### JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	n Guide explains how to cor	nplete this form.	1 Filer ID (Ethics Commi 00081896	,	2 Total pages	; filed: 30
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		
OFFICEHOLDER NAME	The Honorable	Angela L.			OFFICE Date Received	USE ONLY
					<b>FI ECTRONI</b>	CALLY FILED
				SUFFIX	. 09/11/2024	
	NICKNAME	LAST Graves-Harrir	aton	SUFFIX	00/11/2024	
	Angie	Graves-Harri	igton			
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; AF	PT / SUITE #; CIT	Y;	ZIP CODE		d or Date Postmarked
ADDRESS	REDACTED PER 25	54.0313, GOV'T (	ODE		Receipt #	Amount
Change of Address					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER	Mr.	Darryl D.				
NAME		Durryr D.				
	NICKNAME	LAST			SUFFIX	
		Harrington				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO P	O BOX PLEASE);	AP'	T / SUITE #; CITY;	S	TATE; ZIP CODE
ADDRESS						
(Residence or Business)	REDACTED PER 25	54.0313, GOV'T C	ODE			
7 CAMPAIGN	AREA CODE PHO	ONE NUMBER	EXTENSION			
TREASURER PHONE	(713) 240-5035					
THOME						
8 REPORT		_		_	-	
TYPE	January 15	30th day before	e election	Runoff		campaign treasurer officeholder only)
	X July 15	8th day before	election	Exceeded modified	-	Attach C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2024		IROUGH	06/30/202		
	01/01/2021			00,00,202		
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		rimary		Other	
	11/08/2022					
		XG	ieneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	Family District Court Juc	lge District 246 H	arris			
				1		
		~~ 7				
		GUI	O PAGE 2			
Forms provided by Te	exas Ethics Commission	www.et	hics.state.tx.u	S	Ver	sion V4.1.0.d378aba

### JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 30

I

13 C / OH NAME	Graves-Harrington, A	ngela L. (The Honorable)	14 Filer ID 00081896	(Ethics Cor	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder	These expenditures may have bee	olitical expenditures made by political n made without the candidate's or offi t this information only if they receive r	iceholder's kı	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	<b> </b>	COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREAS	SURER NAME		
		COMMITTEE CAMPAIGN TREAS	SURER ADDRESS		
<b>16</b> CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTION ES OF LOANS, OR CONTRIBUTIC	S(OTHER THAN PLEDGES, LOANS, DNS MADE ELECTRONICALLY)	, \$	0.00
				\$	0.00
EXPENDITURE	· · ·	PLEDGES, LOANS, OR GUARANT	,		0.00
TOTALS				\$	0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	10,438.58
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	AL CONTRIBUTIONS MAINTAINE	D AS OF THE LAST DAY OF THE	\$	95,613.67
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCI OF THE REPOR		ING LOANS AS OF THE LAST DAY	\$	7,500.00
17 AFFIDAVIT					
			m, under penalty of perjury, that the a t and includes all information required Election Code.		
		т	ne Honorable Angela L. Graves-F	Harrington	
			Signature of Candidate or Officeh	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE			
Sworn to and subso	cribed before me, by the s	aid	, this the		day
of	, 20, to c	ertify which, witness my hand and s	eal of office.		
Signature of offic	cer administering oath	Printed name of officer admin	istering oath Title of offic	er administe	ring oath
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx	(.US	Version V	4.1.0.d378aba0

#### SUBTOTALS - JC/OH

### FORM JC/OH COVER SHEET PG 3

3 of 30

I

18 FILER NAME	(Ethics Commission Filers)						
Graves-Harri 20 SCHEDULE S	ington, Angela L. (The Honorable)	00081896	1				
NAME OF SCI	SUBTOTAL AMOUNT						
1. S	\$						
2. 🗌 S	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS						
3. 🔲 S	CHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$				
4. 🔲 S	CHEDULE E(J): LOANS (JUDICIAL)		\$				
5. X S	CHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	<b>\$</b> 10,438.58				
6. 🗌 S	CHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7. 🗌 S	CHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO	ONS	\$				
8. 🔲 S	CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
9. 🗌 S	CHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$				
10. 🔲 S	CHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$				
11. 🔲 S	CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIC	DNS	\$				
	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F O FILER	RETURNED	\$				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	rhead/R bense pense 'ages/Co	Reimbursement Rental Expense ontract Labor • this form.		Travel in District Travel Out of Distr	uipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 1/26 Rpt: 4/30		Graves-Harrington, Angela L. (The Ho	norable)				00081896	```````````````````````````````````````
4	Date	5	Payee name			I			
	04/10/2024		Amazon Marketplace						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$83.52		PO Box 81226						
			Seattle, WA 81226						
8	PURPOSE	(a)	Category (See Categories listed at the top of this scho	odulo)	(b) D	escription			
	OF	ľ	Furniture	euule)	Γ	- ·	outsic	de of Texas. Compl	ete Schedule T.
	EXPENDITURE				Ē	Check if Austin,	TX,	officeholder living e	expense
					В	lookshelves f	for	courtroom	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office hel	d
	Date		Payee name						
	01/05/2024		Association of Women Attorneys						
⊢	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$35.00		2450 Louisiana Street	2.0 00	40				
	\$00.00		Ste. 400						
			Houston, TX 77002						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) D	escription		1 (T	ata Oshadula T
	EXPENDITURE		Fees		F	_		de of Texas. Compl officeholder living e	
						Jembership c			,,ponoo
						<b>-</b> -		-	
⊢	Complete ONLY if direct		Candidate/Officeholder name C	Dffice sou	ght			Office hel	d
	expenditure to benefit C/OI	H							
	Date		Payee name						
	01/13/2024		Baytown Area Democrats						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$10.00		PO Box 890381						
			Houston, TX 77062						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	<b>(b)</b> D	escription			
	OF EXPENDITURE		Contributions/Donations Made By			_		de of Texas. Compl	
			Candidate/Officeholder/Political Comm	ittee	Ľ	_		officeholder living e	expense
					ÍV	Ionthly donat	tior	1	
				D.ff: -				<u> </u>	-1
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office hel	α
	,								

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)
	Sch: 2/26 Rpt: 5/30	Graves-Harrington, Angela L. (The Honorable)	00081896
4	Date 02/16/2024	5 Payee name Ben & Jerry's	
6	Amount (\$) \$14.44	<ul> <li>Payee address; City; State; Zip Code</li> <li>25E Broughton Street</li> <li>Savannah, GA 31401</li> </ul>	
8	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense raveling for TAFLS
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/22/2024	Buc-Ee's #40	
	Amount (\$) \$48.35	Payee address; City; State; Zip Code 27700 Katy Freeway	
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense O Boerne for Innovations
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/20/2024	CampaignPartner.com/Data Ecology LLC	
	Amount (\$) \$7.95	Payee address; City; State; Zip Code PO Box 118	
		Still River, MA 01467	
	PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense <b>e website</b>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense - Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)			
	Sch: 3/26 Rpt: 6/30	Graves-Harrington, Angela L. (The Honorable)	00081896			
4	Date	5 Payee name				
	05/20/2024	CampaignPartner.com/Data Ecology LLC				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$7.95	PO Box 118				
		Still River, MA 01467				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE		ide of Texas. Complete Schedule T. , officeholder living expense			
			- ·			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	04/20/2024	CampaignPartner.com/Data Ecology LLC				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$7.95	PO Box 118				
		Still River, MA 01467				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Advertising Expense Check if travel outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX,	, officeholder living expense			
		Campaign/office	e website			
	Operation ONITY is alive at		Office held			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	03/20/2024	CampaignPartner.com/Data Ecology LLC				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$7.95	PO Box 118				
		Still River, MA 01467				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	ide of Taura Departure Debadule T			
	EXPENDITURE		ide of Texas. Complete Schedule T. , officeholder living expense			
		Campaign/office				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
⊢						

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense - Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)			
	Sch: 4/26 Rpt: 7/30	Graves-Harrington, Angela L. (The Honorable)	00081896			
4	Date	5 Payee name				
	02/20/2024	CampaignPartner.com/Data Ecology LLC				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$7.95	PO Box 118				
		Still River, MA 01467				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Advertising Expense	ide of Texas. Complete Schedule T.			
		Check if Austin, TX. Campaign/office	, officeholder living expense			
		Campagnionee				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/Oł					
⊨	Date	Payee name				
	01/20/2024	CampaignPartner.com/Data Ecology LLC				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$7.95	PO Box 118				
		Still River, MA 01467				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	ide of Taura Converting Colored to T			
	EXPENDITURE		ide of Texas. Complete Schedule T. , officeholder living expense			
		Campaign/office	e website			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
⊨	Date	Payee name				
	02/22/2024	Chick-fil-a (Humble)				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$29.75	9525 N Sam Houston Frwy				
		Humble, TX 77396				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	ide of Taura Consultate Calendada T			
	EXPENDITURE		ide of Texas. Complete Schedule T. , officeholder living expense			
		Chicken mini tra				
	Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought	Office held			
L	expenditure to benefit C/OI					

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Ove Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Ex	rhead pense pense 'ages/	nse Travel Out of District sc/Contract Labor OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)		
	Sch: 5/26 Rpt: 8/30		Graves-Harrington, Angela L. (The Honorable)		00081896		
4	Date 06/10/2024		Payee name Costco Humble Warehouse				
6	Amount (\$)		Payee address; City; State; Zip Co	do			
U	\$95.12		21802 Townsen Blvd. Humble, TX 77338	ue			
8	PURPOSE	(2)	Cotogon	(h)	Description		
0	OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Snacks, coffee, creamer, and sodas for courtroom/jury		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office sou	ght	Office held		
	Date		Payee name				
	04/23/2024		Daily Grill				
	Amount (\$)		Payee address; City; State; Zip Co	de			
	\$30.00		5085 Westheimer Road Houston, TX 77056				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		<ul> <li>Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Lunch after Regional Judicial Conference</li> </ul>		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office sou	ght	Office held		
	Date		Pavee name				
	02/14/2024		Elizabeth on 37th				
	Amount (\$)		Payee address; City; State; Zip Co	de			
	\$185.00		105 East 37th Street				
			Savannah, GA 31401				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dinner during TAFLS		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office sou	ght	Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ommittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Office Pollin ense Printir Salari	Overhea Expens g Exper es/Wage	nse es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	FILER	NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 6/26 Rpt: 9/30		s-Harrington, Angela L.	(The Honoral	ole)			00081896
4	Date	Payee	name					
	04/15/2024	Gram						
6	Amount (\$)	Payee	address; City;	State; Zip	Code			
	\$60.00	548 M	arket Street					
		#3541	0					
		San F	rancisco, CA 94104					
8	PURPOSE	a) Catego	IV (Cap Catagorian listed at the to	an of this cohodule)	(b)	Description		
-	OF	Fees	ry (See Categories listed at the to	op of this schedule)			outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE					Check if Austin	n, TX	, officeholder living expense
						Quarterly sub	osc	ription fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	te/Officeholder name	Office	sought			Office held
	Date	Payee	name					
	01/16/2024	Gram	narly					
	Amount (\$)	Payee	address; City;	State; Zip	Code			
	\$60.00	548 M	arket Street	•				
		#3541						
			rancisco, CA 94104					
	DUDD007		-					
	PURPOSE OF	a) Catego	ry (See Categories listed at the to	op of this schedule)	(d)	Description	outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE	Fees						, officeholder living expense
						Quarterly sub	osci	ription fee
	Complete <u>ONLY</u> if direct	Candida	te/Officeholder name	Office	sought			Office held
	expenditure to benefit C/OF							
	Date	Payee	name					
	05/01/2024	Groom	ne Transportation					
	Amount (\$)	Payee	address; City;	State; Zip	Code			
	\$56.67	2201 \	Vest Broad Street					
		Suite :	L05					
		Richm	ond, VA 23220					
_	PURPOSE				(h)	Description		
	OF		ry (See Categories listed at the to Out of District	op of this schedule)		•	outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE	Have						, officeholder living expense
						Transportatio	on f	rom airport to hotel
	Complete ONLY if direct	Candida	te/Officeholder name	Office	sought			Office held
	expenditure to benefit C/OF							
-								

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains h	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	· · · ·		·	3	Filer ID (Ethics Commission Filers)
-	Sch: 7/26 Rpt: 10/30	-	Graves-Harrington, Angela L. (The Hor	norable)		ľ	00081896
4	Date	5	Payee name				
	03/06/2024		H-E-B				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le		
	\$97.87		9710 Katy Fwy				
			Houston, TX 77055				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b) Description		
-	OF		Food/Beverage Expense	euule)		outs	ide of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austir	I, TX	, officeholder living expense
					Food for cou	rtho	ouse
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office sou	ht		Office held
	Date		Payee name				
	05/08/2024		H-E-B				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$189.05		9710 Katy Fwy	2.p 000			
	\$100.00						
			Houston, TX 77055				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	<b>b)</b> Description		
	OF EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T. , officeholder living expense
							per goods for courthouse
						pu	
_	Complete ONLY if direct		Candidate/Officeholder name O	office soug	ht		Office held
	expenditure to benefit C/Oł			1100 000			
-	Date	<u> </u>	Payee name				
	01/12/2024		Harris County Democratic Party				
	Amount (\$)			Zip Co	lo.		
	\$10.00		4619 Lyons Avenue		ie		
	φ10.00						
			Houston TX 77020				
			Houston, TX 77020	i			
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		ide of Texas. Complete Schedule T.
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Commi	ittee			, officeholder living expense
					Monthly cont		
					-		
-	Complete ONLY if direct	L(	Candidate/Officeholder name O	office soug	ht		Office held
	expenditure to benefit C/OI						
-							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	rheac pense pens ages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers	5)
	Sch: 8/26 Rpt: 11/30		Graves-Harrington, Angela L. (The Ho	norable)				00081896	
4	Date	5	Payee name						$\neg$
	02/12/2024		Harris County Democratic Party						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$10.00		4619 Lyons Avenue						
			Houston, TX 77020						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	odulo)	(b)	Description			-
-	OF		Contributions/Donations Made By	edule)	()		outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE		Candidate/Officeholder/Political Comm	ittee				officeholder living expense	
						Monthly dona	atio	n	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office held	
	experiditure to benefit C/OI								
	Date		Payee name						
	03/12/2024		Harris County Democratic Party						
	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$10.00		4619 Lyons Avenue						
			Houston, TX 77020						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Contributions/Donations Made By					de of Texas. Complete Schedule T.	
			Candidate/Officeholder/Political Comm	ittee				officeholder living expense	
						Monthly dona	atioi	n	
									_
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	yni			Office held	
	_	-							_
	Date 04/10/2024		Payee name						
			Harris County Democratic Party						
	Amount (\$)			Zip Co	de				
	\$10.00		4619 Lyons Avenue						
			Houston, TX 77020						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Contributions/Donations Made By					de of Texas. Complete Schedule T.	
			Candidate/Officeholder/Political Comm	ittee		Monthly dona		, officeholder living expense	
							ιιU		
	Complete ONLY if direct	Ļ	Candidate/Officeholder name C	Office soug	thr			Office held	$\dashv$
	expenditure to benefit C/OF			111CE 20U	JIII				
L									-

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	FILER NAME 3	Filer ID (Ethics Commission Filers)			
	Sch: 9/26 Rpt: 12/30	Graves-Harrington, Angela L. (The Honorable)	00081896			
4	Date	Payee name				
	05/12/2024	Harris County Democratic Party				
6	Amount (\$)	Payee address; City; State; Zip Code				
	\$10.00	4619 Lyons Avenue				
		Houston, TX 77020				
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By	side of Texas. Complete Schedule T.			
		Candidate/Officeholder/Political Committee Monthly donatic	c, officeholder living expense			
			211 211			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	06/12/2024	Harris County Democratic Party				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$10.00	4619 Lyons Avenue				
		Houston, TX 77020				
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE		side of Texas. Complete Schedule T. K, officeholder living expense			
		Monthly donatic				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	04/14/2024	Hilton Americas Houston				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$12.00	1600 Lamar				
		Houston, TX 77002				
	PURPOSE OF	(b) Description	side of Texas. Complete Schedule T.			
	EXPENDITURE		c, officeholder living expense			
			peaking engagement			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OF					

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing E Legal Services Salaries/W	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)			
	Sch: 10/26 Rpt: 13/30	Graves-Harrington, Angela L. (The Honorable	)	00081896			
4	Date 02/16/2024	Payee name Huey's Southern Cafe					
6	Amount (\$) \$37.00	Payee address; City; State; Zip Co L15 E River Street Savannah, GA 31401	de				
8	PURPOSE OF EXPENDITURE	OF Food/Beverage Expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office sou	ght	Office held			
	Date	Payee name					
	01/15/2024	Kroger					
	Amount (\$) \$23.37	Payee address; City; State; Zip Co L4221 E Sam Houston Pkwy	ode				
		Houston, TX 77044					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		outside of Texas. Complete Schedule T. , TX, officeholder living expense iCE			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office sou	ght	Office held			
	Date	Payee name					
	05/02/2024	a Cassa Sena					
	Amount (\$) \$60.31	Payee address; City; State; Zip Co L25 East Palace Avenue	ode				
		Santa Fe, NM 87501					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense 9 NCJFCJ Opioid Training			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name Office sou	ght	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Award Legal Serv	rage Expense s/Memorials Expense	Office Overhe Polling Expen Printing Expen Salaries/Wage	nse es/Contract Labor	Transportation I Travel in Distric Travel Out of D	
1	Total pages Schedule F1:	II FR NAME				3 Filer ID	(Ethics Commission Filers)
_	Sch: 11/26 Rpt: 14/30		Angela L. (The Ho	norable)		00081896	(
4	Date 02/08/2024	Payee name _ubys					
6	Amount (\$) \$64.18	Payee address; C 201 Caroline Street Houston, TX 77002	i	Zip Code			
8	PURPOSE OF EXPENDITURE	Category <sub>(See Categori</sub> Food/Beverage Ex	es listed at the top of this scho DENSE	<sub>edule)</sub> (b		outside of Texas. Con n, TX, officeholder livin · jury	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder	name C	Office sough	t	Office h	eld
	Date	Payee name					
	04/05/2024	Maggiano's					
	Amount (\$) \$37.49	Payee address; 0 8008 Cedar Spring		Zip Code			
		Dallas, TX 75235					
	PURPOSE OF EXPENDITURE	Category <sub>(See Categori</sub> Food/Beverage Exp	es listed at the top of this scho DENSE	<sub>edule)</sub> (b	Check if Austin	outside of Texas. Con n, TX, officeholder livin ort leaving Adva	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder	name C	Office sough	t	Office h	eld
	Date	Payee name					
	04/02/2024	National Council of	Juvenile and Family	y Court Jud	dges		
	Amount (\$) \$195.00	Payee address; 0 300 East Second S Suite 1500 Reno, NV 89507		Zip Code			
	PURPOSE OF EXPENDITURE	Category <sub>(See Categori</sub> -ees	es listed at the top of this sch	<sub>edule)</sub> (b		outside of Texas. Con n, TX, officeholder livin	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder	name C	Office sough	t	Office h	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				al Expense act Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 12/26 Rpt: 15/30		Graves-Harrington, Angela L. (The Ho	norable)				00081896	
4	Date	5	Payee name						
	05/10/2024		National Judicial College						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le				
	\$4,999.00		Judicial College Building						
			MS 358						
			Reno, NV 89557						
8	PURPOSE	(a)		- dula)	(b) Des	cription			
-	OF		Category (See Categories listed at the top of this sche Fees	edule)		•	outsid	le of Texas. Com	plete Schedule T.
	EXPENDITURE							officeholder living	
					Har	vard Judic	cial	Executive L	eadership Certification
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	)ffice sou	ht			Office he	ld
	Date		Payee name						
	06/13/2024		Publicdata.com						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$30.31		7750 N Macarthur Blvd						
			Ste 120-320						
			Irving, TX 75063						
_	PURPOSE	(a)	Category (See Categories listed at the top of this sche	(alube	(b) Des	cription			
	OF EXPENDITURE		Fees	cuule)	_	•	outsid	le of Texas. Com	plete Schedule T.
	EXPENDITORE						, TX, (	officeholder living	expense
					Mor	nthly fee			
	Complete ONLY if direct		Candidate/Officeholder name O	Office sou	ht			Office he	ld
	expenditure to benefit C/OF				in c			Onice ne	iu
	Date		Payee name						
	05/13/2024		Publicdata.com						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$30.31		7750 N Macarthur Blvd						
			Ste 120-320						
			Irving, TX 75063						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Des	cription			
	OF EXPENDITURE		Fees	,		check if travel c		le of Texas. Com	
							, TX, (	officeholder living	expense
					IVIVI	nthly fee			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name O	)ffice sou	ht			Office he	ld
		-							

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Transportation Equipme           Food/Beverage Expense         Polling Expense         Travel in District           y -         Gift/Awards/Memorials Expense         Printing Expense         Travel Out of District						
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 13/26 Rpt: 16/30		Graves-Harrington, Angela L. (The Ho	onorable)				00081896
4	Date	5	Payee name			I		
	04/13/2024		Publicdata.com					
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de			
	\$30.31		7750 N Macarthur Blvd					
			Ste 120-320					
			Irving, TX 75063					
8	PURPOSE	(a)			(h) D	escription		
-	OF	,	Category (See Categories listed at the top of this sch Fees	iedule)	() []		outsi	de of Texas. Complete Schedule T.
	EXPENDITURE						ΤX,	officeholder living expense
					М	onthly fee		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght			Office held
	Date		Payee name					
	03/13/2024		Publicdata.com					
	Amount (\$)		Payee address; City; State	; Zip Co	de			
	\$30.31		7750 N Macarthur Blvd					
			Ste 120-320					
			Irving, TX 75063					
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) De	escription		
	OF EXPENDITURE		Fees	,		4		de of Texas. Complete Schedule T.
						4	ΤX,	officeholder living expense
					IVI	onthly fee		
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ht			Office held
	expenditure to benefit C/OI				Jin			
-	Date	<u> </u>	Payee name					
	02/13/2024		Publicdata.com					
	Amount (\$)		Payee address; City; State	; Zip Co	de			
	\$30.31		7750 N Macarthur Blvd	· •				
			Ste 120-320					
			Irving, TX 75063					
	PURPOSE	(a)	_		(h) D	escription		
	OF	[ <sup>(u)</sup>	Category (See Categories listed at the top of this sch Fees	nedule)	(0) D(		outsi	de of Texas. Complete Schedule T.
	EXPENDITURE					Check if Austin,	тx,	officeholder living expense
					М	onthly fee		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ght		_	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       y -     Gift/Awards/Memorials Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 14/26 Rpt: 17/30		Graves-Harrington, Angela L. (The He	onorable)			00081896
4	Date	5	Payee name				
	01/13/2024		Publicdata.com				
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de		
	\$30.31		7750 N Macarthur Blvd				
			Ste 120-320				
			Irving, TX 75063				
8	PURPOSE	(a)			(b) Description		
ľ	OF	(")	Category (See Categories listed at the top of this scl Fees	hedule)		outsi	de of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austin,	, тх,	officeholder living expense
					Monthly fee		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	Office sou	ght		Office held
	Date		Payee name				
	04/04/2024		Saltgrass				
	Amount (\$)		Payee address; City; State	; Zip Co	de		
	\$12.83		13561 North Central Expy				
			Dallas, TX 75243				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch Food/Beverage Expense	hedule)	(b) Description	outsi	de of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austin,	, тх,	officeholder living expense
					Drink @ dinn	er f	for Advanced CPLS
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held
	Date		Payee name				
	01/20/2024		Sheraton Austin Georgetown Hotel &	Conferen	ce Center		
	Amount (\$)		Payee address; City; State	; Zip Co	de		
	\$60.74		1101 Woodlawn Avenue				
			Georgetown, TX 78628				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	hedule)	(b) Description	nutsi	de of Texas. Complete Schedule T.
	EXPENDITURE		Food/Beverage Expense				officeholder living expense
					Food		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office sou	ght		Office held
⊢							

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gitl/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 15/26 Rpt: 18/30		Graves-Harrington, Angela L. (The Ho	norable)			00081896
4	Date	5	Payee name				
	04/11/2024		Shipley Do Nuts				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le		
	\$22.18		6115 Washington Avenue				
			Houston, TX 77007				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	odulo)	(b) Description		
-	OF	(,	Food/Beverage Expense	edule)		outs	ide of Texas. Complete Schedule T.
	EXPENDITURE				Check if Austir	I, TX	, officeholder living expense
					Doughnuts for	or ju	ıry
9	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	Iht		Office held
	expenditure to benefit C/OI	4					
	Date		Payee name				
	06/03/2024		Southern Maid Donuts				
	Amount (\$)		Payee address; City; State;	Zip Co	le		
	\$15.00		8802 N Sam Houston Pkwy				
			,				
			Humble, TX 77396				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	OF EXPENDITURE		Food/Beverage Expense				ide of Texas. Complete Schedule T.
	-				Doughnuts for		, officeholder living expense
					Doughnuts it	0 10	lince
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	.bt		Office held
	expenditure to benefit C/OI				int		Once neid
_	Data						
	Date 01/26/2024		Payee name Southwest Airlines (Southwest Earlybir	.d)			
				·			
	Amount (\$)			Zip Co	le		
	\$22.78		P.O. Box 36647-1CR				
			Dallas, TX 75235				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description		
	EXPENDITURE		Fees				ide of Texas. Complete Schedule T. , officeholder living expense
					Flight change		
					i light change	- 10	
	Complete ONLY if direct	L	Candidate/Officeholder name C	)ffice sour	iht		Office held
	Complete ONLY if direct         Candidate/Officeholder name         Office sought         Office held           expenditure to benefit C/OH         Office held         Office held         Office held						
-							

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees         Office Overhead/Rental Expense         Transpi           Food//Bevrage Expense         Polling Expense         Travel 0           -         Gift/Awards/Memorials Expense         Printing Expense         Travel 0			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 16/26 Rpt: 19/30		Graves-Harrington, Ange	la L. (The Ho	onorable)			00081896
4	Date	5	Payee name					
	04/04/2024		Southwest Airlines (South	nwest Earlybir	rd)			
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coc	е		
	\$40.00		P.O. Box 36647-1CR					
			Dallas, TX 75235					
8	PURPOSE OF	(a)	Category (See Categories listed	at the top of this sch	nedule)	b) Description		
	EXPENDITURE		Fees					ide of Texas. Complete Schedule T. , officeholder living expense
						SW Earlybird		
						· · · <b>,</b> · ·		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ht		Office held
	Date		Payee name					
	06/15/2024		Southwest Airlines (South	nwest Earlybir	rd)			
	Amount (\$)		Payee address; City;	State;	; Zip Coc	е		
	\$64.00		P.O. Box 36647-1CR					
			Dallas, TX 75235					
	PURPOSE	(a)	Category (See Categories listed	at the top of this sch	nedule)	b) Description		
	OF EXPENDITURE		Travel Out of District	·	,	Check if travel		ide of Texas. Complete Schedule T.
								, officeholder living expense
						Southwest E	ariy	/bird Check-in
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Ĺ	Office soug	nt		Office held
	Date		Payee name					
	03/26/2024		Southwest Airlines					
	Amount (\$)		Payee address; City;	State;	; Zip Coc	е		
	\$351.97		P.O. Box 36647-1CR					
			Dallas, TX 75235					
	PURPOSE OF	(a)	Category (See Categories listed	at the top of this sch	nedule)	b) Description		
	EXPENDITURE		Travel In District					ide of Texas. Complete Schedule T. , officeholder living expense
						Flight to Dalla		
						5	-	
-	Complete ONLY if direct	L(	Candidate/Officeholder name	C	Office soug	ht		Office held
	expenditure to benefit C/OF							
-								

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)			
-	Sch: 17/26 Rpt: 20/30	Graves-Harrington, Angela L. (The Honorable)	00081896			
4	Date 02/22/2024	Payee name Sprouts Farmers Market				
6	Amount (\$) \$155.88	Payee address; City; State; Zip Code 195 Yale Street Suite 100 Houston, TX 77007				
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. h, TX, officeholder living expense ellness CLE for staff and attorneys.			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	01/17/2024	State Bar of Texas				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$75.00	1414 Colorado Suite 503 Austin, TX 78701				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. h, TX, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	05/22/2024	Tapatio Springs Hill Country Resort				
	Amount (\$) \$263.68	Payee address;     City;     State;     Zip Code       1 Resort Way				
		Boerne, TX 78006				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. h, TX, officeholder living expense nnovations			
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	erhea pense xpens Vages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 18/26 Rpt: 21/30		Graves-Harrington, Angela L. (The H	onorable)	)		-	00081896
4	Date	5	Payee name					
	06/03/2024		Texas Center for the Judiciary					
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	ode			
	\$350.00		1210 San Antonio					
			Suite 800					
			Austin, TX 78701					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b)	Description		
	OF		Fees	neudic)		·	outsi	de of Texas. Complete Schedule T.
	EXPENDITURE							officeholder living expense
						Annual Judic	ial (	Conference registration fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ight			Office held
	Date		Payee name					
	02/17/2024		The DeSoto Hotel					
	Amount (\$)		Payee address; City; State	; Zip Co	ode			
	\$515.71		15 East Liberty Street					
			Savannah, GA 31401		-			
	PURPOSE OF		Category (See Categories listed at the top of this sci	hedule)	(b)	Description		
	EXPENDITURE		Travel Out of District					de of Texas. Complete Schedule T. , officeholder living expense
								g TAFLS Trial Institute
						Tioter Stuy uu	i ii iç	
	Complete ONLY if direct	<u>с</u>	Candidate/Officeholder name	Office sou	l Ight			Office held
	expenditure to benefit C/OI	4						
	Date		Payee name					
	02/17/2024		The Public Kitchen					
	Amount (\$)		Payee address; City; State	; Zip Co	ode			
	\$68.00		1 West Liberty Street					
			-					
			Savannah, GA 31401		_			
	PURPOSE		Category (See Categories listed at the top of this sc	hedule)	(b)	Description		
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T.
	-							officeholder living expense veling for TAFLS
							ua	VEIII Y IVI TAPLO
	Complete ONUV if direct	Ľ	andidata/Officebolder name	Office activ				Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	iynt			Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Averhaed/Rental Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)				
	Sch: 19/26 Rpt: 22/30	Graves-Harrington, Angela L. (The Honorable)	00081896				
4	Date 02/16/2024	Payee name Treylor Park					
6	Amount (\$) \$68.21	Payee address; City; State; Zip Code 300 Drayton Street Savannah, GA 31401					
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense TAFLS				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	01/19/2024	Uber					
	Amount (\$) \$49.41	Payee address; City; State; Zip Code 1455 Market Street Suite 400 San Francisco , CA 94103					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense Ort				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	01/18/2024	Uber					
	Amount (\$) \$38.98	Payee address; City; State; Zip Code 1455 Market Street Suite 400 San Francisco , CA 94103					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense rom airport to hotel for NCFCJ site visit				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)				
	Sch: 20/26 Rpt: 23/30	Graves-Harrington, Angela L. (The Honorable)	00081896				
4	Date 01/19/2024	Payee name Uber					
6	Amount (\$) \$48.41	<ul> <li>Payee address; City; State; Zip Code</li> <li>1455 Market Street</li> <li>Suite 400</li> <li>San Francisco , CA 94103</li> </ul>					
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Travel Out of District       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Uber ride - hotel to airport							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	02/17/2024	Uber					
	Amount (\$) \$28.70	Payee address; City; State; Zip Code 1455 Market Street					
		Suite 400 San Francisco , CA 94103					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense hotel to airport for TAFLS Trial Skills				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	02/17/2024	Uber					
	Amount (\$) \$4.52	Payee address; City; State; Zip Code 1455 Market Street Suite 400 San Francisco , CA 94103					
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)				
	Sch: 21/26 Rpt: 24/30	Graves-Harrington, Angela L. (The Honorable)	00081896				
4	Date 02/15/2024	5 Payee name Uber					
6	Amount (\$) \$15.15	<ul> <li>Payee address; City; State; Zip Code</li> <li>1455 Market Street</li> <li>Suite 400</li> <li>San Francisco , CA 94103</li> </ul>					
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	04/05/2024	Uber					
	Amount (\$) \$22.29	Payee address; City; State; Zip Code 1455 Market Street Suite 400 San Francisco , CA 94103					
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense I hotel to airport CPLS				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	04/05/2024	Uber					
	Amount (\$) \$4.26	Payee address; City; State; Zip Code 1455 Market Street Suite 400 San Francisco , CA 94103					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)					
	Sch: 22/26 Rpt: 25/30	Graves-Harrington, Angela L. (The Honorable)	00081896					
4	Date 04/03/2024	5 Payee name Uber						
6	Amount (\$) \$28.46	<ul> <li>Payee address; City; State; Zip Code</li> <li>1455 Market Street</li> <li>Suite 400</li> <li>San Francisco , CA 94103</li> </ul>						
8	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if Austin, TX, officeholder living expense         Uber fee airport to hotel CPLS							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	04/03/2024	Uber						
	Amount (\$) \$4.74	Payee address; City; State; Zip Code 1455 Market Street Suite 400 San Francisco , CA 94103						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
Complete ONLY if direct         Candidate/Officeholder name         Office sought         Office held           expenditure to benefit C/OH         Office name         Office sought         Office held								
	Date	Payee name						
	04/03/2024	Uber						
	Amount (\$) \$8.73	Payee address; City; State; Zip Code 1455 Market Street Suite 400 San Francisco , CA 94103						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/M	rhead/f pense (pense /ages/C	Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME			ĺ	3	Filer ID (Ethics Commission Filers)	
_	Sch: 23/26 Rpt: 26/30		Graves-Harrington, Angela L. (The H	onorable)				00081896	
4	Date	5	Payee name						
	06/12/2024		Uber						
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	de				
	\$6.47		1455 Market Street						
			Suite 400						
			San Francisco , CA 94103						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b) [	Description			
	OF EXPENDITURE		Fees		E		outsio	de of Texas. Complete Schedule T.	
	EXPENDITORE				Ľ			officeholder living expense	
						uncheon	our	rthouse to Hilton Americas for	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght			Office held	
	Date		Payee name						
	06/12/2024		Uber						
	Amount (\$)		Payee address; City; State	e; Zip Co	de				
	\$6.58		1455 Market Street	· ·					
			Suite 400						
			San Francisco , CA 94103						
	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b) [	Description			
	OF EXPENDITURE		Fees		Ę			de of Texas. Complete Schedule T.	
					L			officeholder living expense Iuncheon at Hilton Americas to	
						courthouse	0111		
Complete <u>ONLY</u> if direct expenditure to benefit C/O			andidate/Officeholder name	Office sou	ght			Office held	
	Date Payee name								
	04/03/2024		Uber						
	Amount (\$)		Payee address; City; State	e; Zip Co	de				
	\$23.73		1455 Market Street						
			Suite 400						
			San Francisco , CA 94103						
	PURPOSE	(a)	Category (See Categories listed at the top of this sc	hedule)	(b) [	Description			
	OF EXPENDITURE		Fees		Ľ			de of Texas. Complete Schedule T.	
					Ļ			officeholder living expense	
					ι		me	to IAH (for Advanced CPLS)	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ght			Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 24/26 Rpt: 27/30	Graves-Harrington, Angela L. (The Honorable)	00081896						
4	Date 02/14/2024	Payee name Uber							
6	Amount (\$) \$30.15	Payee address;City;State; Zip Code1455 Market StreetSuite 400San Francisco , CA 94103							
8	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense n hotel to restaurant (dinner during kills)						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/18/2024	Uber							
	Amount (\$) \$63.80	Payee address; City; State; Zip Code 1455 Market Street Suite 400 San Francisco , CA 94103							
	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense tel to airport (TCJ Child Welfare						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	01/07/2024	United Airlines							
	Amount (\$) \$89.00	Payee address; City; State; Zip Code 233 Wacker Drive							
		Chicago, IL 60606							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense Igage fees						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:		<b>3</b> Filer ID (Ethics Commission Filers)					
-	Sch: 25/26 Rpt: 28/30	Graves-Harrington, Angela L. (The Honorable)	00081896					
4	Date	5 Payee name						
	01/18/2024	United Airlines						
6	Amount (\$)	Payee address; City; State; Zip Code						
	\$248.19	233 Wacker Drive						
		Chicago, IL 60606						
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE		utside of Texas. Complete Schedule T.					
		Flight change	TX, officeholder living expense					
9	Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI							
	Date	Payee name						
	05/01/2024	United Airlines						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$139.00 233 Wacker Drive							
		Chicago, IL 60606						
	PURPOSE OF	a) Category (See Categories listed at the top of this schedule)       (b) Description						
	EXPENDITURE Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		Flight change						
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
expenditure to benefit C/OH								
	Date	Payee name						
	06/21/2024	United Airlines						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$718.96	233 Wacker Drive						
		Chicago, IL 60606						
	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE		utside of Texas. Complete Schedule T.					
			TX, officeholder living expense nt from IAH to Boston for travel to					
	Harvard for Judicial Executive Leadership Program							
-	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/OI							
-								

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							nt/Reimbursement d/Rental Expense e e /Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME	Ē					3	Filer ID	(Ethics Commission Filers)
	Sch: 26/26 Rpt: 29/30		Graves-Ha	rrington, Angela L	. (The Ho	norable)				00081896	
4	Date	5 Payee name									
	02/23/2024		Walmart Su	ipercenter							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de				
	\$20.39		9235 North	Sam Houston Pk	wy						
			Humble, TX	( 77396							
8	PURPOSE	(a)		ee Categories listed at the	top of this och	odulo)	(b)	Description			
-	OF			rage Expense	top of this sch	edule)	()		outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITURE									, officeholder living	g expense
								Coffee cream	ner		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	C	Office sou	ght			Office h	eld
	Date		Payee name								
	04/06/2024		Westin Dall	as Park							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de				
	\$40.00		12720 Meri	t Drive							
			Dallas, TX	75251							
	PURPOSE	(a)	Category (S	ee Categories listed at the	top of this sch	edule)	(b)	Description			
	OF EXPENDITURE			rage Expense		,			outsi	ide of Texas. Com	plete Schedule T.
EXFENDITORE				0					n, TX,	, officeholder living	g expense
								Dinner			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Off	iceholder name	C	Office sou	ght			Office h	eld

OUTSTAN	IDING LOANS	so	CHEDULE L
The Instruction	on Guide explains how to complete this form.	1 Total pages Schedule Sch: 1/1 Rpt: 30/30	
2 FILER NAME Graves-Harringt	on, Angela L. (The Honorable)	3 Filer ID (Ethics Cor 00081896	nmission Filers)
LENDER INFORMATION	4 Name of lender Harrington, Angela		
	5 Lender address; City; State; Zip Code		
	Houston, TX 77002		
GUARANTOR INFORMATION	6 Name of guarantor		
X not applicable	7 Guarantor address; City; State; Zip Code		
LENDER INFORMATION	Name of lender Harrington, Daylen		
	Lender address; City; State; Zip Code Houston, TX 77002		
GUARANTOR	Name of guarantor		
X not applicable	Guarantor address; City; State; Zip Code		