , TX 77021                                  |  |
| Contributor's Principal Occupation<br>attorney                   |   | Contributor's Job Title<br>attorney                  |
| Contributor's employer/law firm<br>Law office of Hilary Harmon   |   | Law firm of contributor's spouse (if any)            |
| If contributor is a child, law firm of parent(s) (if any)        |   |  |



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>    |  | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 6/20 Rpt: 9/41                  |
| <b>2</b> FILER NAME<br>Lancelin, Angela M. (The Honorable)          |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085818                     |
| <b>4</b> Date<br>01/24/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Harrison, Alvin<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77002 | <b>7</b> Amount of Contribution (\$)<br><br>\$2,000.00                       |
| <b>8</b> Contributor's Principal Occupation<br>attorney             |  | <b>9</b> Contributor's Job Title<br>attorney                                 |
| <b>10</b> Contributor's employer/law firm<br>harris law office, PC  |  | <b>11</b> Law firm of contributor's spouse (if any)<br>Harris law office, PC |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |  |  |
| Date<br>01/27/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hubbard, Steven<br><hr/> Contributor address; City; State; Zip Code<br><br>Tyler , TX 75702                    | Amount of Contribution (\$)<br><br>\$500.00                                  |
| Contributor's Principal Occupation<br>Attorney                      |  | Contributor's Job Title<br>attorney  |
| Contributor's employer/law firm<br>Hubbard Law Firm                 |  | Law firm of contributor's spouse (if any)                                    |
| If contributor is a child, law firm of parent(s) (if any)           |  |  |
| Date<br>01/26/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Indelicato, Joseph<br><hr/> Contributor address; City; State; Zip Code<br><br>Richmond , TX 77469              | Amount of Contribution (\$)<br><br>\$500.00                                  |
| Contributor's Principal Occupation<br>Attorney                      |  | Contributor's Job Title<br>attorney  |
| Contributor's employer/law firm<br>Joseph Indelicato Jr, PC         |  | Law firm of contributor's spouse (if any)                                    |
| If contributor is a child, law firm of parent(s) (if any)           |  |  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>     |   | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 7/20 Rpt: 10/41 |
| <b>2</b> FILER NAME<br>Lancelin, Angela M. (The Honorable)           |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085818     |
| <b>4</b> Date<br>01/23/2023  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Kuehm, Robert<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston , TX 77017 | <b>7</b> Amount of Contribution (\$)<br><br>\$500.00         |
| <b>8</b> Contributor's Principal Occupation<br>Attorney              |   | <b>9</b> Contributor's Job Title<br>attorney                 |
| <b>10</b> Contributor's employer/law firm<br>The Kuehm Law Firm PLLC |   | <b>11</b> Law firm of contributor's spouse (if any)          |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any)  |   |  |
| Date<br>03/08/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Law office of Kathryn Parks<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston , TX 77079     | Amount of Contribution (\$)<br><br>\$500.00                  |
| Contributor's Principal Occupation                                   |   | Contributor's Job Title                                      |
| Contributor's employer/law firm                                      |   | Law firm of contributor's spouse (if any)                    |
| If contributor is a child, law firm of parent(s) (if any)            |   |  |
| Date<br>01/24/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lawal, Bade<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77056                      | Amount of Contribution (\$)<br><br>\$300.00                  |
| Contributor's Principal Occupation<br>Attorney                       |   | Contributor's Job Title<br>attorney                          |
| Contributor's employer/law firm<br>Law Firm of Bade O Lawal, PLLC    |   | Law firm of contributor's spouse (if any)                    |
| If contributor is a child, law firm of parent(s) (if any)            |   |  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>    |  | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 8/20 Rpt: 11/41 |
| <b>2</b> FILER NAME<br>Lancelin, Angela M. (The Honorable)          |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085818     |
| <b>4</b> Date<br>01/11/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lee , chung<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>houston, TX 77002 | <b>7</b> Amount of Contribution (\$)<br><br>\$500.00         |
| <b>8</b> Contributor's Principal Occupation<br>Attorney             |  | <b>9</b> Contributor's Job Title<br>attorney                 |
| <b>10</b> Contributor's employer/law firm<br>Lee Legal Group        |  | <b>11</b> Law firm of contributor's spouse (if any)          |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |  |  |
| Date<br>03/06/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Legal Insight, INC<br><hr/> Contributor address; City; State; Zip Code<br><br>houston , TX 77056           | Amount of Contribution (\$)<br><br>\$500.00                  |
| Contributor's Principal Occupation                                  |  | Contributor's Job Title                                      |
| Contributor's employer/law firm                                     |  | Law firm of contributor's spouse (if any)                    |
| If contributor is a child, law firm of parent(s) (if any)           |  |  |
| Date<br>03/01/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lockings, Elton<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77036               | Amount of Contribution (\$)<br><br>\$500.00                  |
| Contributor's Principal Occupation<br>Attorney                      |  | Contributor's Job Title<br>attorney                          |
| Contributor's employer/law firm<br>Law Office of Elton Lockings     |  | Law firm of contributor's spouse (if any)                    |
| If contributor is a child, law firm of parent(s) (if any)           |  |  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

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| <b>The Instruction Guide explains how to complete this form.</b>    |  | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 9/20 Rpt: 12/41 |
| <b>2</b> FILER NAME<br>Lancelin, Angela M. (The Honorable)          |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085818     |
| <b>4</b> Date<br>03/07/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>McFerren, Eric     | <b>7</b> Amount of Contribution (\$)<br><br>\$500.00         |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>houston , TX 77074                                  |  |
| <b>8</b> Contributor's Principal Occupation<br>Attorney             |  | <b>9</b> Contributor's Job Title<br>attorney                 |
| <b>10</b> Contributor's employer/law firm<br>Anderson & Smith PC    |  | <b>11</b> Law firm of contributor's spouse (if any)          |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |  |  |
| Date<br>01/24/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>McFerren, Eric              | Amount of Contribution (\$)<br><br>\$500.00                  |
|   | Contributor address; City; State; Zip Code<br><br>houston , TX 77074   |  |
| Contributor's Principal Occupation<br>Attorney                      |  | Contributor's Job Title<br>Attorney                          |
| Contributor's employer/law firm<br>Anderson & Smith                 |  | Law firm of contributor's spouse (if any)                    |
| If contributor is a child, law firm of parent(s) (if any)           |  |  |
| Date<br>01/25/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Moore, Vlahakos&Sydow, PLLC | Amount of Contribution (\$)<br><br>\$500.00                  |
|   | Contributor address; City; State; Zip Code<br><br>houston , TX 77046   |  |
| Contributor's Principal Occupation                                  |  | Contributor's Job Title                                      |
| Contributor's employer/law firm                                     |  | Law firm of contributor's spouse (if any)                    |
| If contributor is a child, law firm of parent(s) (if any)           |  |  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

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| <b>The Instruction Guide explains how to complete this form.</b>    |  | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 10/20 Rpt: 13/41 |
| <b>2</b> FILER NAME<br>Lancelin, Angela M. (The Honorable)          |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085818      |
| <b>4</b> Date<br>03/01/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Myres & Associates | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00          |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston , TX 77046                                  |   |
| <b>8</b> Contributor's Principal Occupation                         |  | <b>9</b> Contributor's Job Title                              |
| <b>10</b> Contributor's employer/law firm                           |  | <b>11</b> Law firm of contributor's spouse (if any)           |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |  |   |
| Date<br>03/01/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>O'Neil, Alice               | Amount of Contribution (\$)<br><br>\$100.00                   |
|   | Contributor address; City; State; Zip Code<br><br>houston, TX 77007  |   |
| Contributor's Principal Occupation<br>attorney                      |  | Contributor's Job Title<br>attorney                           |
| Contributor's employer/law firm<br>the O'Neill Law Firm PLLC        |  | Law firm of contributor's spouse (if any)                     |
| If contributor is a child, law firm of parent(s) (if any)           |  |   |
| Date<br>01/24/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Pipe Fitter"s Union #211    | Amount of Contribution (\$)<br><br>\$1,500.00                 |
|   | Contributor address; City; State; Zip Code<br><br>Houston , TX 77017   |   |
| Contributor's Principal Occupation                                  |  | Contributor's Job Title<br>attorney                           |
| Contributor's employer/law firm                                     |  | Law firm of contributor's spouse (if any)                     |
| If contributor is a child, law firm of parent(s) (if any)           |  |   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

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| <b>The Instruction Guide explains how to complete this form.</b> |  | 1 Total pages Schedule A(J)1:<br>Sch: 11/20 Rpt: 14/41 |
| 2 FILER NAME<br>Lancelin, Angela M. (The Honorable)              |  | 3 Filer ID (Ethics Commission Filers)<br>00085818      |
| 4 Date<br>01/27/2023   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Revack, Wayne | 7 Amount of Contribution (\$)<br><br>\$500.00          |
|  | 6 Contributor address; City; State; Zip Code<br><br>Bellaire, TX 77401                             |  |
| 8 Contributor's Principal Occupation<br>Attorney                 |  | 9 Contributor's Job Title<br>attorney                  |
| 10 Contributor's employer/law firm<br>Wayne Revack Law firm      |  | 11 Law firm of contributor's spouse (if any)           |
| 12 If contributor is a child, law firm of parent(s) (if any)     |  |  |
| Date<br>03/01/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ricketts, Ivy   | Amount of Contribution (\$)<br><br>\$300.00            |
|  | Contributor address; City; State; Zip Code<br><br>Houston, TX 77054                                |  |
| Contributor's Principal Occupation<br>attorney                   |  | Contributor's Job Title<br>attorney                    |
| Contributor's employer/law firm<br>Law Firm of Ivy Ricketts      |  | Law firm of contributor's spouse (if any)              |
| If contributor is a child, law firm of parent(s) (if any)        |  |  |
| Date<br>01/24/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ricketts, Ivy   | Amount of Contribution (\$)<br><br>\$300.00            |
|  | Contributor address; City; State; Zip Code<br><br>Houston, TX 77054                                |  |
| Contributor's Principal Occupation<br>attorney                   |  | Contributor's Job Title<br>attorney                    |
| Contributor's employer/law firm<br>Law Firm of IVY Ricketts      |  | Law firm of contributor's spouse (if any)              |
| If contributor is a child, law firm of parent(s) (if any)        |  |  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

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| <b>The Instruction Guide explains how to complete this form.</b>           |   | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 12/20 Rpt: 15/41 |
| <b>2</b> FILER NAME<br>Lancelin, Angela M. (The Honorable)                 |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085818      |
| <b>4</b> Date<br>03/01/2023  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Runge, barbara<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>houston, TX 77005 | <b>7</b> Amount of Contribution (\$)<br><br>\$250.00          |
| <b>8</b> Contributor's Principal Occupation<br>attorney                    |   | <b>9</b> Contributor's Job Title<br>attorney                  |
| <b>10</b> Contributor's employer/law firm<br>Barbara Runge Attorney At Law |   | <b>11</b> Law firm of contributor's spouse (if any)           |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any)        |   |   |
| Date<br>01/24/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Schlanger Silver LLP<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston , TX 77024            | Amount of Contribution (\$)<br><br>\$1,000.00                 |
| Contributor's Principal Occupation   |   | Contributor's Job Title                                       |
| Contributor's employer/law firm  |   | Law firm of contributor's spouse (if any)                     |
| If contributor is a child, law firm of parent(s) (if any)                  |   |   |
| Date<br>03/01/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Singleton, thomas<br><hr/> Contributor address; City; State; Zip Code<br><br>Cypress, TX 77433                | Amount of Contribution (\$)<br><br>\$250.00                   |
| Contributor's Principal Occupation<br>attorney                             |   | Contributor's Job Title<br>attorney                           |
| Contributor's employer/law firm<br>Law Office of Thomas Singleton          |   | Law firm of contributor's spouse (if any)                     |
| If contributor is a child, law firm of parent(s) (if any)                  |   |   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

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| <b>The Instruction Guide explains how to complete this form.</b>    |  | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 13/20 Rpt: 16/41 |
| <b>2</b> FILER NAME<br>Lancelin, Angela M. (The Honorable)          |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085818      |
| <b>4</b> Date<br>03/01/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Sperling, Kenneth<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>houston , TX 77005 | <b>7</b> Amount of Contribution (\$)<br><br>\$150.00          |
| <b>8</b> Contributor's Principal Occupation<br>Maintenance          |  | <b>9</b> Contributor's Job Title<br>Grounds Keeper            |
| <b>10</b> Contributor's employer/law firm<br>None                   |  | <b>11</b> Law firm of contributor's spouse (if any)<br>None   |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |  |   |
| Date<br>03/01/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Stout, Angela<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston , TX 77008                       | Amount of Contribution (\$)<br><br>\$500.00                   |
| Contributor's Principal Occupation<br>attorney                      |  | Contributor's Job Title<br>attorney                           |
| Contributor's employer/law firm<br>The Stout Law Firm, PLLC         |  | Law firm of contributor's spouse (if any)                     |
| If contributor is a child, law firm of parent(s) (if any)           |  |   |
| Date<br>03/02/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>The Dye Firm , PLLC<br><hr/> Contributor address; City; State; Zip Code<br><br>Peraland, TX 77584                 | Amount of Contribution (\$)<br><br>\$75.00                    |
| Contributor's Principal Occupation                                  |  | Contributor's Job Title                                       |
| Contributor's employer/law firm                                     |  | Law firm of contributor's spouse (if any)                     |
| If contributor is a child, law firm of parent(s) (if any)           |  |   |



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

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| <b>The Instruction Guide explains how to complete this form.</b>    |   | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 14/20 Rpt: 17/41 |
| <b>2</b> FILER NAME<br>Lancelin, Angela M. (The Honorable)          |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085818      |
| <b>4</b> Date<br>03/08/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>The Law Office of Myrna Guidry<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston , TX 77002 | <b>7</b> Amount of Contribution (\$)<br><br>\$250.00          |
| <b>8</b> Contributor's Principal Occupation                         |   | <b>9</b> Contributor's Job Title                              |
| <b>10</b> Contributor's employer/law firm                           |   | <b>11</b> Law firm of contributor's spouse (if any)           |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |   |   |
| Date<br>03/01/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Thornton and Thornton<br><hr/> Contributor address; City; State; Zip Code<br><br>houston, TX 77098                             | Amount of Contribution (\$)<br><br>\$300.00                   |
| Contributor's Principal Occupation                                  |   | Contributor's Job Title                                       |
| Contributor's employer/law firm                                     |   | Law firm of contributor's spouse (if any)                     |
| If contributor is a child, law firm of parent(s) (if any)           |   |   |
| Date<br>03/01/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Thornton, Chandra<br><hr/> Contributor address; City; State; Zip Code<br><br>houston , TX 77098                                | Amount of Contribution (\$)<br><br>\$250.00                   |
| Contributor's Principal Occupation<br>Attorney                      |   | Contributor's Job Title<br>attorney                           |
| Contributor's employer/law firm<br>Thornton Esquire Law Group       |   | Law firm of contributor's spouse (if any)                     |
| If contributor is a child, law firm of parent(s) (if any)           |   |   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

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| <b>The Instruction Guide explains how to complete this form.</b>         |  | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 15/20 Rpt: 18/41 |
| <b>2</b> FILER NAME<br>Lancelin, Angela M. (The Honorable)               |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085818      |
| <b>4</b> Date<br>03/01/2023  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Tran, Thao<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston , TX 77002 | <b>7</b> Amount of Contribution (\$)<br><br>\$300.00          |
| <b>8</b> Contributor's Principal Occupation<br>Attorney                  |  | <b>9</b> Contributor's Job Title<br>Attorney                  |
| <b>10</b> Contributor's employer/law firm<br>The Law Office of Thao Tran |  | <b>11</b> Law firm of contributor's spouse (if any)           |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any)      |  |   |
| Date<br>01/24/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Tran, Thao<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston , TX 77002                   | Amount of Contribution (\$)<br><br>\$300.00                   |
| Contributor's Principal Occupation<br>Attorney                           |  | Contributor's Job Title<br>attorney                           |
| Contributor's employer/law firm<br>Law Office of Thao Tran               |  | Law firm of contributor's spouse (if any)                     |
| If contributor is a child, law firm of parent(s) (if any)                |  |   |
| Date<br>01/24/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Valdez, Stacey<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77002                | Amount of Contribution (\$)<br><br>\$500.00                   |
| Contributor's Principal Occupation<br>attorney                           |  | Contributor's Job Title<br>attorney                           |
| Contributor's employer/law firm<br>Stacey Valdez & Associates            |  | Law firm of contributor's spouse (if any)                     |
| If contributor is a child, law firm of parent(s) (if any)                |  |   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

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|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>    |   | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 16/20 Rpt: 19/41 |
| <b>2</b> FILER NAME<br>Lancelin, Angela M. (The Honorable)          |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085818      |
| <b>4</b> Date<br>01/24/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>VanNess, John | <b>7</b> Amount of Contribution (\$)<br>\$2,500.00            |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>houston , TX 77098                             |   |
| <b>8</b> Contributor's Principal Occupation<br>attorney             |   | <b>9</b> Contributor's Job Title<br>attorney                  |
| <b>10</b> Contributor's employer/law firm<br>Lilly & Van Ness, LLP  |   | <b>11</b> Law firm of contributor's spouse (if any)           |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |   |   |
| Date<br>01/24/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>baughman, Bruce        | Amount of Contribution (\$)<br>\$500.00                       |
|   | Contributor address; City; State; Zip Code<br><br>Baytown, TX 77521                                       |   |
| Contributor's Principal Occupation<br>attorney                      |   | Contributor's Job Title<br>attorney                           |
| Contributor's employer/law firm<br>A Baughman Bruce Attorney At Law |   | Law firm of contributor's spouse (if any)                     |
| If contributor is a child, law firm of parent(s) (if any)           |   |   |
| Date<br>03/01/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>bloom , Sarah          | Amount of Contribution (\$)<br>\$350.00                       |
|   | Contributor address; City; State; Zip Code<br><br>Houton , TX 77098                                       |   |
| Contributor's Principal Occupation<br>Attorney                      |   | Contributor's Job Title<br>ATTORNEY                           |
| Contributor's employer/law firm<br>Law Office of Sarah Bloom        |   | Law firm of contributor's spouse (if any)                     |
| If contributor is a child, law firm of parent(s) (if any)           |   |   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

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| <b>The Instruction Guide explains how to complete this form.</b> |  | 1 Total pages Schedule A(J)1:<br>Sch: 17/20 Rpt: 20/41 |
| 2 FILER NAME<br>Lancelin, Angela M. (The Honorable)              |  | 3 Filer ID (Ethics Commission Filers)<br>00085818      |
| 4 Date<br>03/01/2023   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>bolter, Nancy | 7 Amount of Contribution (\$) \$250.00                 |
|  | 6 Contributor address; City; State; Zip Code<br><br>Bellaire, TX 77401                             |  |
| 8 Contributor's Principal Occupation<br>attorney                 |  | 9 Contributor's Job Title<br>attorney                  |
| 10 Contributor's employer/law firm<br>Law Office of Nancy Bolter |  | 11 Law firm of contributor's spouse (if any)           |
| 12 If contributor is a child, law firm of parent(s) (if any)     |  |  |
| Date<br>01/24/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>bolter, Nancy   | Amount of Contribution (\$) \$250.00                   |
|  | Contributor address; City; State; Zip Code<br><br>Bellaire, TX 77401                               |  |
| Contributor's Principal Occupation<br>attorney                   |  | Contributor's Job Title<br>attorney                    |
| Contributor's employer/law firm<br>Law Office of Nancy H Bolter  |  | Law firm of contributor's spouse (if any)              |
| If contributor is a child, law firm of parent(s) (if any)        |  |  |
| Date<br>01/24/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>brock, Julie    | Amount of Contribution (\$) \$1,500.00                 |
|  | Contributor address; City; State; Zip Code<br><br>houston, TX 77002                                |  |
| Contributor's Principal Occupation<br>Attorney                   |  | Contributor's Job Title<br>attorney                    |
| Contributor's employer/law firm<br>law office of Julie Brock     |  | Law firm of contributor's spouse (if any)              |
| If contributor is a child, law firm of parent(s) (if any)        |  |  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

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| <b>The Instruction Guide explains how to complete this form.</b>    |   | 1 Total pages Schedule A(J)1:<br>Sch: 18/20 Rpt: 21/41 |
| 2 FILER NAME<br>Lancelin, Angela M. (The Honorable)                 |   | 3 Filer ID (Ethics Commission Filers)<br>00085818      |
| 4 Date<br>01/25/2023  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>clark, robert       | 7 Amount of Contribution (\$)<br><br>\$500.00          |
|   | 6 Contributor address; City; State; Zip Code<br><br>houston , TX 77024                                    |  |
| 8 Contributor's Principal Occupation<br>Attorney                    |   | 9 Contributor's Job Title<br>Attorney                  |
| 10 Contributor's employer/law firm<br>the Clark Law firm            |   | 11 Law firm of contributor's spouse (if any)           |
| 12 If contributor is a child, law firm of parent(s) (if any)        |   |  |
| Date<br>03/01/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>corpeneing, llyod     | Amount of Contribution (\$)<br><br>\$50.00             |
|   | Contributor address; City; State; Zip Code<br><br>Houston, TX 77002                                       |  |
| Contributor's Principal Occupation<br>attorney                      |   | Contributor's Job Title<br>attorney                    |
| Contributor's employer/law firm<br>Lloyd Corpeneing Attorney At Law |   | Law firm of contributor's spouse (if any)              |
| If contributor is a child, law firm of parent(s) (if any)           |   |  |
| Date<br>03/01/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>fullenweilder Wilhite | Amount of Contribution (\$)<br><br>\$1,000.00          |
|   | Contributor address; City; State; Zip Code<br><br>houston, TX 77027                                       |  |
| Contributor's Principal Occupation                                  |   | Contributor's Job Title                                |
| Contributor's employer/law firm                                     |   | Law firm of contributor's spouse (if any)              |
| If contributor is a child, law firm of parent(s) (if any)           |   |  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

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| <b>The Instruction Guide explains how to complete this form.</b>    |  | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 19/20 Rpt: 22/41                    |
| <b>2</b> FILER NAME<br>Lancelin, Angela M. (The Honorable)          |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085818                         |
| <b>4</b> Date<br>03/08/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>harrison, ronnie (Mrs.) | <b>7</b> Amount of Contribution (\$) <span style="float:right">\$1,000.00</span> |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>houston , TX 77002  |  |
| <b>8</b> Contributor's Principal Occupation<br>attorney             |  | <b>9</b> Contributor's Job Title<br>attorney                                     |
| <b>10</b> Contributor's employer/law firm<br>Harrison Law Office PC |  | <b>11</b> Law firm of contributor's spouse (if any)                              |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |  |  |
| Date<br>01/24/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>kamin, lynn                      | Amount of Contribution (\$) <span style="float:right">\$500.00</span>            |
|   | Contributor address; City; State; Zip Code<br><br>Houston , TX 77046   |  |
| Contributor's Principal Occupation<br>Attorney                      |  | Contributor's Job Title<br>attorney  |
| Contributor's employer/law firm<br>Jenkins & Kamin, LLP             |  | Law firm of contributor's spouse (if any)  |
| If contributor is a child, law firm of parent(s) (if any)           |  |  |
| Date<br>01/20/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>lanz, Sebastian                  | Amount of Contribution (\$) <span style="float:right">\$500.00</span>            |
|   | Contributor address; City; State; Zip Code<br><br>Pasadena, TX 77504   |  |
| Contributor's Principal Occupation<br>Attorney                      |  | Contributor's Job Title<br>attorney  |
| Contributor's employer/law firm<br>Lanz Law firm                    |  | Law firm of contributor's spouse (if any)  |
| If contributor is a child, law firm of parent(s) (if any)           |  |  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>            |   | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 20/20 Rpt: 23/41 |
| <b>2</b> FILER NAME<br>Lancelin, Angela M. (The Honorable)                  |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085818      |
| <b>4</b> Date<br>01/26/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>lom, sarah<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>houston, TX 77036 | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00          |
| <b>8</b> Contributor's Principal Occupation<br>Attorney                     |   | <b>9</b> Contributor's Job Title<br>Attorney                  |
| <b>10</b> Contributor's employer/law firm<br>social security Administration |   | <b>11</b> Law firm of contributor's spouse (if any)           |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any)         |   |   |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

|   |  |   |   |
|---|--|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>                              |  | 1 Total pages Schedule A2:<br>Sch: 1/1 Rpt: 24/41                               |   |
| 2 FILER NAME<br>Lancelin, Angela M. (The Honorable)   |  | 3 Filer ID (Ethics Commission Filers)<br>00085818                               |   |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS   |  | \$  |   |
| 5 Date<br>01/24/2023  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>mintz, silvia | 8 Amount of contribution (\$)<br>\$500.00                                       | 9 In-kind contribution description<br>investiture reception sponsor |
|   | 7 Contributor address; City; State; Zip Code<br><br>houston, TX 77007                              | <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)<br>attorney                              |  | 13 Contributor's job title (FOR JUDICIAL) (See instructions)<br>attorney        |   |
| 14 Contributor's employer/law firm (FOR JUDICIAL)<br>Silvia Mintz Attorney & Counselor at Law |  | 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<br>03/01/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>mintz, silvia   | Amount of contribution (\$)<br>\$1,000.00                                       | In-kind contribution description<br>fundraiser sponsor              |
|   | Contributor address; City; State; Zip Code<br><br>houston, TX 77007                                | <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)<br>attorney                                 |  | Contributor's job title (FOR JUDICIAL) (See instructions)<br>attorney           |   |
| Contributor's employer/law firm (FOR JUDICIAL)<br>Silvia Mintz Attorney & Counselor at Law    |  | Law firm of contributor's spouse (if any) (FOR JUDICIAL)                        |   |
| 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.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/10 Rpt: 25/41    | <b>2</b> FILER NAME<br>Lancelin, Angela M. (The Honorable)                                      | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085818   |
| <b>4</b> Date<br>01/19/2023                                  | <b>5</b> Payee name<br>Google Talkatone   |  |
| <b>6</b> Amount (\$)<br>\$4.32                               | <b>7</b> Payee address; City; State; Zip Code<br>525 Almanor Ste 200<br><br>Sunnyvale, CA 94085 |  |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                 | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>campaign phone             |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>02/21/2023   | Payee name<br>Google Talkatone  |  |
| Amount (\$)<br>\$4.32  | Payee address; City; State; Zip Code<br>525 Almanor Ste 200<br><br>Sunnyvale, CA 94085          |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                 | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>campaign phone             |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>03/21/2023   | Payee name<br>Google Talkatone  |  |
| Amount (\$)<br>\$4.32  | Payee address; City; State; Zip Code<br>525 Almanor Ste 200<br><br>Sunnyvale, CA 94085          |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                 | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>monthly fee campaign phone |
| 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.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/10 Rpt: 26/41    | <b>2</b> FILER NAME<br>Lancelin, Angela M. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085818  |
| <b>4</b> Date<br>04/19/2023                                  | <b>5</b> Payee name<br>Google Talkatone   |   |
| <b>6</b> Amount (\$)<br>\$4.32                               | <b>7</b> Payee address; City; State; Zip Code<br>525 Almanor Ste 200<br><br>Sunnyvale, CA 94085           |   |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                           | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>monthly fee campaign phone  |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>05/19/2023   | Payee name<br>Google Talkatone  |   |
| Amount (\$)<br>\$4.32  | Payee address; City; State; Zip Code<br>525 Almanor Ste 200<br><br>Sunnyvale, CA 94085                    |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                           | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>campaign phone subscription |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>06/20/2023   | Payee name<br>Google Talkatone  |   |
| Amount (\$)<br>\$4.32  | Payee address; City; State; Zip Code<br>525 Almanor Ste 200<br><br>Sunnyvale, CA 94085                    |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Office phone                |
| 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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/10 Rpt: 27/41 | <b>2</b> FILER NAME<br>Lancelin, Angela M. (The Honorable) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085818 |
|---|--|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>06/27/2023 | <b>5</b> Payee name<br>Harris County Democratic Party |
|-----------------------------|---|

|                                     |  |
|-------------------------------------|--|
| <b>6</b> Amount (\$)<br><br>\$15.00 | <b>7</b> Payee address; City; State; Zip Code<br>4619 Lyons Ave<br><br>Houston, TX 77020 |
|-------------------------------------|--|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>monthly member dues |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                                       |
|--------------------|---------------------------------------|
| Date<br>02/15/2023 | Payee name<br>Houston Bar Association |
|--------------------|---------------------------------------|

|                             |   |
|-----------------------------|---|
| Amount (\$)<br><br>\$260.00 | Payee address; City; State; Zip Code<br>1111 Bagby, FLB 200<br><br>Houston , TX 77002 |
|-----------------------------|---|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Section/Membership dues |
|-------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                                       |
|--------------------|---------------------------------------|
| Date<br>06/08/2023 | Payee name<br>Houston Bar Association |
|--------------------|---------------------------------------|

|                             |   |
|-----------------------------|---|
| Amount (\$)<br><br>\$260.00 | Payee address; City; State; Zip Code<br>1111 Bagby, FLB 200<br><br>Houston , TX 77002 |
|-----------------------------|---|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Caucus Pride Float Mixer contribution |
|-------------------------------|--|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|  |  |
|--|--|
|  |  |
|--|--|

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/10 Rpt: 28/41    | <b>2</b> FILER NAME<br>Lancelin, Angela M. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085818  |
| <b>4</b> Date<br>04/27/2023                                  | <b>5</b> Payee name<br>Houston Lawyers Association   |   |
| <b>6</b> Amount (\$)<br>\$250.00                             | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 300009<br><br>Houston, TX 77230  |   |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gala sponsorship          |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>06/09/2023   | Payee name<br>Mahbah   |   |
| Amount (\$)<br>\$250.00                                      | Payee address; City; State; Zip Code<br>P.O. BOx 303<br><br>houston, TX 77001  |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>2023 Golf Classic sponsor |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>01/09/2023   | Payee name<br>Office Max   |   |
| Amount (\$)<br>\$162.92                                      | Payee address; City; State; Zip Code<br>270 Meyerland<br><br>Houston , TX 77096  |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>office supplies           |
| 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.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 5/10 Rpt: 29/41           | <b>2</b> FILER NAME<br>Lancelin, Angela M. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085818  |
| <b>4</b> Date<br>01/17/2023   | <b>5</b> Payee name<br>Suhey Photograghy  |   |
| <b>6</b> Amount (\$)<br>\$354.75                                    | <b>7</b> Payee address; City; State; Zip Code<br>3918 honey Hill Ln<br><br>Pearland, TX 77854   |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Swearing-in photographs |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>05/22/2023  | Payee name<br>TB Murphy Design  |   |
| Amount (\$)<br>\$150.00   | Payee address; City; State; Zip Code<br>3219 Victorian Lane<br><br>houston , TX 77047   |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Court Logo design       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>01/03/2023  | Payee name<br>The Caucus  |   |
| Amount (\$)<br>\$40.00  | Payee address; City; State; Zip Code<br>4617 Montrose Blvd<br><br>Houston, TX 77006   |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>membership dues         |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

|          |  |  |  |               |   |
|----------|--|--|--|---------------|---|
| <b>1</b> | Total pages Schedule F1:<br>Sch: 6/10 Rpt: 30/41 | <b>2</b>   | FILER NAME<br>Lancelin, Angela M. (The Honorable)  | <b>3</b>      | Filer ID (Ethics Commission Filers)<br>00085818 |
| <b>4</b> | Date<br>01/02/2023                               | <b>5</b>   | Payee name<br>cook and chef  |               |   |
| <b>6</b> | Amount (\$)<br>\$771.75                          | <b>7</b>   | Payee address; City; State; Zip Code<br>14811<br>steeplechase<br>Missouri City, TX 77543   |               |   |
| <b>8</b> | <b>PURPOSE OF EXPENDITURE</b>                    | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Swearing In reception                  |               |   |
| <b>9</b> |  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       | Candidate/Officeholder name  | Office sought | Office held                                     |
|          | Date<br>01/20/2023                               |  | Payee name<br>slack technologies   |               |   |
|          | Amount (\$)<br>\$9.93                            |  | Payee address; City; State; Zip Code<br>500 Howard street<br><br>San Francisco, CA 94105   |               |   |
|          | <b>PURPOSE OF EXPENDITURE</b>                    | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>campaign management messaging platform |               |   |
|          |  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       | Candidate/Officeholder name  | Office sought | Office held                                     |
|          | Date<br>02/21/2023                               |  | Payee name<br>slack technologies   |               |   |
|          | Amount (\$)<br>\$9.33                            |  | Payee address; City; State; Zip Code<br>500 Howard street<br><br>San Francisco, CA 94105   |               |   |
|          | <b>PURPOSE OF EXPENDITURE</b>                    | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>court messaging platform               |               |   |
|          |  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       | Candidate/Officeholder name  | Office sought | Office held                                     |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

|          |  |   |   |               |   |
|----------|--|---|---|---------------|---|
| <b>1</b> | Total pages Schedule F1:<br>Sch: 7/10 Rpt: 31/41 | <b>2</b>  | FILER NAME<br>Lancelin, Angela M. (The Honorable)   | <b>3</b>      | Filer ID (Ethics Commission Filers)<br>00085818 |
| <b>4</b> | Date<br>03/20/2023                               | <b>5</b>  | Payee name<br>slack technologies  |               |   |
| <b>6</b> | Amount (\$)<br>\$9.33                            | <b>7</b>  | Payee address; City; State; Zip Code<br>500 Howard street<br><br>San Francisco, CA 94105  |               |   |
| <b>8</b> | <b>PURPOSE OF EXPENDITURE</b>                    | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>monthly messaging platform      |               |   |
| <b>9</b> |  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                      | Candidate/Officeholder name   | Office sought | Office held                                     |
|          | Date<br>04/20/2023                               |   | Payee name<br>slack technologies  |               |   |
|          | Amount (\$)<br>\$9.33                            |   | Payee address; City; State; Zip Code<br>500 Howard street<br><br>San Francisco, CA 94105  |               |   |
|          | <b>PURPOSE OF EXPENDITURE</b>                    | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>monthly messaging platform      |               |   |
|          |  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                      | Candidate/Officeholder name   | Office sought | Office held                                     |
|          | Date<br>05/22/2023                               |   | Payee name<br>slack technologies  |               |   |
|          | Amount (\$)<br>\$9.33                            |   | Payee address; City; State; Zip Code<br>500 Howard street<br><br>San Francisco, CA 94105  |               |   |
|          | <b>PURPOSE OF EXPENDITURE</b>                    | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>campaign messaging platform fee |               |   |
|          |  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                      | Candidate/Officeholder name   | Office sought | Office held                                     |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 8/10 Rpt: 32/41    | <b>2</b> FILER NAME<br>Lancelin, Angela M. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085818  |
| <b>4</b> Date<br>06/20/2023                                  | <b>5</b> Payee name<br>slack technologies   |   |
| <b>6</b> Amount (\$)<br>\$9.33                               | <b>7</b> Payee address; City; State; Zip Code<br>500 Howard street<br><br>San Francisco, CA 94105   |   |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Office messaging    |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>01/25/2023   | Payee name<br>southwest democrats   |   |
| Amount (\$)<br>\$10.00                                       | Payee address; City; State; Zip Code<br>p.o. box 2053<br><br>bellaire, TX 77402   |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Membership fees     |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>03/27/2023   | Payee name<br>southwest democrats   |   |
| Amount (\$)<br>\$10.00                                       | Payee address; City; State; Zip Code<br>p.o. box 2053<br><br>bellaire, TX 77402   |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>monthly member dues |
| 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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 9/10 Rpt: 33/41 | <b>2</b> FILER NAME<br>Lancelin, Angela M. (The Honorable) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085818 |
|---|--|--|

|                             |  |
|-----------------------------|--|
| <b>4</b> Date<br>04/25/2023 | <b>5</b> Payee name<br>southwest democrats |
|-----------------------------|--|

|                                 |  |
|---------------------------------|--|
| <b>6</b> Amount (\$)<br>\$10.00 | <b>7</b> Payee address; City; State; Zip Code<br>p.o. box 2053<br><br>bellaire, TX 77402 |
|---------------------------------|--|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>monthly membership dues |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                                   |
|--------------------|-----------------------------------|
| Date<br>05/25/2023 | Payee name<br>southwest democrats |
|--------------------|-----------------------------------|

|                        |   |
|------------------------|---|
| Amount (\$)<br>\$10.00 | Payee address; City; State; Zip Code<br>p.o. box 2053<br><br>bellaire, TX 77402 |
|------------------------|---|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Fees | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>membership dues |
|------------------------|--|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                                   |
|--------------------|-----------------------------------|
| Date<br>06/26/2023 | Payee name<br>southwest democrats |
|--------------------|-----------------------------------|

|                        |   |
|------------------------|---|
| Amount (\$)<br>\$10.00 | Payee address; City; State; Zip Code<br>p.o. box 2053<br><br>bellaire, TX 77402 |
|------------------------|---|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>member dues |
|------------------------|---|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|  |  |
|--|--|
|  |  |
|--|--|

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | 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.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 10/10 Rpt: 34/41          | <b>2</b> FILER NAME<br>Lancelin, Angela M. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085818  |
| <b>4</b> Date<br>03/16/2023   | <b>5</b> Payee name<br>usps   |   |
| <b>6</b> Amount (\$)<br>\$113.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>11805 chimney rock<br><br>houston , TX 77035             |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Annual PO Box payment |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought                      Office held  |

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule I:<br>Sch: 1/4 Rpt: | <b>2</b> FILER NAME<br>Lancelin, Angela M. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085818   |
| <b>4</b> Date<br>03/21/2023                       | <b>5</b> Payee name<br>Dollar Tree  |  |
| <b>6</b> Amount (\$)<br>23.00                     | <b>7</b> Payee Address; City; State; Zip<br>1430 West Gray Street<br><br>houston , TX 77019           |  |
| <b>8</b> PURPOSE OF EXPENDITURE                   | <b>(a)</b> Category (See instructions for examples of acceptable categories)<br>supplies              | <b>(b)</b> Description (See instructions regarding type of information required.)<br>courtroom             |
| Date<br>02/28/2023                                | Payee name<br>Dona Maria Taqueria   |  |
| Amount (\$)<br>37.64                              | Payee Address; City; State; Zip<br>2601 navigation<br><br>houston , TX 77003                          |  |
| PURPOSE OF EXPENDITURE                            | <b>(a)</b> Category (See instructions for examples of acceptable categories)<br>Food/Beverage Expense | <b>(b)</b> Description (See instructions regarding type of information required.)<br>staff lunch           |
| Date<br>05/11/2023                                | Payee name<br>Franks Pizza  |  |
| Amount (\$)<br>153.00                             | Payee Address; City; State; Zip<br>417 Travis Street<br><br>Houston , TX 77002                        |  |
| PURPOSE OF EXPENDITURE                            | <b>(a)</b> Category (See instructions for examples of acceptable categories)<br>Food/Beverage Expense | <b>(b)</b> Description (See instructions regarding type of information required.)<br>family board luncheon |
| Date<br>03/23/2023                                | Payee name<br>Hilton Houston Post Oak   |  |
| Amount (\$)<br>12.99                              | Payee Address; City; State; Zip<br>2001 Post Oak Blvd<br><br>Houston , TX 77056                       |  |
| PURPOSE OF EXPENDITURE                            | <b>(a)</b> Category (See instructions for examples of acceptable categories)<br>Fees                  | <b>(b)</b> Description (See instructions regarding type of information required.)<br>cle parking           |

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule I:<br>Sch: 2/4 Rpt: | <b>2</b> FILER NAME<br>Lancelin, Angela M. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085818   |
| <b>4</b> Date<br>03/23/2023                       | <b>5</b> Payee name<br>Hilton Houston Post Oak  |  |
| <b>6</b> Amount (\$)<br>12.99                     | <b>7</b> Payee Address; City; State; Zip<br>2001 Post Oak Blvd<br><br>Houston , TX 77056              |  |
| <b>8</b> PURPOSE OF EXPENDITURE                   | <b>(a)</b> Category (See instructions for examples of acceptable categories)<br>Fees                  | <b>(b)</b> Description (See instructions regarding type of information required.)<br>cle parking               |
| Date<br>03/24/2023                                | Payee name<br>Hilton Houston Post Oak   |  |
| Amount (\$)<br>12.99                              | Payee Address; City; State; Zip<br>2001 Post Oak Blvd<br><br>Houston , TX 77056                       |  |
| PURPOSE OF EXPENDITURE                            | <b>(a)</b> Category (See instructions for examples of acceptable categories)<br>Fees                  | <b>(b)</b> Description (See instructions regarding type of information required.)<br>cle parking               |
| Date<br>06/04/2023                                | Payee name<br>SAMs Club   |  |
| Amount (\$)<br>252.15                             | Payee Address; City; State; Zip<br>13600 East Freewat<br><br>Houston , TX 77015                       |  |
| PURPOSE OF EXPENDITURE                            | <b>(a)</b> Category (See instructions for examples of acceptable categories)<br>Food/Beverage Expense | <b>(b)</b> Description (See instructions regarding type of information required.)<br>jury snacks and beverages |
| Date<br>06/13/2023                                | Payee name<br>SAMs Club   |  |
| Amount (\$)<br>126.00                             | Payee Address; City; State; Zip<br>13600 East Freewat<br><br>Houston , TX 77015                       |  |
| PURPOSE OF EXPENDITURE                            | <b>(a)</b> Category (See instructions for examples of acceptable categories)<br>Food/Beverage Expense | <b>(b)</b> Description (See instructions regarding type of information required.)<br>jury snacks and beverages |

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule I:<br>Sch: 3/4 Rpt: | <b>2</b> FILER NAME<br>Lancelin, Angela M. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085818  |
| <b>4</b> Date<br>05/31/2023                       | <b>5</b> Payee name<br>Salata   |   |
| <b>6</b> Amount (\$)<br>45.42                     | <b>7</b> Payee Address; City; State; Zip<br>1200 McKinney<br><br>Houston , TX 77002                   |   |
| <b>8</b> PURPOSE OF EXPENDITURE                   | <b>(a)</b> Category (See instructions for examples of acceptable categories)<br>Food/Beverage Expense | <b>(b)</b> Description (See instructions regarding type of information required.)<br>staff lunch              |
| Date<br>06/06/2023                                | Payee name<br>Texas State Bar   |   |
| Amount (\$)<br>90.00                              | Payee Address; City; State; Zip<br>1414 Colorado Street<br><br>Austin , TX 78701                      |   |
| PURPOSE OF EXPENDITURE                            | <b>(a)</b> Category (See instructions for examples of acceptable categories)<br>Fees                  | <b>(b)</b> Description (See instructions regarding type of information required.)<br>state bar section dues   |
| Date<br>04/14/2023                                | Payee name<br>The Pit Room  |   |
| Amount (\$)<br>70.95                              | Payee Address; City; State; Zip<br>1201 Richmond<br><br>houston , TX 77006                            |   |
| PURPOSE OF EXPENDITURE                            | <b>(a)</b> Category (See instructions for examples of acceptable categories)<br>Food/Beverage Expense | <b>(b)</b> Description (See instructions regarding type of information required.)<br>staff lunch              |
| Date<br>04/17/2023                                | Payee name<br>Trinity Tailor and Alterations  |   |
| Amount (\$)<br>129.90                             | Payee Address; City; State; Zip<br>8805 Stella Link Rd<br><br>Houston , TX 77025                      |   |
| PURPOSE OF EXPENDITURE                            | <b>(a)</b> Category (See instructions for examples of acceptable categories)<br>alterations           | <b>(b)</b> Description (See instructions regarding type of information required.)<br>judicial robe alteration |

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule I:<br>Sch: 4/4 Rpt: | <b>2</b> FILER NAME<br>Lancelin, Angela M. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085818   |
| <b>4</b> Date<br>01/19/2023                       | <b>5</b> Payee name<br>door dash  |  |
| <b>6</b> Amount (\$)<br>91.31                     | <b>7</b> Payee Address; City; State; Zip<br>303 2nd Street Ste 800<br><br>San Fransico, CA 94107      |  |
| <b>8</b> PURPOSE OF EXPENDITURE                   | <b>(a)</b> Category (See instructions for examples of acceptable categories)<br>Food/Beverage Expense | <b>(b)</b> Description (See instructions regarding type of information required.)<br>staff birthday celebration          |
| Date<br>01/27/2023                                | Payee name<br>jason's deli  |  |
| Amount (\$)<br>106.41                             | Payee Address; City; State; Zip<br>901 Mckinny<br><br>Houston , TX 77002                              |  |
| PURPOSE OF EXPENDITURE                            | <b>(a)</b> Category (See instructions for examples of acceptable categories)<br>Food/Beverage Expense | <b>(b)</b> Description (See instructions regarding type of information required.)<br>staff luncheon                      |
| Date<br>03/21/2023                                | Payee name<br>marshalls   |  |
| Amount (\$)<br>124.34                             | Payee Address; City; State; Zip<br>1450 W Gray Street<br><br>houston , TX 77019                       |  |
| PURPOSE OF EXPENDITURE                            | <b>(a)</b> Category (See instructions for examples of acceptable categories)<br>supplies              | <b>(b)</b> Description (See instructions regarding type of information required.)<br>courtroom decor                     |
| Date<br>03/21/2023                                | Payee name<br>randalls  |  |
| Amount (\$)<br>17.38                              | Payee Address; City; State; Zip<br>4800 W Bellfort<br><br>houston, TX 77035                           |  |
| PURPOSE OF EXPENDITURE                            | <b>(a)</b> Category (See instructions for examples of acceptable categories)<br>Food/Beverage Expense | <b>(b)</b> Description (See instructions regarding type of information required.)<br>bottled water/sodas for court staff |

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Total pages Schedule K:<br>Sch: 1/2 Rpt: 39/41  |
| <b>2</b> FILER NAME<br>Lancelin, Angela M. (The Honorable)       |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085818 |
| <b>4</b> Date<br>01/17/2023                                      | <b>5</b> Name of person from whom amount is received<br>Frost Bank  | <b>8</b> Amount (\$)<br>\$1.14                           |
|  | <b>6</b> Address of person from whom amount is received; City; State; Zip Code<br><br>Bellaire, TX 77401  |  |
|  | <b>7</b> Purpose for which amount is received<br>interest on political account <input type="checkbox"/> Check if political contribution returned to filer |  |
| Date<br>02/14/2023   | Name of person from whom amount is received<br>Frost Bank   | Amount (\$)<br>\$1.32                                    |
|  | Address of person from whom amount is received; City; State; Zip Code<br><br>Bellaire, TX 77401   |  |
|  | Purpose for which amount is received<br>Interest on political account <input type="checkbox"/> Check if political contribution returned to filer          |  |
| Date<br>03/14/2023   | Name of person from whom amount is received<br>Frost Bank   | Amount (\$)<br>\$2.99                                    |
|  | Address of person from whom amount is received; City; State; Zip Code<br><br>Bellaire, TX 77401   |  |
|  | Purpose for which amount is received<br>interest earned on political account <input type="checkbox"/> Check if political contribution returned to filer   |  |
| Date<br>04/01/2023   | Name of person from whom amount is received<br>Frost Bank   | Amount (\$)<br>\$4.02                                    |
|  | Address of person from whom amount is received; City; State; Zip Code<br><br>Bellaire, TX 77401   |  |
|  | Purpose for which amount is received<br>interest earned on political account <input type="checkbox"/> Check if political contribution returned to filer   |  |
| Date<br>05/12/2023   | Name of person from whom amount is received<br>Frost Bank   | Amount (\$)<br>\$3.60                                    |
|  | Address of person from whom amount is received; City; State; Zip Code<br><br>Bellaire, TX 77401   |  |
|  | Purpose for which amount is received<br>interest earned on political account <input type="checkbox"/> Check if political contribution returned to filer   |  |

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule K:<br>Sch: 2/2 Rpt: 40/41                    |
| <b>2</b> FILER NAME<br>Lancelin, Angela M. (The Honorable)       |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085818                   |
| <b>4</b> Date<br>06/14/2023                                      | <b>5</b> Name of person from whom amount is received<br>Frost Bank                                       | <b>8</b> Amount (\$)<br>\$4.05   |
|  | <b>6</b> Address of person from whom amount is received; City; State; Zip Code<br><br>Bellaire, TX 77401 |  |
|  | <b>7</b> Purpose for which amount is received<br>interest earned on political account                    | <input type="checkbox"/> Check if political contribution returned to filer |



# OUTSTANDING LOANS

## SCHEDULE L

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule L:<br>Sch: 1/1 Rpt: 41/41  |
| <b>2</b> FILER NAME<br>Lancelin, Angela M. (The Honorable)       |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085818 |
| LENDER INFORMATION   | <b>4</b> Name of lender<br>smart financial credit union  |  |
|  | <b>5</b> Lender address; City; State; Zip Code<br><br>houston, TX 77072                              |  |
| GUARANTOR INFORMATION  | <b>6</b> Name of guarantor   |  |
|  | <input checked="" type="checkbox"/> not applicable <b>7</b> Guarantor address; City; State; Zip Code |  |