# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

**FORM COR-C/OH**

**1** Filer ID (Ethics Commission Filers): 00085955

**2** Total pages filed: 54

**OFFICE USE ONLY**

Date Received: ELECTRONICALLY FILED 05/03/2024

Date Hand-delivered or Date Postmarked:

Receipt #: | Amount:

Date Processed:

Date Imaged:

**3** CANDIDATE / OFFICEHOLDER NAME

| MS / MRS / MR | FIRST | MI |
|---|---|---|
| The Honorable | Angelia Duke | |
| **NICKNAME** | **LAST** | **SUFFIX** |
| | Orr | |

**4** ORIGINAL REPORT TYPE

- [X] January 15
- [ ] July 15
- [ ] 30th day before election
- [ ] 8th day before election
- [ ] Runoff
- [ ] Exceeded modified reporting limit
- [ ] 15th day after campaign treasurer appointment (officeholder only)
- [ ] Final Report (Attach C/OH-FR)
- [ ] Other (specify)

**5** ORIGINAL PERIOD COVERED

Month Day Year: 07/01/2023 THROUGH Month Day Year: 12/31/2023

**6** EXPLANATION OF CORRECTION

Upon reconciling my January campaign bank account recently, I noticed that a check written on 12/29/2023 was not reported on the January 2024 Semiannual Report. This check was written to my political consultants for $850.73 for two invoices that were reported in the unpaid, incurred section of the report. This corrected report addresses the omission of the expense and removes the two invoices from the unpaid, incurred section of the report thus ensuring that my campaign financial reporting is complete and accurate. There was no intention to mislead, this omission was a bookkeeping error.

**7** AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

[X] **Semiannual reports:** I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

[X] **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

The Honorable Angelia Duke Orr

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

**Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

**The C/OH Instruction Guide explains how to complete this form.**

**1** Filer ID (Ethics Commission Filers): 00085955

**2** Total pages filed: 54

**3** CANDIDATE / OFFICEHOLDER NAME

| MS / MRS / MR | FIRST | MI |
|---|---|---|
| The Honorable | Angelia Duke | |

| NICKNAME | LAST | SUFFIX |
|---|---|---|
| | Orr | |

**OFFICE USE ONLY**

Date Received: ELECTRONICALLY FILED 05/03/2024

**4** CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE

PO Box 337

Itasca, TX 76055

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

**5** CAMPAIGN TREASURER NAME

| MS / MRS / MR | FIRST | MI |
|---|---|---|
| Mr. | Robert | |

| NICKNAME | LAST | SUFFIX |
|---|---|---|
| | Cervenka | |

**6** CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

1965 Mount Moriah Rd.

Riesel, TX 76682

**7** CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(254) 875-2286

**8** REPORT TYPE

- [X] January 15
- [ ] 30th day before election
- [ ] Runoff
- [ ] 15th day after campaign treasurer appointment (officeholder only)
- [ ] July 15
- [ ] 8th day before election
- [ ] Exceeded modified reporting limit
- [ ] Final Report (Attach C/OH-FR)

**9** PERIOD COVERED

Month Day Year: 07/01/2023 THROUGH Month Day Year: 12/31/2023

**10** ELECTION

ELECTION DATE: Month Day Year: 03/05/2024

ELECTION TYPE:
- [X] Primary
- [ ] Runoff
- [ ] Other
- [ ] General
- [ ] Special

**11** OFFICE

OFFICE HELD (if any): State Representative District 13

**12** OFFICE SOUGHT (if known): State Representative District 13

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH**
**COVER SHEET PG 2**


| **13** C / OH NAME | Orr, Angelia Duke (The Honorable) | **14** Filer ID (Ethics Commission Filers) |
|---|---|---|
| | | 00085955 |

**15** NOTICE FROM POLITICAL COMMITTEE(S)

☐ Additional Pages

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.

COMMITTEE TYPE

☒ GENERAL

☐ SPECIFIC

COMMITTEE NAME
Texas Alliance for Life Political Action Committee

COMMITTEE ADDRESS
8000 Centre Park Drive
Ste. 380
Austin, TX 78754

COMMITTEE CAMPAIGN TREASURER NAME
Shaw, James

COMMITTEE CAMPAIGN TREASURER ADDRESS
4505 Corazon Cove
Round Rock, TX 78681

| | | | |
|---|---|---|---|
| **16** CONTRIBUTION TOTALS | 1. | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | **$** 0.00 |
| | 2. | **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | **$** 83,403.46 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURES | **$** 1,829.67 |
| | 4. | **TOTAL POLITICAL EXPENDITURES** | **$** 100,038.55 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | **$** 16,119.19 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | **$** 53,451.40 |

**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 Angelia Duke Orr
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering | Printed name of officer administering | Title of officer administering oath

# SUBTOTALS - C/OH

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


| **18** FILER NAME | **19** Filer ID (Ethics Commission Filers) |
|---|---|
| Orr, Angelia Duke (The Honorable) | 00085955 |

| **20** SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE | | | SUBTOTAL AMOUNT | |
|---|---|---|---|---|
| 1. | [X] | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | **$** | 77,386.53 |
| 2. | [X] | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | **$** | 6,016.93 |
| 3. | [ ] | SCHEDULE B: PLEDGED CONTRIBUTIONS | **$** | |
| 4. | [ ] | SCHEDULE E: LOANS | **$** | |
| 5. | [X] | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | **$** | 97,740.09 |
| 6. | [ ] | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | **$** | |
| 7. | [ ] | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | **$** | |
| 8. | [X] | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | **$** | 967.83 |
| 9. | [X] | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | **$** | 1,330.63 |
| 10. | [ ] | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | **$** | |
| 11. | [ ] | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | **$** | |
| 12. | [ ] | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | **$** | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule A1: Sch: 1/13 Rpt: 5/54

**2** FILER NAME: Orr, Angelia Duke (The Honorable)

**3** Filer ID (Ethics Commission Filers): 00085955

| **4** Date | **5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code | **7** Amount of Contribution ($) |
|---|---|---|
| 10/06/2023 | A PAC of the Independent Bankers Association of Texas<br>Austin, TX 78701 | $500.00 |

| **8** Principal occupation / Job title (See Instructions) | **9** Employer (See Instructions) |
|---|---|
| | |

| Date | Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code | Amount of Contribution ($) |
|---|---|---|
| 10/27/2023 | Abney, John (Mr.)<br>Hillsboro, TX 76645 | $500.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

| Date | Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code | Amount of Contribution ($) |
|---|---|---|
| 10/27/2023 | Adams, Veronica (Mrs.)<br>Hillsboro, TX 76645 | $100.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

| Date | Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code | Amount of Contribution ($) |
|---|---|---|
| 12/29/2023 | Allen Boone Humphries Robinson LLP<br>Houston, TX 77027 | $500.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

| Date | Full name of contributor / out-of-state PAC (ID#:) / Contributor address; City; State; Zip Code | Amount of Contribution ($) |
|---|---|---|
| 10/08/2023 | American Pharmacy Inc General Political Action Committee<br>Corpus Christi, TX 78401 | $500.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule A1: Sch: 2/13 Rpt: 6/54

**2** FILER NAME: Orr, Angelia Duke (The Honorable)

**3** Filer ID (Ethics Commission Filers): 00085955

| **4** Date | **5** Full name of contributor ☐ out-of-state PAC (ID#:_____) / **6** Contributor address; City; State; Zip Code | **7** Amount of Contribution ($) |
|---|---|---|
| 10/27/2023 | Association of Texas Professional Educators PAC<br>Austin, TX 78752 | $1,000.00 |
| **8** Principal occupation / Job title (See Instructions) | **9** Employer (See Instructions) | |
| | | |
| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of Contribution ($) |
| 10/08/2023 | Barnes, Charles (Mr.)<br>Itasca, TX 76055 | $25.00 |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | |
| | | |
| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of Contribution ($) |
| 10/08/2023 | Bills, Thomas (Mr.)<br>Itasca, TX 76055 | $50.00 |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | |
| | | |
| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of Contribution ($) |
| 10/06/2023 | Bowman, Nancy (Mrs.)<br>Itasca, TX 76055 | $250.00 |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | |
| | | |
| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of Contribution ($) |
| 08/23/2023 | Byrd, Susan (Ms.)<br>Marlin, TX 76661 | $104.10 |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule A1: Sch: 3/13 Rpt: 7/54

**2** FILER NAME: Orr, Angelia Duke (The Honorable)

**3** Filer ID (Ethics Commission Filers): 00085955

| **4** Date | **5** Full name of contributor ☐ out-of-state PAC (ID#:_____) | **7** Amount of Contribution ($) |
|---|---|---|
| 11/04/2023 | Cathey, Jim (Mr.) | $100.00 |
| | **6** Contributor address; City; State; Zip Code: Marlin, TX 76661 | |
| **8** Principal occupation / Job title (See Instructions) | **9** Employer (See Instructions) | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 10/06/2023 | Cervenka, Robert (Mr.) | $100.00 |
| | Contributor address; City; State; Zip Code: Riesel, TX 76682 | |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 10/06/2023 | Charles Butt Public Education Political Action Committee | $5,000.00 |
| | Contributor address; City; State; Zip Code: San Antonio, TX 78209 | |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 09/21/2023 | Charles Butt Public Education Political Action Committee | $5,000.00 |
| | Contributor address; City; State; Zip Code: San Antonio, TX 78209 | |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 10/08/2023 | Cockerham, John (Mr.) | $25.00 |
| | Contributor address; City; State; Zip Code: Itasca, TX 76055 | |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule A1: Sch: 4/13 Rpt: 8/54

**2** FILER NAME: Orr, Angelia Duke (The Honorable)

**3** Filer ID (Ethics Commission Filers): 00085955

| **4** Date | **5** Full name of contributor ☐ out-of-state PAC (ID#:_____) | **7** Amount of Contribution ($) |
|---|---|---|
| 09/25/2023 | Cox, Jackie (Ms.) | $52.05 |
| | **6** Contributor address; City; State; Zip Code: Abilene, TX 79605 | |
| **8** Principal occupation / Job title (See Instructions) | **9** Employer (See Instructions) | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 10/06/2023 | Crumpton, Pam (Ms.) | $100.00 |
| | Contributor address; City; State; Zip Code: Hillsboro, TX 76645 | |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 10/10/2023 | Daniel, Linda (Mrs.) | $100.00 |
| | Contributor address; City; State; Zip Code: Hillsboro, TX 76645 | |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 12/29/2023 | David Cook Campaign | $500.00 |
| | Contributor address; City; State; Zip Code: Mansfield, TX 76063 | |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 07/13/2023 | Davis, Sherry (Ms.) | $500.00 |
| | Contributor address; City; State; Zip Code: Hillsboro, TX 76645 | |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule A1: Sch: 5/13 Rpt: 9/54

**2** FILER NAME: Orr, Angelia Duke (The Honorable)

**3** Filer ID (Ethics Commission Filers): 00085955

| **4** Date | **5** Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | **7** Amount of Contribution ($) |
|---|---|---|
| 10/08/2023 | Eastman, Jerry (Mr.)<br>Fairfield, TX 75840 | $20.00 |

| **8** Principal occupation / Job title (See Instructions) | **9** Employer (See Instructions) |
|---|---|
| | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of Contribution ($) |
|---|---|---|
| 10/06/2023 | Fowler, Judy (Ms.)<br>Hillsboro, TX 76645 | $104.10 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of Contribution ($) |
|---|---|---|
| 10/08/2023 | Frazier, Edward (Mr.)<br>Coolidge, TX 76635 | $1,000.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of Contribution ($) |
|---|---|---|
| 12/29/2023 | Fulton, Paulette (Mrs.)<br>Hubbard, TX 76648 | $300.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of Contribution ($) |
|---|---|---|
| 10/08/2023 | HOMEPAC of the Texas Association of Builders<br>Austin, TX 78701 | $250.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule A1: Sch: 6/13 Rpt: 10/54

**2** FILER NAME: Orr, Angelia Duke (The Honorable)

**3** Filer ID (Ethics Commission Filers): 00085955

| **4** Date | **5** Full name of contributor / out-of-state PAC (ID#:_____) | **7** Amount of Contribution ($) |
|---|---|---|
| 10/08/2023 | Haddaway, James (Mr.) | $50.00 |
| | **6** Contributor address; City; State; Zip Code: Hillsboro, TX 76645 | |
| **8** Principal occupation / Job title (See Instructions) | **9** Employer (See Instructions) | |

| Date | Full name of contributor / out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 10/06/2023 | Henry, Patti (Ms.) | $100.00 |
| | Contributor address; City; State; Zip Code: Baytown, TX 77523 | |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | |

| Date | Full name of contributor / out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 11/14/2023 | Hill, Gregg (Mr.) | $500.00 |
| | Contributor address; City; State; Zip Code: Hillsboro, TX 76645 | |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | |

| Date | Full name of contributor / out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 11/28/2023 | Holmes, David (Mr.) | $250.00 |
| | Contributor address; City; State; Zip Code: Hillsboro, TX 76645 | |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | |

| Date | Full name of contributor / out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 10/01/2023 | Johnson, Kellie (Ms.) | $260.25 |
| | Contributor address; City; State; Zip Code: Spring, TX 77382 | |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule A1: Sch: 7/13 Rpt: 11/54

**2** FILER NAME: Orr, Angelia Duke (The Honorable)

**3** Filer ID (Ethics Commission Filers): 00085955

| **4** Date | **5** Full name of contributor / out-of-state PAC (ID#:_____) / **6** Contributor address; City; State; Zip Code | **7** Amount of Contribution ($) |
|---|---|---|
| 12/31/2023 | Kennedy, Sharon (Ms.)<br>Hillsboro, TX 76645 | $100.00 |

| **8** Principal occupation / Job title (See Instructions) | **9** Employer (See Instructions) |
|---|---|
| | |

| Date | Full name of contributor / out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of Contribution ($) |
|---|---|---|
| 10/10/2023 | Linebarger Goggan Blair & Sampson LLP<br>Austin, TX 78760 | $500.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

| Date | Full name of contributor / out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of Contribution ($) |
|---|---|---|
| 10/06/2023 | Littell, George (Mr.)<br>Aquilla, TX 76622 | $150.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

| Date | Full name of contributor / out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of Contribution ($) |
|---|---|---|
| 10/06/2023 | Maass, James (Mr.)<br>Bynum, TX 76631 | $500.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

| Date | Full name of contributor / out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code | Amount of Contribution ($) |
|---|---|---|
| 12/29/2023 | Maass, James (Mr.)<br>Bynum, TX 76631 | $250.00 |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule A1: Sch: 8/13 Rpt: 12/54

**2** FILER NAME: Orr, Angelia Duke (The Honorable)

**3** Filer ID (Ethics Commission Filers): 00085955

| **4** Date | **5** Full name of contributor / out-of-state PAC (ID#:) / **6** Contributor address; City; State; Zip Code | **7** Amount of Contribution ($) | **8** Principal occupation / Job title (See Instructions) | **9** Employer (See Instructions) |
|---|---|---|---|---|
| 10/06/2023 | Mastin, Julie (Ms.)<br>Fort Worth, TX 76107 | $100.00 | | |
| 10/08/2023 | ☒ out-of-state PAC (ID#: C00225342)<br>McGuireWoods Federal Political Action Committee<br>Richmond, VA 23219 | $500.00 | | |
| 10/08/2023 | ☐ out-of-state PAC (ID#:)<br>Moak Casey Political Action Committee<br>Austin, TX 78746 | $500.00 | | |
| 10/06/2023 | ☐ out-of-state PAC (ID#:)<br>Mojica, Dave (Mr.)<br>Hillsboro, TX 76645 | $100.00 | | |
| 11/04/2023 | ☐ out-of-state PAC (ID#:)<br>Oncor Texas State Political Action Committee<br>Dallas, TX 75202 | $1,500.00 | | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule A1: Sch: 9/13 Rpt: 13/54

**2** FILER NAME: Orr, Angelia Duke (The Honorable)

**3** Filer ID (Ethics Commission Filers): 00085955

| **4** Date | **5** Full name of contributor ☐ out-of-state PAC (ID#:_____) | **7** Amount of Contribution ($) |
|---|---|---|
| 10/08/2023 | PAC of the Independent Insurance Agents of Texas | $250.00 |
| | **6** Contributor address; City; State; Zip Code: Austin, TX 78768 | |
| **8** Principal occupation / Job title (See Instructions) | **9** Employer (See Instructions) | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 09/25/2023 | Peralta, Georgegigi (Ms.) | $26.03 |
| | Contributor address; City; State; Zip Code: Hillsboro, TX 76645 | |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 11/07/2023 | Pope, Clay (Mr.) | $1,000.00 |
| | Contributor address; City; State; Zip Code: Austin, TX 78703 | |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 10/06/2023 | Reddell, Cathy (Ms.) | $200.00 |
| | Contributor address; City; State; Zip Code: Hubbard, TX 76648 | |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 08/02/2023 | Rural Friends of Texas Electric Cooperatives | $3,000.00 |
| | Contributor address; City; State; Zip Code: Austin, TX 78701 | |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule A1: Sch: 10/13 Rpt: 14/54

**2** FILER NAME: Orr, Angelia Duke (The Honorable)

**3** Filer ID (Ethics Commission Filers): 00085955

| **4** Date | **5** Full name of contributor ☐ out-of-state PAC (ID#:_____) | **7** Amount of Contribution ($) |
|---|---|---|
| 10/06/2023 | Sawyer, Nancy (Ms.) | $100.00 |
| | **6** Contributor address; City; State; Zip Code: Longview, TX 75604 | |

| **8** Principal occupation / Job title (See Instructions) | **9** Employer (See Instructions) |
|---|---|
| | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 10/06/2023 | Schneider, Cheryl (Mrs.) | $250.00 |
| | Contributor address; City; State; Zip Code: Whitney, TX 76692 | |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 08/02/2023 | Schronk, Susan (Mrs.) | $1,000.00 |
| | Contributor address; City; State; Zip Code: Hillsboro, TX 76645 | |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 10/08/2023 | Skelton, David (Mr.) | $1,000.00 |
| | Contributor address; City; State; Zip Code: Hillsboro, TX 76645 | |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 10/08/2023 | Stallings, Glenda (Ms.) | $20.00 |
| | Contributor address; City; State; Zip Code: Donie, TX 75898 | |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule A1: Sch: 11/13 Rpt: 15/54

**2** FILER NAME: Orr, Angelia Duke (The Honorable)

**3** Filer ID (Ethics Commission Filers): 00085955

| **4** Date | **5** Full name of contributor ☐ out-of-state PAC (ID#:_____) | **7** Amount of Contribution ($) |
|---|---|---|
| 07/18/2023 | Talk Farms | $1,000.00 |
| | **6** Contributor address; City; State; Zip Code: Itasca, TX 76055 | |

**8** Principal occupation / Job title (See Instructions):

**9** Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 10/08/2023 | Terry, Rockney | $50.00 |
| | Contributor address; City; State; Zip Code: Marlin, TX 76661 | |

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 08/17/2023 | Texans for Lawsuit Reform Political Action Committee | $40,000.00 |
| | Contributor address; City; State; Zip Code: Austin, TX 78701 | |

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 10/10/2023 | Texas Apartment Association Political Action Committee | $750.00 |
| | Contributor address; City; State; Zip Code: Austin, TX 78701 | |

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 07/18/2023 | Texas Dairymen Political Action Committee | $1,000.00 |
| | Contributor address; City; State; Zip Code: Austin, TX 78711 | |

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule A1: Sch: 12/13 Rpt: 16/54

**2** FILER NAME: Orr, Angelia Duke (The Honorable)

**3** Filer ID (Ethics Commission Filers): 00085955

| **4** Date | **5** Full name of contributor ☐ out-of-state PAC (ID#:_____) | **7** Amount of Contribution ($) |
|---|---|---|
| 10/08/2023 | Texas Land Title Association Political Action Committee | $1,000.00 |
| | **6** Contributor address; City; State; Zip Code: Austin, TX 78703 | |
| **8** Principal occupation / Job title (See Instructions) | **9** Employer (See Instructions) | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 10/08/2023 | Texas Medical Association Political Action Committee | $250.00 |
| | Contributor address; City; State; Zip Code: Austin, TX 78701 | |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 10/08/2023 | Texas State Association of Fire Fighters Action Committee | $500.00 |
| | Contributor address; City; State; Zip Code: Austin, TX 78701 | |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 12/07/2023 | The Chickasaw Nation | $2,500.00 |
| | Contributor address; City; State; Zip Code: Ada, OK 74820 | |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | |

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of Contribution ($) |
|---|---|---|
| 11/28/2023 | Vazquez, Arely (Mrs.) | $50.00 |
| | Contributor address; City; State; Zip Code: Lorena, TX 76655 | |
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule A1: Sch: 13/13 Rpt: 17/54

**2** FILER NAME: Orr, Angelia Duke (The Honorable)

**3** Filer ID (Ethics Commission Filers): 00085955

| **4** Date | **5** Full name of contributor / out-of-state PAC (ID#:) | **7** Amount of Contribution ($) |
|---|---|---|
| 11/28/2023 | Vazquez, Ignacio (Mr.) | $50.00 |
| | **6** Contributor address; City; State; Zip Code: Lorena, TX 76655 | |

| **8** Principal occupation / Job title (See Instructions) | **9** Employer (See Instructions) |
|---|---|
| | |

| Date | Full name of contributor / out-of-state PAC (ID#:) | Amount of Contribution ($) |
|---|---|---|
| 11/14/2023 | Waste Management Employees Better Government Fund (X out-of-state PAC, ID#: C00119008) | $1,250.00 |
| | Contributor address; City; State; Zip Code: Washington, DC 20004 | |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

| Date | Full name of contributor / out-of-state PAC (ID#:) | Amount of Contribution ($) |
|---|---|---|
| 07/03/2023 | Westmoreland, Dolores (Mrs.) | $100.00 |
| | Contributor address; City; State; Zip Code: Hillsboro, TX 76645 | |

| Principal occupation / Job title (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule A2: Sch: 1/1 Rpt: 18/54

**2** FILER NAME: Orr, Angelia Duke (The Honorable)

**3** Filer ID (Ethics Commission Filers): 00085955

**4** TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS — **$**

| **5** Date | **6** Full name of contributor / **7** Contributor address; City; State; Zip Code | **8** Amount of contribution ($) | **9** In-kind contribution description |
|---|---|---|---|
| 07/26/2023 | ☐ out-of-state PAC (ID#:_____)<br>Associated Republicans of Texas Campaign Fund<br>Austin, TX 78746 | $4,000.00 | Campaign Digital Advertising |

☐ Check if travel outside of Texas. Complete Schedule T.

| **10** Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | **11** Employer (FOR NON-JUDICIAL) (See instructions) |
|---|---|
| **12** Contributor's principal occupation (FOR JUDICIAL) | **13** Contributor's job title (FOR JUDICIAL) (See instructions) |
| **14** Contributor's employer/law firm (FOR JUDICIAL) | **15** Law firm of contributor's spouse (if any) (FOR JUDICIAL) |

**16** If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description |
|---|---|---|---|
| 07/26/2023 | ☐ out-of-state PAC (ID#:_____)<br>Associated Republicans of Texas Campaign Fund<br>Austin, TX 78746 | $1,963.60 | Campaign Text Messaging |

☐ Check if travel outside of Texas. Complete Schedule T.

| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | Employer (FOR NON-JUDICIAL) (See instructions) |
|---|---|
| Contributor's principal occupation (FOR JUDICIAL) | Contributor's job title (FOR JUDICIAL) (See instructions) |
| Contributor's employer/law firm (FOR JUDICIAL) | Law firm of contributor's spouse (if any) (FOR JUDICIAL) |

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

| Date | Full name of contributor / Contributor address; City; State; Zip Code | Amount of contribution ($) | In-kind contribution description |
|---|---|---|---|
| 07/07/2023 | ☐ out-of-state PAC (ID#:_____)<br>Texans for Lawsuit Reform Political Action Committee<br>Austin, TX 78701 | $53.33 | Campaign Fundraiser |

☐ Check if travel outside of Texas. Complete Schedule T.

| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | Employer (FOR NON-JUDICIAL) (See instructions) |
|---|---|
| Contributor's principal occupation (FOR JUDICIAL) | Contributor's job title (FOR JUDICIAL) (See instructions) |
| Contributor's employer/law firm (FOR JUDICIAL) | Law firm of contributor's spouse (if any) (FOR JUDICIAL) |

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| Sch: 1/22 Rpt: 19/54 | Orr, Angelia Duke (The Honorable) | 00085955 |

| 4 Date | 5 Payee name |
|---|---|
| 11/13/2023 | Alpha A Enterprises, LLC |

| 6 Amount ($) | 7 Payee address; City; State; Zip Code |
|---|---|
| $200.00 | 2023 FoxBorough Drive<br>Eagle Pass, TX 78852 |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Advertising Expense | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Political advertising - photography |

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

| Date | Payee name |
|---|---|
| 12/04/2023 | Austin Land and Cattle |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $336.79 | 1205 N Lamar Street<br>Austin, TX 78703 |

| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Food/Beverage Expense | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>OH dinner meeting |

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

| Date | Payee name |
|---|---|
| 08/19/2023 | CASA of Hill County |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $200.00 | 66 W Elm Street<br>Hillsboro, TX 76645 |

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

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| Sch: 2/22 Rpt: 20/54 | Orr, Angelia Duke (The Honorable) | 00085955 |

| 4 Date | 5 Payee name |
|---|---|
| 08/15/2023 | Campaign Reporting Solutions LLC |

| 6 Amount ($) | 7 Payee address; City; State; Zip Code |
|---|---|
| $180.00 | 110 Carriage Drive<br>Lufkin, TX 75904 |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Accounting/Banking | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Campaign bookkeeping services |

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

| Date | Payee name |
|---|---|
| 07/17/2023 | Campaign Reporting Solutions LLC |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $1,153.50 | 110 Carriage Drive<br>Lufkin, TX 75904 |

| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Accounting/Banking | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Campaign bookkeeping services |

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

| Date | Payee name |
|---|---|
| 11/30/2023 | Capitol Extension Gift Shop |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $541.25 | 1400 Congress Avenue<br>Ste. E1.006<br>Austin, TX 78701 |

| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Gift/Awards/Memorials Expense | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Constituent gifts |

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| Sch: 3/22 Rpt: 21/54 | Orr, Angelia Duke (The Honorable) | 00085955 |

| 4 Date | 5 Payee name |
|---|---|
| 12/15/2023 | Capitol Extension Gift Shop |

| 6 Amount ($) | 7 Payee address; City; State; Zip Code |
|---|---|
| $433.00 | 1400 Congress Avenue<br>Ste. E1.006<br>Austin, TX 78701 |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Gift/Awards/Memorials Expense | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Constituent gifts |

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

| Date | Payee name |
|---|---|
| 10/03/2023 | Casa de Castillo |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $340.32 | 4820 Sanger Avenue<br>Waco, TX 76710 |

| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Food/Beverage Expense | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>OH dinner meeting |

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

| Date | Payee name |
|---|---|
| 07/11/2023 | Constant Contact |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $86.34 | 1601 Trapelo Road<br>Waltham, MA 02451 |

| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Office Overhead/Rental Expense | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Email distribution service for campaign office |

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| Sch: 4/22 Rpt: 22/54 | Orr, Angelia Duke (The Honorable) | 00085955 |

| 4 Date | 5 Payee name |
|---|---|
| 08/11/2023 | Constant Contact |

| 6 Amount ($) | 7 Payee address; City; State; Zip Code |
|---|---|
| $86.34 | 1601 Trapelo Road<br><br>Waltham, MA 02451 |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Office Overhead/Rental Expense | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Email distribution service for campaign office |

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

| Date | Payee name |
|---|---|
| 09/11/2023 | Constant Contact |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $86.34 | 1601 Trapelo Road<br><br>Waltham, MA 02451 |

| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Office Overhead/Rental Expense | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Email distribution service for campaign office |

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

| Date | Payee name |
|---|---|
| 10/11/2023 | Constant Contact |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $86.34 | 1601 Trapelo Road<br><br>Waltham, MA 02451 |

| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Office Overhead/Rental Expense | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Email distribution service for campaign office |

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| Sch: 5/22 Rpt: 23/54 | Orr, Angelia Duke (The Honorable) | 00085955 |

| 4 Date | 5 Payee name |
|---|---|
| 11/13/2023 | Constant Contact |

| 6 Amount ($) | 7 Payee address; City; State; Zip Code |
|---|---|
| $86.34 | 1601 Trapelo Road<br>Waltham, MA 02451 |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Office Overhead/Rental Expense | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Email distribution service for campaign office |

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

| Date | Payee name |
|---|---|
| 12/11/2023 | Constant Contact |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $86.34 | 1601 Trapelo Road<br>Waltham, MA 02451 |

| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Office Overhead/Rental Expense | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Email distribution service for campaign office |

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

| Date | Payee name |
|---|---|
| 08/26/2023 | Falls County Republican Party |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $100.00 | PO Box 1336<br>Marlin, TX 76661 |

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

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| Sch: 6/22 Rpt: 24/54 | Orr, Angelia Duke (The Honorable) | 00085955 |

| 4 Date | 5 Payee name |
|---|---|
| 11/04/2023 | Falls County Republican Party |

| 6 Amount ($) | 7 Payee address; City; State; Zip Code |
|---|---|
| $225.00 | PO Box 1336<br><br>Marlin, TX 76661 |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Contributions/Donations Made By Candidate/Officeholder/Political Committee | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Political donation |

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

| Date | Payee name |
|---|---|
| 07/25/2023 | Humphries, Lynne |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $2,300.00 | 1515 Savannah Drive<br><br>Richmond, TX 77406 |

| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Fees | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☒ Check if Austin, TX, officeholder living expense<br>Rent for political apartment maintained in Austin |

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

| Date | Payee name |
|---|---|
| 08/28/2023 | Humphries, Lynne |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $2,300.00 | 1515 Savannah Drive<br><br>Richmond, TX 77406 |

| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Fees | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☒ Check if Austin, TX, officeholder living expense<br>Rent for political apartment maintained in Austin |

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| Sch: 7/22 Rpt: 25/54 | Orr, Angelia Duke (The Honorable) | 00085955 |

| 4 Date | 5 Payee name |
|---|---|
| 09/28/2023 | Humphries, Lynne |

| 6 Amount ($) | 7 Payee address; City; State; Zip Code |
|---|---|
| $2,300.00 | 1515 Savannah Drive<br>Richmond, TX 77406 |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Fees | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☒ Check if Austin, TX, officeholder living expense<br>Rent for political apartment maintained in Austin |

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

| Date | Payee name |
|---|---|
| 10/25/2023 | Humphries, Lynne |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $2,300.00 | 1515 Savannah Drive<br>Richmond, TX 77406 |

| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Fees | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☒ Check if Austin, TX, officeholder living expense<br>Rent for political apartment maintained in Austin |

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

| Date | Payee name |
|---|---|
| 11/28/2023 | Humphries, Lynne |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $2,300.00 | 1515 Savannah Drive<br>Richmond, TX 77406 |

| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Fees | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☒ Check if Austin, TX, officeholder living expense<br>Rent for political apartment maintained in Austin |

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| Sch: 8/22 Rpt: 26/54 | Orr, Angelia Duke (The Honorable) | 00085955 |

| 4 Date | 5 Payee name |
|---|---|
| 12/12/2023 | Kimbrell, Lindsay |

| 6 Amount ($) | 7 Payee address; City; State; Zip Code |
|---|---|
| $400.00 | 330 HCR 1355<br>Itasca, TX 76055 |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Salaries/Wages/Contract Labor | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Campaign contract labor |

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

| Date | Payee name |
|---|---|
| 11/01/2023 | Limestone County Fire Fighters Association |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $50.00 | PO Box 440<br>Groesbeck, TX 76642 |

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

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

| Date | Payee name |
|---|---|
| 10/25/2023 | Limestone County Republican Women |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $500.00 | 201 E 7th Street<br>Thornton, TX 76687 |

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

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| Sch: 9/22 Rpt: 27/54 | Orr, Angelia Duke (The Honorable) | 00085955 |

| 4 Date | 5 Payee name |
|---|---|
| 10/10/2023 | McLennan County Republican Party |

| 6 Amount ($) | 7 Payee address; City; State; Zip Code |
|---|---|
| $300.00 | 539 N Vallley Mills Drive<br>Waco, TX 76710 |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Contributions/Donations Made By Candidate/Officeholder/Political Committee | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Political donation |

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

| Date | Payee name |
|---|---|
| 08/12/2023 | Mexia State Supported Living Center |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $300.00 | PO Box 1132<br>Mexia, TX 76667 |

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

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

| Date | Payee name |
|---|---|
| 08/01/2023 | Murphy Nasica |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $500.00 | PO Box 1648<br>Austin, TX 78767 |

| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Consulting Expense | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Political consulting - campaign services |

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| Sch: 10/22 Rpt: 28/54 | Orr, Angelia Duke (The Honorable) | 00085955 |

| 4 Date | 5 Payee name |
|---|---|
| 09/27/2023 | Murphy Nasica |

| 6 Amount ($) | 7 Payee address; City; State; Zip Code |
|---|---|
| $500.00 | PO Box 1648<br>Austin, TX 78767 |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Consulting Expense | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Political consulting - campaign services |

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

| Date | Payee name |
|---|---|
| 12/07/2023 | Murphy Nasica |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $500.00 | PO Box 1648<br>Austin, TX 78767 |

| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Consulting Expense | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Political consulting - campaign services |

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

| Date | Payee name |
|---|---|
| 12/07/2023 | Murphy Nasica |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $500.00 | PO Box 1648<br>Austin, TX 78767 |

| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Consulting Expense | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Political consulting - campaign services |

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| Sch: 11/22 Rpt: 29/54 | Orr, Angelia Duke (The Honorable) | 00085955 |

| 4 Date | 5 Payee name |
|---|---|
| 08/24/2023 | Murphy Nasica |

| 6 Amount ($) | 7 Payee address; City; State; Zip Code |
|---|---|
| $12,508.53 | PO Box 1648<br>Austin, TX 78767 |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Advertising Expense | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Political advertising - design, printing and mailing of campaign direct mail |

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

| Date | Payee name |
|---|---|
| 10/06/2023 | Murphy Nasica |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $17,155.01 | PO Box 1648<br>Austin, TX 78767 |

| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Advertising Expense | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Political advertising - design, printing and mailing of campaign direct mail |

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

| Date | Payee name |
|---|---|
| 09/20/2023 | Murphy Nasica |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $4,500.00 | PO Box 1648<br>Austin, TX 78767 |

| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Advertising Expense | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Digital media production and political advertising |

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| Sch: 12/22 Rpt: 30/54 | Orr, Angelia Duke (The Honorable) | 00085955 |

| 4 Date | 5 Payee name |
|---|---|
| 09/27/2023 | Murphy Nasica |

| 6 Amount ($) | 7 Payee address; City; State; Zip Code |
|---|---|
| $4,500.00 | PO Box 1648<br>Austin, TX 78767 |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Advertising Expense | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Digital media production and political advertising |

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

| Date | Payee name |
|---|---|
| 12/12/2023 | Murphy Nasica |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $4,500.00 | PO Box 1648<br>Austin, TX 78767 |

| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Advertising Expense | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Digital media production and political advertising |

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

| Date | Payee name |
|---|---|
| 10/18/2023 | Murphy Nasica |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $3,654.62 | PO Box 1648<br>Austin, TX 78767 |

| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Solicitation/Fundraising Expense | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Design, printing and mailing of fundraising materials |

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| Sch: 13/22 Rpt: 31/54 | Orr, Angelia Duke (The Honorable) | 00085955 |

| 4 Date | 5 Payee name |
|---|---|
| 10/18/2023 | Murphy Nasica |

| 6 Amount ($) | 7 Payee address; City; State; Zip Code |
|---|---|
| $223.85 | PO Box 1648<br>Austin, TX 78767 |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Advertising Expense | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Renewal of campaign email |

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

| Date | Payee name |
|---|---|
| 10/18/2023 | Murphy Nasica |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $470.60 | PO Box 1648<br>Austin, TX 78767 |

| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Consulting Expense | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Political consulting - campaign services |

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

| Date | Payee name |
|---|---|
| 10/18/2023 | Murphy Nasica |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $3,351.07 | PO Box 1648<br>Austin, TX 78767 |

| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Advertising Expense | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Political advertising - electronic messaging |

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| Sch: 14/22 Rpt: 32/54 | Orr, Angelia Duke (The Honorable) | 00085955 |

| 4 Date | 5 Payee name |
|---|---|
| 11/28/2023 | Murphy Nasica |

| 6 Amount ($) | 7 Payee address; City; State; Zip Code |
|---|---|
| $3,247.50 | PO Box 1648<br>Austin, TX 78767 |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Polling Expense | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Campaign polling |

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

| Date | Payee name |
|---|---|
| 10/18/2023 | Murphy Nasica |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $500.00 | PO Box 1648<br>Austin, TX 78767 |

| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Consulting Expense | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Political consulting - campaign services |

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

| Date | Payee name |
|---|---|
| 12/29/2023 | Murphy Nasica |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $850.73 | PO Box 1648<br>Austin, TX 78767 |

| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Consulting Expense | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Political consulting and political banner |

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| Sch: 15/22 Rpt: 33/54 | Orr, Angelia Duke (The Honorable) | 00085955 |

| 4 Date | 5 Payee name |
|---|---|
| 07/10/2023 | Norfleet Strategies |

| 6 Amount ($) | 7 Payee address; City; State; Zip Code |
|---|---|
| $500.00 | 504 W 12th Street<br>Austin, TX 78701 |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Consulting Expense | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Political consulting - campaign services |

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

| Date | Payee name |
|---|---|
| 08/03/2023 | Norfleet Strategies |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $500.00 | 504 W 12th Street<br>Austin, TX 78701 |

| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Consulting Expense | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Political consulting - campaign services |

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

| Date | Payee name |
|---|---|
| 09/22/2023 | Norfleet Strategies |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $500.00 | 504 W 12th Street<br>Austin, TX 78701 |

| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Consulting Expense | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Political consulting - campaign services |

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| Sch: 16/22 Rpt: 34/54 | Orr, Angelia Duke (The Honorable) | 00085955 |

| 4 Date | 5 Payee name |
|---|---|
| 10/03/2023 | Norfleet Strategies |

| 6 Amount ($) | 7 Payee address; City; State; Zip Code |
|---|---|
| $500.00 | 504 W 12th Street<br>Austin, TX 78701 |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Consulting Expense | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Political consulting - campaign services |

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

| Date | Payee name |
|---|---|
| 11/07/2023 | Norfleet Strategies |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $500.00 | 504 W 12th Street<br>Austin, TX 78701 |

| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Consulting Expense | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Political consulting - campaign services |

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

| Date | Payee name |
|---|---|
| 12/05/2023 | Norfleet Strategies |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $500.00 | 504 W 12th Street<br>Austin, TX 78701 |

| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Consulting Expense | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Political consulting - campaign services |

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| Sch: 17/22 Rpt: 35/54 | Orr, Angelia Duke (The Honorable) | 00085955 |

| 4 Date | 5 Payee name |
|---|---|
| 12/09/2023 | Orr, Angelia (Mrs.) |

| 6 Amount ($) | 7 Payee address; City; State; Zip Code |
|---|---|
| $11,545.02 | PO Box 113<br><br>Itasca, TX 76055 |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Loan Repayment/Reimbursement | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Reimbursement of personal funds used for campaign. Properly reported on Sch G of prior |

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

| Date | Payee name |
|---|---|
| 08/08/2023 | Reagan, Jacob |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $567.23 | 14920 Talus Road<br><br>Manor, TX 78653 |

| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Travel In District | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Political mileage. Log maintained in the campaign office (866m*.655).Not reimbursed by the state. |

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

| Date | Payee name |
|---|---|
| 11/13/2023 | Reagan, Jacob |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $252.83 | 14920 Talus Road<br><br>Manor, TX 78653 |

| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Travel In District | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Political mileage. Log maintained in the campaign office (386m*.655).Not reimbursed by the state. |

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| Sch: 18/22 Rpt: 36/54 | Orr, Angelia Duke (The Honorable) | 00085955 |

| 4 Date | 5 Payee name |
|---|---|
| 12/12/2023 | Reagan, Jacob |

| 6 Amount ($) | 7 Payee address; City; State; Zip Code |
|---|---|
| $500.00 | 14920 Talus Road<br>Manor, TX 78653 |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Salaries/Wages/Contract Labor | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Campaign contract labor |

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

| Date | Payee name |
|---|---|
| 11/13/2023 | Republican Party of Texas |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $750.00 | PO Box 2206<br>Austin, TX 78768 |

| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Fees | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Filing fee for 2024 election |

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

| Date | Payee name |
|---|---|
| 08/14/2023 | Surveymonkey |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $498.89 | 506 2nd Avenue<br>Ste. 2600<br>Seattle, WA 98104 |

| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Fees | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Annual subscription for campaign office |

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| Sch: 19/22 Rpt: 37/54 | Orr, Angelia Duke (The Honorable) | 00085955 |

| 4 Date | 5 Payee name |
|---|---|
| 08/28/2023 | Texas Outdoor Heroes |

| 6 Amount ($) | 7 Payee address; City; State; Zip Code |
|---|---|
| $500.00 | 3637 County Road 305<br>Buffalo, TX 75831 |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Contributions/Donations Made By Candidate/Officeholder/Political Committee | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Charitable donation |

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

| Date | Payee name |
|---|---|
| 07/17/2023 | Texas Republican County Chairmen's Association |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $1,000.00 | 2410 US Hwy 190W<br>Ste. C<br>Livingston, TX 77351 |

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

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

| Date | Payee name |
|---|---|
| 10/27/2023 | United States Postal Service |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $70.00 | 1050 W Irving Park Road<br>Itasca, TX 60143 |

| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Office Overhead/Rental Expense | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Annual rental of campaign post office box |

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| Sch: 20/22 Rpt: 38/54 | Orr, Angelia Duke (The Honorable) | 00085955 |

| 4 Date | 5 Payee name |
|---|---|
| 12/19/2023 | United States Postal Service |

| 6 Amount ($) | 7 Payee address; City; State; Zip Code |
|---|---|
| $145.68 | 1050 W Irving Park Road<br>Itasca, TX 60143 |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Office Overhead/Rental Expense | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Postage for campaign office |

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

| Date | Payee name |
|---|---|
| 08/21/2023 | Waco Chamber of Commerce |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $489.00 | 101 S 3rd Street<br>Waco, TX 76701 |

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

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

| Date | Payee name |
|---|---|
| 10/13/2023 | Warwick Melrose Dallas |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $1,287.10 | 3015 Oak Lawn Avenue<br>Dallas, TX 75219 |

| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Event Expense | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Venue, food and beverages for campaign fundraiser |

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| Sch: 21/22 Rpt: 39/54 | Orr, Angelia Duke (The Honorable) | 00085955 |

| 4 Date | 5 Payee name |
|---|---|
| 07/25/2023 | Westgate Condominium Association |

| 6 Amount ($) | 7 Payee address; City; State; Zip Code |
|---|---|
| $170.00 | 1122 Colorado Street<br>Austin, TX 78701 |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Fees | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☒ Check if Austin, TX, officeholder living expense<br>Utilities for political apartment maintained in Austin |

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

| Date | Payee name |
|---|---|
| 09/28/2023 | Westgate Condominium Association |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $162.00 | 1122 Colorado Street<br>Austin, TX 78701 |

| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Fees | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☒ Check if Austin, TX, officeholder living expense<br>Utilities for political apartment maintained in Austin |

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

| Date | Payee name |
|---|---|
| 09/28/2023 | Westgate Condominium Association |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $166.00 | 1122 Colorado Street<br>Austin, TX 78701 |

| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Fees | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☒ Check if Austin, TX, officeholder living expense<br>Utilities for political apartment maintained in Austin |

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| Sch: 22/22 Rpt: 40/54 | Orr, Angelia Duke (The Honorable) | 00085955 |

| 4 Date | 5 Payee name |
|---|---|
| 10/25/2023 | Westgate Condominium Association |

| 6 Amount ($) | 7 Payee address; City; State; Zip Code |
|---|---|
| $151.00 | 1122 Colorado Street<br><br>Austin, TX 78701 |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Fees | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☒ Check if Austin, TX, officeholder living expense<br>Utilities for political apartment maintained in Austin |

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

| Date | Payee name |
|---|---|
| 07/03/2023 | WinRed |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $88.51 | 1776 Wilson Blvd<br><br>Arlington, VA 22209 |

| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Fees | ☐ Check if travel outside of Texas. Complete Schedule T.<br>☐ Check if Austin, TX, officeholder living expense<br>Online contribution processing fees (7/3/2023 - 12/31/2023) |

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

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

| | | | |
|---|---|---|---|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

**The Instruction Guide explains how to complete this form.**

| | | |
|---|---|---|
| **1** Total pages Schedule F4: Sch: 1/12 Rpt: 41/54 | **2** FILER NAME Orr, Angelia Duke (The Honorable) | **3** Filer ID (Ethics Commission Filers) 00085955 |

| | | | |
|---|---|---|---|
| **4 CREDIT CARD ISSUER** | Name of financial institution | **5** TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | **$** 172.65 |

| | | | |
|---|---|---|---|
| **6 PAYMENT** | (a) Amount Charged $55.28 | (b) Date of Charge 07/19/2023 | (c) Date(s) Credit Card Issuer Paid |
| **7 PAYEE** | (a) Payee name Spectrum | (b) Payee address; City, State, Zip Code 1000 E 41st Street Ste. 920 Austin, TX 78751 | |
| **8 PURPOSE OF EXPENDITURE** [X] Political [ ] Non-Political | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description WIFI and internet for political apartment maintained in Austin | |
| | (c) [ ] Check if travel outside of Texas. Complete Schedule T. | [X] Check if Austin, TX, officeholder living expense | |
| **9** Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

| | | | |
|---|---|---|---|
| **PAYMENT** | (a) Amount Charged $55.28 | (b) Date of Charge 08/19/2023 | (c) Date(s) Credit Card Issuer Paid |
| **PAYEE** | (a) Payee name Spectrum | (b) Payee address; City, State, Zip Code 1000 E 41st Street Ste. 920 Austin, TX 78751 | |
| **PURPOSE OF EXPENDITURE** [X] Political [ ] Non-Political | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description WIFI and internet for political apartment maintained in Austin | |
| | (c) [ ] Check if travel outside of Texas. Complete Schedule T. | [X] Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

| | | | |
|---|---|---|---|
| **PAYMENT** | (a) Amount Charged $55.28 | (b) Date of Charge 09/19/2023 | (c) Date(s) Credit Card Issuer Paid |
| **PAYEE** | (a) Payee name Spectrum | (b) Payee address; City, State, Zip Code 1000 E 41st Street Ste. 920 Austin, TX 78751 | |
| **PURPOSE OF EXPENDITURE** [X] Political [ ] Non-Political | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description WIFI and internet for political apartment maintained in Austin | |
| | (c) [ ] Check if travel outside of Texas. Complete Schedule T. | [X] Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

| | | | |
|---|---|---|---|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F4: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| Sch: 2/12 Rpt: 42/54 | Orr, Angelia Duke (The Honorable) | 00085955 |

| 4 CREDIT CARD ISSUER | Name of financial institution | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | $ 172.65 |
|---|---|---|---|

| 6 PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issuer Paid |
|---|---|---|---|
| | $55.28 | 10/19/2023 | |

| 7 PAYEE | (a) Payee name | (b) Payee address; City, State, Zip Code |
|---|---|---|
| | Spectrum | 1000 E 41st Street<br>Ste. 920<br>Austin, TX 78751 |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| [X] Political<br>[ ] Non-Political | Fees | WIFI and internet for political apartment maintained in Austin |
| | (c) [ ] Check if travel outside of Texas. Complete Schedule T. | [X] Check if Austin, TX, officeholder living expense |

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

| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issuer Paid |
|---|---|---|---|
| | $55.28 | 11/19/2023 | |

| PAYEE | (a) Payee name | (b) Payee address; City, State, Zip Code |
|---|---|---|
| | Spectrum | 1000 E 41st Street<br>Ste. 920<br>Austin, TX 78751 |

| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| [X] Political<br>[ ] Non-Political | Fees | WIFI and internet for political apartment maintained in Austin |
| | (c) [ ] Check if travel outside of Texas. Complete Schedule T. | [X] Check if Austin, TX, officeholder living expense |

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

| PAYMENT | (a) Amount Charged | (b) Date of Charge | (c) Date(s) Credit Card Issuer Paid |
|---|---|---|---|
| | $55.28 | 12/29/2023 | |

| PAYEE | (a) Payee name | (b) Payee address; City, State, Zip Code |
|---|---|---|
| | Spectrum | 1000 E 41st Street<br>Ste. 920<br>Austin, TX 78751 |

| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| [X] Political<br>[ ] Non-Political | Fees | WIFI and internet for political apartment maintained in Austin |
| | (c) [ ] Check if travel outside of Texas. Complete Schedule T. | [X] Check if Austin, TX, officeholder living expense |

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

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

| | | | |
|---|---|---|---|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

**The Instruction Guide explains how to complete this form.**

| | | | |
|---|---|---|---|
| **1** Total pages Schedule F4: Sch: 3/12 Rpt: 43/54 | **2** FILER NAME Orr, Angelia Duke (The Honorable) | | **3** Filer ID (Ethics Commission Filers) 00085955 |
| **4 CREDIT CARD ISSUER** | Name of financial institution | **5** TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | **$** 172.65 |

| | | | |
|---|---|---|---|
| **6 PAYMENT** | (a) Amount Charged $0.16 | (b) Date of Charge 08/23/2023 | (c) Date(s) Credit Card Issuer Paid |
| **7 PAYEE** | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1455 Market Street Ste. 400 San Francisco, CA 94103 |
| **8 PURPOSE OF EXPENDITURE** [X] Political [ ] Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | | (b) Description Ride-sharing costs to attend OH meetings |
| | (c) [ ] Check if travel outside of Texas. Complete Schedule T. | | [ ] Check if Austin, TX, officeholder living expense |
| **9** Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

| | | | |
|---|---|---|---|
| **PAYMENT** | (a) Amount Charged $4.11 | (b) Date of Charge 09/29/2023 | (c) Date(s) Credit Card Issuer Paid |
| **PAYEE** | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1455 Market Street Ste. 400 San Francisco, CA 94103 |
| **PURPOSE OF EXPENDITURE** [X] Political [ ] Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | | (b) Description Ride-sharing costs to attend OH meetings |
| | (c) [ ] Check if travel outside of Texas. Complete Schedule T. | | [ ] Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

| | | | |
|---|---|---|---|
| **PAYMENT** | (a) Amount Charged $10.36 | (b) Date of Charge 09/29/2023 | (c) Date(s) Credit Card Issuer Paid |
| **PAYEE** | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1455 Market Street Ste. 400 San Francisco, CA 94103 |
| **PURPOSE OF EXPENDITURE** [X] Political [ ] Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | | (b) Description Ride-sharing costs to attend OH meetings |
| | (c) [ ] Check if travel outside of Texas. Complete Schedule T. | | [ ] Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

| | | | |
|---|---|---|---|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

**The Instruction Guide explains how to complete this form.**

| | | |
|---|---|---|
| **1** Total pages Schedule F4: Sch: 4/12 Rpt: 44/54 | **2** FILER NAME Orr, Angelia Duke (The Honorable) | **3** Filer ID (Ethics Commission Filers) 00085955 |

| | | | |
|---|---|---|---|
| **4 CREDIT CARD ISSUER** | Name of financial institution | **5** TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | **$** 172.65 |

| | | | |
|---|---|---|---|
| **6 PAYMENT** | (a) Amount Charged $15.05 | (b) Date of Charge 10/07/2023 | (c) Date(s) Credit Card Issuer Paid |
| **7 PAYEE** | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1455 Market Street Ste. 400 San Francisco, CA 94103 |
| **8 PURPOSE OF EXPENDITURE** [X] Political [ ] Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | | (b) Description Ride-sharing costs to attend OH meetings |
| | (c) [ ] Check if travel outside of Texas. Complete Schedule T. | | [ ] Check if Austin, TX, officeholder living expense |
| **9** Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

| | | | |
|---|---|---|---|
| **PAYMENT** | (a) Amount Charged $1.00 | (b) Date of Charge 10/09/2023 | (c) Date(s) Credit Card Issuer Paid |
| **PAYEE** | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1455 Market Street Ste. 400 San Francisco, CA 94103 |
| **PURPOSE OF EXPENDITURE** [X] Political [ ] Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | | (b) Description Ride-sharing costs to attend OH meetings |
| | (c) [ ] Check if travel outside of Texas. Complete Schedule T. | | [ ] Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

| | | | |
|---|---|---|---|
| **PAYMENT** | (a) Amount Charged $18.08 | (b) Date of Charge 10/10/2023 | (c) Date(s) Credit Card Issuer Paid |
| **PAYEE** | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1455 Market Street Ste. 400 San Francisco, CA 94103 |
| **PURPOSE OF EXPENDITURE** [X] Political [ ] Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | | (b) Description Ride-sharing costs to attend OH meetings |
| | (c) [ ] Check if travel outside of Texas. Complete Schedule T. | | [ ] Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule F4: | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|---|
| Sch: 5/12 Rpt: 45/54 | Orr, Angelia Duke (The Honorable) | | 00085955 |
| **4 CREDIT CARD ISSUER** | Name of financial institution | **5** TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | **$** 172.65 |

| | | | |
|---|---|---|---|
| **6 PAYMENT** | (a) Amount Charged: $8.48 | (b) Date of Charge: 10/10/2023 | (c) Date(s) Credit Card Issuer Paid: |
| **7 PAYEE** | (a) Payee name: Uber | | (b) Payee address; City, State, Zip Code: 1455 Market Street, Ste. 400, San Francisco, CA 94103 |
| **8 PURPOSE OF EXPENDITURE** [X] Political [ ] Non-Political | (a) Category (See Categories listed at the top of this schedule): Travel Out of District | | (b) Description: Ride-sharing costs to attend OH meetings |
| | (c) [ ] Check if travel outside of Texas. Complete Schedule T. | | [ ] Check if Austin, TX, officeholder living expense |
| **9** Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

| | | | |
|---|---|---|---|
| **PAYMENT** | (a) Amount Charged: $1.00 | (b) Date of Charge: 10/18/2023 | (c) Date(s) Credit Card Issuer Paid: |
| **PAYEE** | (a) Payee name: Uber | | (b) Payee address; City, State, Zip Code: 1455 Market Street, Ste. 400, San Francisco, CA 94103 |
| **PURPOSE OF EXPENDITURE** [X] Political [ ] Non-Political | (a) Category (See Categories listed at the top of this schedule): Travel Out of District | | (b) Description: Ride-sharing costs to attend OH meetings |
| | (c) [ ] Check if travel outside of Texas. Complete Schedule T. | | [ ] Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

| | | | |
|---|---|---|---|
| **PAYMENT** | (a) Amount Charged: $10.35 | (b) Date of Charge: 10/19/2023 | (c) Date(s) Credit Card Issuer Paid: |
| **PAYEE** | (a) Payee name: Uber | | (b) Payee address; City, State, Zip Code: 1455 Market Street, Ste. 400, San Francisco, CA 94103 |
| **PURPOSE OF EXPENDITURE** [X] Political [ ] Non-Political | (a) Category (See Categories listed at the top of this schedule): Travel Out of District | | (b) Description: Ride-sharing costs to attend OH meetings |
| | (c) [ ] Check if travel outside of Texas. Complete Schedule T. | | [ ] Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

| | | | |
|---|---|---|---|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

**The Instruction Guide explains how to complete this form.**

| | | |
|---|---|---|
| **1** Total pages Schedule F4: Sch: 6/12 Rpt: 46/54 | **2** FILER NAME Orr, Angelia Duke (The Honorable) | **3** Filer ID (Ethics Commission Filers) 00085955 |

| | | | |
|---|---|---|---|
| **4 CREDIT CARD ISSUER** | Name of financial institution | **5** TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | **$** 172.65 |

| | | | |
|---|---|---|---|
| **6 PAYMENT** | (a) Amount Charged $10.41 | (b) Date of Charge 10/19/2023 | (c) Date(s) Credit Card Issuer Paid |
| **7 PAYEE** | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1455 Market Street Ste. 400 San Francisco, CA 94103 |
| **8 PURPOSE OF EXPENDITURE** [X] Political [ ] Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | | (b) Description Ride-sharing costs to attend OH meetings |
| | (c) [ ] Check if travel outside of Texas. Complete Schedule T. | | [ ] Check if Austin, TX, officeholder living expense |
| **9** Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

| | | | |
|---|---|---|---|
| **PAYMENT** | (a) Amount Charged $1.00 | (b) Date of Charge 10/30/2023 | (c) Date(s) Credit Card Issuer Paid |
| **PAYEE** | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1455 Market Street Ste. 400 San Francisco, CA 94103 |
| **PURPOSE OF EXPENDITURE** [X] Political [ ] Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | | (b) Description Ride-sharing costs to attend OH meetings |
| | (c) [ ] Check if travel outside of Texas. Complete Schedule T. | | [ ] Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

| | | | |
|---|---|---|---|
| **PAYMENT** | (a) Amount Charged $8.09 | (b) Date of Charge 10/31/2023 | (c) Date(s) Credit Card Issuer Paid |
| **PAYEE** | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1455 Market Street Ste. 400 San Francisco, CA 94103 |
| **PURPOSE OF EXPENDITURE** [X] Political [ ] Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | | (b) Description Ride-sharing costs to attend OH meetings |
| | (c) [ ] Check if travel outside of Texas. Complete Schedule T. | | [ ] Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

| | | | |
|---|---|---|---|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

**The Instruction Guide explains how to complete this form.**

| | | | |
|---|---|---|---|
| **1** Total pages Schedule F4: Sch: 7/12 Rpt: 47/54 | **2** FILER NAME Orr, Angelia Duke (The Honorable) | | **3** Filer ID (Ethics Commission Filers) 00085955 |
| **4 CREDIT CARD ISSUER** | Name of financial institution | **5** TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | **$** 172.65 |

| | | | |
|---|---|---|---|
| **6 PAYMENT** | (a) Amount Charged $9.09 | (b) Date of Charge 10/31/2023 | (c) Date(s) Credit Card Issuer Paid |
| **7 PAYEE** | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1455 Market Street Ste. 400 San Francisco, CA 94103 |
| **8 PURPOSE OF EXPENDITURE** [X] Political [ ] Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | | (b) Description Ride-sharing costs to attend OH meetings |
| | (c) [ ] Check if travel outside of Texas. Complete Schedule T. | | [ ] Check if Austin, TX, officeholder living expense |
| **9** Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

| | | | |
|---|---|---|---|
| **PAYMENT** | (a) Amount Charged $1.00 | (b) Date of Charge 10/31/2023 | (c) Date(s) Credit Card Issuer Paid |
| **PAYEE** | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1455 Market Street Ste. 400 San Francisco, CA 94103 |
| **PURPOSE OF EXPENDITURE** [X] Political [ ] Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | | (b) Description Ride-sharing costs to attend OH meetings |
| | (c) [ ] Check if travel outside of Texas. Complete Schedule T. | | [ ] Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

| | | | |
|---|---|---|---|
| **PAYMENT** | (a) Amount Charged $11.85 | (b) Date of Charge 11/10/2023 | (c) Date(s) Credit Card Issuer Paid |
| **PAYEE** | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1455 Market Street Ste. 400 San Francisco, CA 94103 |
| **PURPOSE OF EXPENDITURE** [X] Political [ ] Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | | (b) Description Ride-sharing costs to attend OH meetings |
| | (c) [ ] Check if travel outside of Texas. Complete Schedule T. | | [ ] Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

| | | | |
|---|---|---|---|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

**The Instruction Guide explains how to complete this form.**

| | | | |
|---|---|---|---|
| **1** Total pages Schedule F4: Sch: 8/12 Rpt: 48/54 | **2** FILER NAME Orr, Angelia Duke (The Honorable) | | **3** Filer ID (Ethics Commission Filers) 00085955 |
| **4 CREDIT CARD ISSUER** | Name of financial institution | **5** TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | **$** 172.65 |

| | | | |
|---|---|---|---|
| **6 PAYMENT** | (a) Amount Charged $12.33 | (b) Date of Charge 11/14/2023 | (c) Date(s) Credit Card Issuer Paid |
| **7 PAYEE** | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1455 Market Street Ste. 400 San Francisco, CA 94103 |
| **8 PURPOSE OF EXPENDITURE** [X] Political [ ] Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | | (b) Description Ride-sharing costs to attend OH meetings |
| | (c) [ ] Check if travel outside of Texas. Complete Schedule T. | | [ ] Check if Austin, TX, officeholder living expense |
| **9** Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

| | | | |
|---|---|---|---|
| **PAYMENT** | (a) Amount Charged $9.24 | (b) Date of Charge 11/16/2023 | (c) Date(s) Credit Card Issuer Paid |
| **PAYEE** | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1455 Market Street Ste. 400 San Francisco, CA 94103 |
| **PURPOSE OF EXPENDITURE** [X] Political [ ] Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | | (b) Description Ride-sharing costs to attend OH meetings |
| | (c) [ ] Check if travel outside of Texas. Complete Schedule T. | | [ ] Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

| | | | |
|---|---|---|---|
| **PAYMENT** | (a) Amount Charged $9.70 | (b) Date of Charge 11/16/2023 | (c) Date(s) Credit Card Issuer Paid |
| **PAYEE** | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1455 Market Street Ste. 400 San Francisco, CA 94103 |
| **PURPOSE OF EXPENDITURE** [X] Political [ ] Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | | (b) Description Ride-sharing costs to attend OH meetings |
| | (c) [ ] Check if travel outside of Texas. Complete Schedule T. | | [ ] Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

| | | | |
|---|---|---|---|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

**The Instruction Guide explains how to complete this form.**

| | | |
|---|---|---|
| **1** Total pages Schedule F4: Sch: 9/12 Rpt: 49/54 | **2** FILER NAME Orr, Angelia Duke (The Honorable) | **3** Filer ID (Ethics Commission Filers) 00085955 |

| | | |
|---|---|---|
| **4 CREDIT CARD ISSUER** | Name of financial institution | **5** TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD **$** 172.65 |

| | | | |
|---|---|---|---|
| **6 PAYMENT** | (a) Amount Charged $1.00 | (b) Date of Charge 11/21/2023 | (c) Date(s) Credit Card Issuer Paid |
| **7 PAYEE** | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1455 Market Street Ste. 400 San Francisco, CA 94103 |
| **8 PURPOSE OF EXPENDITURE** [X] Political [ ] Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | | (b) Description Ride-sharing costs to attend OH meetings |
| | (c) [ ] Check if travel outside of Texas. Complete Schedule T. | | [ ] Check if Austin, TX, officeholder living expense |
| **9** Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

| | | | |
|---|---|---|---|
| **PAYMENT** | (a) Amount Charged $12.51 | (b) Date of Charge 12/06/2023 | (c) Date(s) Credit Card Issuer Paid |
| **PAYEE** | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1455 Market Street Ste. 400 San Francisco, CA 94103 |
| **PURPOSE OF EXPENDITURE** [X] Political [ ] Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | | (b) Description Ride-sharing costs to attend OH meetings |
| | (c) [ ] Check if travel outside of Texas. Complete Schedule T. | | [ ] Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

| | | | |
|---|---|---|---|
| **PAYMENT** | (a) Amount Charged $17.40 | (b) Date of Charge 12/06/2023 | (c) Date(s) Credit Card Issuer Paid |
| **PAYEE** | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1455 Market Street Ste. 400 San Francisco, CA 94103 |
| **PURPOSE OF EXPENDITURE** [X] Political [ ] Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | | (b) Description Ride-sharing costs to attend OH meetings |
| | (c) [ ] Check if travel outside of Texas. Complete Schedule T. | | [ ] Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

| | | | |
|---|---|---|---|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

**The Instruction Guide explains how to complete this form.**

| | | | |
|---|---|---|---|
| **1** Total pages Schedule F4: Sch: 10/12 Rpt: 50/54 | **2** FILER NAME Orr, Angelia Duke (The Honorable) | | **3** Filer ID (Ethics Commission Filers) 00085955 |
| **4 CREDIT CARD ISSUER** | Name of financial institution | **5** TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | **$** 172.65 |

| | | | |
|---|---|---|---|
| **6 PAYMENT** | (a) Amount Charged $60.73 | (b) Date of Charge 12/10/2023 | (c) Date(s) Credit Card Issuer Paid |
| **7 PAYEE** | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1455 Market Street Ste. 400 San Francisco, CA 94103 |
| **8 PURPOSE OF EXPENDITURE** [X] Political [ ] Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | | (b) Description Ride-sharing costs to attend OH meetings |
| | (c) [ ] Check if travel outside of Texas. Complete Schedule T. | | [ ] Check if Austin, TX, officeholder living expense |
| **9** Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

| | | | |
|---|---|---|---|
| **PAYMENT** | (a) Amount Charged $15.55 | (b) Date of Charge 12/11/2023 | (c) Date(s) Credit Card Issuer Paid |
| **PAYEE** | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1455 Market Street Ste. 400 San Francisco, CA 94103 |
| **PURPOSE OF EXPENDITURE** [X] Political [ ] Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | | (b) Description Ride-sharing costs to attend OH meetings |
| | (c) [ ] Check if travel outside of Texas. Complete Schedule T. | | [ ] Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

| | | | |
|---|---|---|---|
| **PAYMENT** | (a) Amount Charged $3.00 | (b) Date of Charge 12/11/2023 | (c) Date(s) Credit Card Issuer Paid |
| **PAYEE** | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1455 Market Street Ste. 400 San Francisco, CA 94103 |
| **PURPOSE OF EXPENDITURE** [X] Political [ ] Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | | (b) Description Ride-sharing costs to attend OH meetings |
| | (c) [ ] Check if travel outside of Texas. Complete Schedule T. | | [ ] Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

| | | | |
|---|---|---|---|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

**The Instruction Guide explains how to complete this form.**

| | | | |
|---|---|---|---|
| **1** Total pages Schedule F4: Sch: 11/12 Rpt: 51/54 | **2** FILER NAME Orr, Angelia Duke (The Honorable) | | **3** Filer ID (Ethics Commission Filers) 00085955 |
| **4 CREDIT CARD ISSUER** | Name of financial institution | **5** TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | **$** 172.65 |

| | | | |
|---|---|---|---|
| **6 PAYMENT** | (a) Amount Charged $77.05 | (b) Date of Charge 12/11/2023 | (c) Date(s) Credit Card Issuer Paid |
| **7 PAYEE** | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1455 Market Street Ste. 400 San Francisco, CA 94103 |
| **8 PURPOSE OF EXPENDITURE** [X] Political [ ] Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | | (b) Description Ride-sharing costs to attend OH meetings |
| | (c) [ ] Check if travel outside of Texas. Complete Schedule T. | | [ ] Check if Austin, TX, officeholder living expense |
| **9** Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

| | | | |
|---|---|---|---|
| **PAYMENT** | (a) Amount Charged $3.38 | (b) Date of Charge 12/11/2023 | (c) Date(s) Credit Card Issuer Paid |
| **PAYEE** | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1455 Market Street Ste. 400 San Francisco, CA 94103 |
| **PURPOSE OF EXPENDITURE** [X] Political [ ] Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | | (b) Description Ride-sharing costs to attend OH meetings |
| | (c) [ ] Check if travel outside of Texas. Complete Schedule T. | | [ ] Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

| | | | |
|---|---|---|---|
| **PAYMENT** | (a) Amount Charged $22.59 | (b) Date of Charge 12/11/2023 | (c) Date(s) Credit Card Issuer Paid |
| **PAYEE** | (a) Payee name Uber | | (b) Payee address; City, State, Zip Code 1455 Market Street Ste. 400 San Francisco, CA 94103 |
| **PURPOSE OF EXPENDITURE** [X] Political [ ] Non-Political | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | | (b) Description Ride-sharing costs to attend OH meetings |
| | (c) [ ] Check if travel outside of Texas. Complete Schedule T. | | [ ] Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(a)**

| | | | |
|---|---|---|---|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

**The Instruction Guide explains how to complete this form.**

| | | | |
|---|---|---|---|
| **1** Total pages Schedule F4: Sch: 12/12 Rpt: 52/54 | **2** FILER NAME Orr, Angelia Duke (The Honorable) | | **3** Filer ID (Ethics Commission Filers) 00085955 |
| **4 CREDIT CARD ISSUER** | Name of financial institution | **5** TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | **$** 172.65 |
| **6 PAYMENT** | (a) Amount Charged $78.47 / (b) Date of Charge 12/12/2023 | (c) Date(s) Credit Card Issuer Paid | |
| **7 PAYEE** | (a) Payee name: Uber | (b) Payee address; City, State, Zip Code: 1455 Market Street, Ste. 400, San Francisco, CA 94103 | |
| **8 PURPOSE OF EXPENDITURE** [X] Political [ ] Non-Political | (a) Category (See Categories listed at the top of this schedule): Travel Out of District | (b) Description: Ride-sharing costs to attend OH meetings | |
| | (c) [ ] Check if travel outside of Texas. Complete Schedule T. | [ ] Check if Austin, TX, officeholder living expense | |
| **9** Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| **PAYMENT** | (a) Amount Charged $30.52 / (b) Date of Charge 12/13/2023 | (c) Date(s) Credit Card Issuer Paid | |
| **PAYEE** | (a) Payee name: Uber | (b) Payee address; City, State, Zip Code: 1455 Market Street, Ste. 400, San Francisco, CA 94103 | |
| **PURPOSE OF EXPENDITURE** [X] Political [ ] Non-Political | (a) Category (See Categories listed at the top of this schedule): Travel Out of District | (b) Description: Ride-sharing costs to attend OH meetings | |
| | (c) [ ] Check if travel outside of Texas. Complete Schedule T. | [ ] Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule G: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| Sch: 1/2 Rpt: 53/54 | Orr, Angelia Duke (The Honorable) | 00085955 |

| 4 Date | 5 Payee name |
|---|---|
| 07/02/2023 | American Express |

| 6 Amount ($) | 7 Payee address; City; State; Zip Code |
|---|---|
| $368.33<br>[X] Reimbursement from political contributions intended | PO Box 6031<br>Carol Stream, IL 60197 |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Credit Card Payment | [ ] Check if travel outside of Texas. Complete Schedule T.<br>[ ] Check if Austin, TX, officeholder living expense<br>Credit card payment for items properly reported on Sch F4 of prior report |

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

| Date | Payee name |
|---|---|
| 07/31/2023 | American Express |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $55.28<br>[X] Reimbursement from political contributions intended | PO Box 6031<br>Carol Stream, IL 60197 |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Credit Card Payment | [ ] Check if travel outside of Texas. Complete Schedule T.<br>[ ] Check if Austin, TX, officeholder living expense<br>Credit card payment for items properly reported on Sch F4 of current report |

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

| Date | Payee name |
|---|---|
| 08/29/2023 | American Express |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $193.56<br>[X] Reimbursement from political contributions intended | PO Box 6031<br>Carol Stream, IL 60197 |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Credit Card Payment | [ ] Check if travel outside of Texas. Complete Schedule T.<br>[ ] Check if Austin, TX, officeholder living expense<br>Credit card payment for items properly reported on Sch F4 of current report |

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

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| 1 Total pages Schedule G: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| Sch: 2/2 Rpt: 54/54 | Orr, Angelia Duke (The Honorable) | 00085955 |

| 4 Date | 5 Payee name |
|---|---|
| 09/22/2023 | American Express |

| 6 Amount ($) | 7 Payee address; City; State; Zip Code |
|---|---|
| $55.28<br>[X] Reimbursement from political contributions intended | PO Box 6031<br>Carol Stream, IL 60197 |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Credit Card Payment | [ ] Check if travel outside of Texas. Complete Schedule T.<br>[ ] Check if Austin, TX, officeholder living expense<br>Credit card payment for items properly reported on Sch F4 of current report |

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

| Date | Payee name |
|---|---|
| 10/22/2023 | American Express |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $134.12<br>[X] Reimbursement from political contributions intended | PO Box 6031<br>Carol Stream, IL 60197 |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Credit Card Payment | [ ] Check if travel outside of Texas. Complete Schedule T.<br>[ ] Check if Austin, TX, officeholder living expense<br>Credit card payment for items properly reported on Sch F4 of current report |

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

| Date | Payee name |
|---|---|
| 12/28/2023 | American Express |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| $524.06<br>[X] Reimbursement from political contributions intended | PO Box 6031<br>Carol Stream, IL 60197 |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Credit Card Payment | [ ] Check if travel outside of Texas. Complete Schedule T.<br>[ ] Check if Austin, TX, officeholder living expense<br>Credit card payment for items properly reported on Sch F4 of current report |

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