

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00085955		2 Total pages filed: 41		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Angelia Duke	MI MI	Date Received ELECTRONICALLY FILED 10/11/2024	
	NICKNAME	LAST Orr	SUFFIX	Date Hand-delivered or Date Postmarked	
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Receipt #	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit		Amount	
	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		Date Processed	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)		Date Imaged	
5 ORIGINAL PERIOD COVERED	Month Day Year 07/01/2024	THROUGH	Month Day Year 09/26/2024		

6 EXPLANATION OF CORRECTION

Upon reconciliation of my September 2024 campaign bank statement, I noted that an expense was inadvertently left off of this report. This check was written on 9/26/2024, the last day of the reporting period, to pay for the photographer at my campaign event. This was a bookkeeping error and in no manner was meant to mislead. The expense has been recorded on this corrected report to ensure that my campaign reporting is accurate.

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:

☐ **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.

☒ **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: 41	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Angelia Duke	MI		
	NICKNAME	LAST Orr	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; PO Box 337 Itasca, TX 76055		ZIP CODE	
		OFFICE USE ONLY			
		Date Received ELECTRONICALLY FILED 10/11/2024			
		Date Hand-delivered or Date Postmarked			
5 CAMPAIGN TREASURER NAME		MS / MRS / MR Mr.	FIRST Robert	MI	
		NICKNAME	LAST Cervenka	SUFFIX	
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		<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED		Month Day Year Month Day Year 07/01/2024 THROUGH 09/26/2024			
10 ELECTION		ELECTION DATE Month Day Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE		OFFICE HELD (if any) State Representative District 13		12 OFFICE SOUGHT (if known) State Representative District 13	

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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

15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input checked="" type="checkbox"/> GENERAL	Texas Alliance for Life PAC
	<input type="checkbox"/> SPECIFIC	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)	\$	53,491.53
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	996.35
	4. TOTAL POLITICAL EXPENDITURES	\$	33,712.31
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	43,382.44
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**

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18 FILER NAME Orr, Angelia Duke (The Honorable)		19 Filer ID 00085955	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	53,491.53
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	28,583.15
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	2,866.09
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	1,097.16
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	1,165.91
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> 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: 1/14 Rpt: 5/41
2 FILER NAME Orr, Angelia Duke (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085955
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Associated Builders & Contractors of TX PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78767	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Associated General Contractors of Texas Political Action Committee <hr/> Contributor address; City; State; Zip Code Austin, TX 78768	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Autry Public Affairs LLC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BearbackerPAC <hr/> Contributor address; City; State; Zip Code Houston, TX 77056	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beer Alliance of Texas Political Action Committee <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
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: 2/14 Rpt: 6/41
2 FILER NAME Orr, Angelia Duke (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085955
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brentwood Public Affairs <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camarena, Bertha (Ms.) <hr/> Contributor address; City; State; Zip Code Hillsboro, TX 76645	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Capital Leadership Fund <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caraway, Cathy (Mrs.) <hr/> Contributor address; City; State; Zip Code Morgan, TX 76671	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cathey, Jim (Mr.) <hr/> Contributor address; City; State; Zip Code Marlin, TX 76661	Amount of Contribution (\$) \$100.00
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: 3/14 Rpt: 7/41
2 FILER NAME Orr, Angelia Duke (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085955
4 Date 09/26/2024	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00397851) Centene Corporation Political Action Committee <hr/> 6 Contributor address; City; State; Zip Code St. Louis, MO 63105	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Crow, Ruth (Ms.) <hr/> Contributor address; City; State; Zip Code Whitney, TX 76692	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Del Bosque, Nora (Mrs.) <hr/> Contributor address; City; State; Zip Code Austin, TX 76731	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00363879) ENPAC Texas <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00082792) Eli Lilly and Company Political Action Committee <hr/> Contributor address; City; State; Zip Code Indianapolis, IN 46285	Amount of Contribution (\$) \$1,500.00
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: 4/14 Rpt: 8/41
2 FILER NAME Orr, Angelia Duke (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085955
4 Date 09/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellmer, Mindy (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$520.51
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erben & Yarbrough <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feather, Robert (Mr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76101	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerke, Beverly (Ms.) <hr/> Contributor address; City; State; Zip Code Hillsboro, TX 76645	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOMEPAC of the Texas Association of Builders <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$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: 5/14 Rpt: 9/41
2 FILER NAME Orr, Angelia Duke (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085955
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HS Law Political Action Committee <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harvey, Julia (Ms.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurt, Lisa (Mrs.) <hr/> Contributor address; City; State; Zip Code Itasca, TX 76055	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lake, Sylvia (Mrs.) <hr/> Contributor address; City; State; Zip Code Hillsboro, TX 76645	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd Gosselink Rochelle & Townsend PC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$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: 6/14 Rpt: 10/41
2 FILER NAME Orr, Angelia Duke (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085955
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maass, James (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Bynum, TX 76631	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mann, Susan (Mrs.) <hr/> Contributor address; City; State; Zip Code Hillsboro, TX 76645	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marquez, Enrique (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78735	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthaei, Rudolf (Mr.) <hr/> Contributor address; City; State; Zip Code Whitney, TX 76692	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McBay, Michael (Mr.) <hr/> Contributor address; City; State; Zip Code Groesbeck, TX 76642	Amount of Contribution (\$) \$50.00
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: 7/14 Rpt: 11/41
2 FILER NAME Orr, Angelia Duke (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085955
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McFerrin, Peggy (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Hillsboro, TX 76645	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGaughy, Mark (Mr.) <hr/> Contributor address; City; State; Zip Code Axtell, TX 76624	Amount of Contribution (\$) \$1,041.02
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NCHA's Texas Events Political Action Committee <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76107	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAC of the Independent Insurance Agents of Texas <hr/> Contributor address; City; State; Zip Code Austin, TX 78768	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rural Friends of Electric Cooperatives <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$2,500.00
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: 8/14 Rpt: 12/41
2 FILER NAME Orr, Angelia Duke (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085955
4 Date 09/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sampson Public Affairs LLC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sawyer, John (Mr.) <hr/> Contributor address; City; State; Zip Code Hillsboro, TX 76645	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schieffer, Tracy (Mrs.) <hr/> Contributor address; City; State; Zip Code Kurten, TX 77862	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Brian (Mr.) <hr/> Contributor address; City; State; Zip Code Morgan, TX 76671	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Bruce (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$200.00
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: 9/14 Rpt: 13/41
2 FILER NAME Orr, Angelia Duke (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085955
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Andrew (Mr.) 6 Contributor address; City; State; Zip Code Hillsboro, TX 76645	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southern Glazer's Political Action Committee of Texas Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TXTA TRUCKPAC Contributor address; City; State; Zip Code Austin, TX 78762	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Lawsuit Reform Political Action Committee Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Aggregates & Concrete Association PAC Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$1,000.00
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: 10/14 Rpt: 14/41
2 FILER NAME Orr, Angelia Duke (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085955
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Agricultural Co-op Council Political Action Committee <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78661	7 Amount of Contribution (\$) \$350.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Alliance for Life Political Action Committee <hr/> Contributor address; City; State; Zip Code Austin, TX 78754	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Automobile Dealers Association Political Action Committee <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Construction Association Political Action Committee <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Consumer Lenders Political Action Committee <hr/> Contributor address; City; State; Zip Code Greenville, SC 29615	Amount of Contribution (\$) \$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: 11/14 Rpt: 15/41
2 FILER NAME Orr, Angelia Duke (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085955
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Leads Political Action Committee <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78767	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Lobby Partners LLP <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Manufactured Housing Assoc Political Action Committee <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Realtors Political Action Committee <hr/> Contributor address; City; State; Zip Code Austin, TX 78768	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas and Southwestern Cattle Raisers Association PAC <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76185	Amount of Contribution (\$) \$1,500.00
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: 12/14 Rpt: 16/41
2 FILER NAME Orr, Angelia Duke (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085955
4 Date 09/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Chickasaw Nation 6 Contributor address; City; State; Zip Code Ada, OK 74820	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) The Teel Revocable Trust Contributor address; City; State; Zip Code Hillsboro, TX 76645	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Leslie (Mrs.) Contributor address; City; State; Zip Code Duncanville, TX 75116	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Troxclair PC Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Audrey (Mrs.) Contributor address; City; State; Zip Code Hillsboro, TX 76645	Amount of Contribution (\$) \$200.00
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: 13/14 Rpt: 17/41
2 FILER NAME Orr, Angelia Duke (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085955
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Brenda (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Hillsboro, TX 76645	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Mary Lynn (Mrs.) <hr/> Contributor address; City; State; Zip Code Fairfield, TX 75840	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, R.A. (Mr.) <hr/> Contributor address; City; State; Zip Code Hillsboro, TX 76645	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wholesale Beer Distributors of Texas Political Action Committee <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Michael (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 76703	Amount of Contribution (\$) \$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: 14/14 Rpt: 18/41
2 FILER NAME Orr, Angelia Duke (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085955
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, James (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Dennis (Mr.) <hr/> Contributor address; City; State; Zip Code Groesbeck, TX 76642	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Roy (Mr.) <hr/> Contributor address; City; State; Zip Code Abbott, TX 76621	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Bobcat Contracting LLC

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: Sch: 1/9 Rpt: 19/41	2 FILER NAME Orr, Angelia Duke (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085955
4 Date 09/06/2024	5 Payee name Bosque County Republican Club	
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 505 W. 5th Street Ste. 240 Clifton, TX 76634	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political donation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/23/2024	Payee name Campaign Reporting Solutions LLC	
Amount (\$) \$1,219.50	Payee address; City; State; Zip Code 110 Carriage Drive Lufkin, TX 75904	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign bookkeeping services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/11/2024	Payee name Constant Contact	
Amount (\$) \$86.34	Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email distribution service for campaign office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/9 Rpt: 20/41	2 FILER NAME Orr, Angelia Duke (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085955
4 Date 08/12/2024	5 Payee name Constant Contact	
6 Amount (\$) \$86.34	7 Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email distribution service for campaign office
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/12/2024	Payee name Constant Contact	
Amount (\$) \$86.34	Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email distribution service for campaign office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/09/2024	Payee name Falls County Republican Party	
Amount (\$) \$300.00	Payee address; City; State; Zip Code PO Box 1336 Marlin, TX 76661	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/9 Rpt: 21/41	2 FILER NAME Orr, Angelia Duke (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085955
4 Date 09/12/2024	5 Payee name Friends and Family of Steel	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 87 Jewett, TX 75846	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable donation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/12/2024	Payee name Greater Waco Chamber	
Amount (\$) \$504.00	Payee address; City; State; Zip Code 101 S 3rd Street Waco, TX 76701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Annual campaign membership dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/05/2024	Payee name Humphries, Lynne	
Amount (\$) \$11,662.00	Payee address; City; State; Zip Code 1515 Savannah Drive Richmond, TX 77406	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Rent for political apartment maintained in Austin
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/9 Rpt: 22/41	2 FILER NAME Orr, Angelia Duke (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085955
4 Date 09/26/2024	5 Payee name Johnson, Lacy	
6 Amount (\$) \$700.00	7 Payee address; City; State; Zip Code 9729 NW County Road 1400 Blooming Grove, TX 76626	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photographer for campaign event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/29/2024	Payee name Legislative Solutions	
Amount (\$) \$350.00	Payee address; City; State; Zip Code 807 Brazos Street Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email invitations for campaign fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/19/2024	Payee name Mexia Area Chamber of Commerce	
Amount (\$) \$300.00	Payee address; City; State; Zip Code 214 N Sherman Street Ste. 2 Mexia, TX 76667	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/9 Rpt: 23/41	2 FILER NAME Orr, Angelia Duke (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085955
4 Date 07/30/2024	5 Payee name Mexia State Supported Living Center Volunteer Council	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 1132 Mexia, TX 76667	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable donation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/11/2024	Payee name Murphy Nasica	
Amount (\$) \$167.79	Payee address; City; State; Zip Code PO Box 1648 Austin, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banner delivery fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/11/2024	Payee name Murphy Nasica	
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO Box 1648 Austin, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political consulting - campaign services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/9 Rpt: 24/41	2 FILER NAME Orr, Angelia Duke (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085955
4 Date 07/11/2024	5 Payee name Murphy Nasica	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 1648 Austin, TX 78767	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political consulting - campaign services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/12/2024	Payee name Murphy Nasica	
Amount (\$) \$500.00	Payee address; City; State; Zip Code PO Box 1648 Austin, TX 78767	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political consulting - campaign services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/12/2024	Payee name Norfleet Strategies	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 504 W 12th Street Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political consulting - campaign services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/9 Rpt: 25/41	2 FILER NAME Orr, Angelia Duke (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085955
4 Date 08/19/2024	5 Payee name Norfleet Strategies	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 504 W 12th Street Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political consulting - campaign services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2024	Payee name Norfleet Strategies	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 504 W 12th Street Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political consulting - campaign services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/12/2024	Payee name Orr, Angelia (Mrs.)	
Amount (\$) \$1,570.54	Payee address; City; State; Zip Code PO Box 113 Itasca, TX 76055	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for personal funds used for campaign. Properly reported on Sch G of prior report
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/9 Rpt: 26/41	2 FILER NAME Orr, Angelia Duke (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085955
4 Date 08/13/2024	5 Payee name SurveyMonkey	
6 Amount (\$) \$498.89	7 Payee address; City; State; Zip Code 506 2nd Avenue Ste. 2600 Seattle, WA 98104	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Software subscription for capitol office
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2024	Payee name Texas Business Graphics	
Amount (\$) \$2,230.98	Payee address; City; State; Zip Code 500 W Main Street Palestine, TX 75801	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political advertising - campaign signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/27/2024	Payee name Texas Outdoor Heroes	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 3637 County Road 305 Buffalo, TX 75831	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Charitable donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/9 Rpt: 27/41	2 FILER NAME Orr, Angelia Duke (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085955
4 Date 09/05/2024	5 Payee name Westgate Condominium Association	
6 Amount (\$) \$1,134.30	7 Payee address; City; State; Zip Code 1122 Colorado Street Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Utilities for political apartment maintained in Austin
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/22/2024	Payee name WinRed	
Amount (\$) \$100.93	Payee address; City; State; Zip Code 1776 Wilson Blvd Arlington, VA 22209	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online contribution processing fees (7/22/2024 - 9/25/2024)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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 F2: Sch: 1/1 Rpt: 28/41	2 FILER NAME Orr, Angelia Duke (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085955
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 08/29/2024	6 Payee name Murphy Nasica	
7 Amount (\$) \$33.28	8 Payee address; City; State; Zip Code PO Box 1648 Austin, TX 78767	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email hosting
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/05/2024	Payee name Murphy Nasica	
Amount (\$) \$2,832.81	Payee address; City; State; Zip Code PO Box 1648 Austin, TX 78767	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Design, printing and mailing of campaign fundraising invitations
Complete <u>ONLY</u> 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: Sch: 1/12 Rpt: 29/41		2 FILER NAME Orr, Angelia Duke (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085955	
4 CREDIT CARD ISSUER		Name of financial institution American Express		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 411.15	
6 PAYMENT		(a) Amount Charged \$6.33	(b) Date of Charge 07/08/2024	(c) Date(s) Credit Card Issuer Paid 08/23/2024	
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 <input checked="" type="checkbox"/> Political <input type="checkbox"/> 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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$1.00	(b) Date of Charge 07/08/2024	(c) Date(s) Credit Card Issuer Paid 08/23/2024	
PAYEE		(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1455 Market Street Ste. 400 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> 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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
PAYMENT		(a) Amount Charged \$24.00	(b) Date of Charge 07/22/2024	(c) Date(s) Credit Card Issuer Paid 08/23/2024	
PAYEE		(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1455 Market Street Ste. 400 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> 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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> 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: Sch: 2/12 Rpt: 30/41	2 FILER NAME Orr, Angelia Duke (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085955
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 411.15
6 PAYMENT	(a) Amount Charged \$17.63	(b) Date of Charge 07/22/2024	(c) Date(s) Credit Card Issuer Paid 08/23/2024
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 <input checked="" type="checkbox"/> Political <input type="checkbox"/> 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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$5.07	(b) Date of Charge 07/25/2024	(c) Date(s) Credit Card Issuer Paid 08/23/2024
PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1455 Market Street Ste. 400 San Francisco, CA 94103
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> 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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$24.89	(b) Date of Charge 07/25/2024	(c) Date(s) Credit Card Issuer Paid 08/23/2024
PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1455 Market Street Ste. 400 San Francisco, CA 94103
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> 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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> 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: Sch: 3/12 Rpt: 31/41	2 FILER NAME Orr, Angelia Duke (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085955
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 411.15
6 PAYMENT	(a) Amount Charged \$33.80	(b) Date of Charge 07/25/2024	(c) Date(s) Credit Card Issuer Paid 08/23/2024
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 <input checked="" type="checkbox"/> Political <input type="checkbox"/> 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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$25.04	(b) Date of Charge 07/25/2024	(c) Date(s) Credit Card Issuer Paid 08/23/2024
PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1455 Market Street Ste. 400 San Francisco, CA 94103
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> 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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$21.65	(b) Date of Charge 07/26/2024	(c) Date(s) Credit Card Issuer Paid 08/23/2024
PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1455 Market Street Ste. 400 San Francisco, CA 94103
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> 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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> 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: Sch: 4/12 Rpt: 32/41	2 FILER NAME Orr, Angelia Duke (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085955
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 411.15
6 PAYMENT	(a) Amount Charged \$3.24	(b) Date of Charge 07/26/2024	(c) Date(s) Credit Card Issuer Paid 08/23/2024
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 <input checked="" type="checkbox"/> Political <input type="checkbox"/> 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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$72.37	(b) Date of Charge 07/19/2024	(c) Date(s) Credit Card Issuer Paid 08/23/2024
PAYEE	(a) Payee name Spectrum		(b) Payee address; City, State, Zip Code 1000 E 41st Street Ste. 920 Austin, TX 78751
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> 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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$72.37	(b) Date of Charge 08/19/2024	(c) Date(s) Credit Card Issuer Paid 09/23/2024
PAYEE	(a) Payee name Spectrum		(b) Payee address; City, State, Zip Code 1000 E 41st Street Ste. 920 Austin, TX 78751
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> 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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> 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: Sch: 5/12 Rpt: 33/41	2 FILER NAME Orr, Angelia Duke (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085955
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 411.15
6 PAYMENT	(a) Amount Charged \$72.37	(b) Date of Charge 09/19/2024	(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 <input checked="" type="checkbox"/> Political <input type="checkbox"/> 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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$16.77	(b) Date of Charge 08/01/2024	(c) Date(s) Credit Card Issuer Paid 09/23/2024
PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1455 Market Street Ste. 400 San Francisco, CA 94103
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> 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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$16.77	(b) Date of Charge 08/01/2024	(c) Date(s) Credit Card Issuer Paid 09/23/2024
PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1455 Market Street Ste. 400 San Francisco, CA 94103
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> 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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> 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: Sch: 6/12 Rpt: 34/41	2 FILER NAME Orr, Angelia Duke (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085955
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 411.15
6 PAYMENT	(a) Amount Charged \$9.20	(b) Date of Charge 08/16/2024	(c) Date(s) Credit Card Issuer Paid 09/23/2024
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 <input checked="" type="checkbox"/> Political <input type="checkbox"/> 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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$16.87	(b) Date of Charge 08/17/2024	(c) Date(s) Credit Card Issuer Paid 09/23/2024
PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1455 Market Street Ste. 400 San Francisco, CA 94103
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> 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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$1.00	(b) Date of Charge 08/17/2024	(c) Date(s) Credit Card Issuer Paid 09/23/2024
PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1455 Market Street Ste. 400 San Francisco, CA 94103
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> 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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> 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: Sch: 7/12 Rpt: 35/41	2 FILER NAME Orr, Angelia Duke (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085955
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 411.15
6 PAYMENT	(a) Amount Charged \$1.00	(b) Date of Charge 08/17/2024	(c) Date(s) Credit Card Issuer Paid 09/23/2024
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 <input checked="" type="checkbox"/> Political <input type="checkbox"/> 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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$24.93	(b) Date of Charge 08/18/2024	(c) Date(s) Credit Card Issuer Paid 09/23/2024
PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1455 Market Street Ste. 400 San Francisco, CA 94103
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> 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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$24.37	(b) Date of Charge 08/18/2024	(c) Date(s) Credit Card Issuer Paid 09/23/2024
PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1455 Market Street Ste. 400 San Francisco, CA 94103
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> 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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> 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: Sch: 8/12 Rpt: 36/41	2 FILER NAME Orr, Angelia Duke (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085955
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 411.15
6 PAYMENT	(a) Amount Charged \$24.62	(b) Date of Charge 08/28/2024	(c) Date(s) Credit Card Issuer Paid 08/28/2024
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 <input checked="" type="checkbox"/> Political <input type="checkbox"/> 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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$3.65	(b) Date of Charge 08/28/2024	(c) Date(s) Credit Card Issuer Paid 09/23/2024
PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1455 Market Street Ste. 400 San Francisco, CA 94103
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> 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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$11.08	(b) Date of Charge 08/29/2024	(c) Date(s) Credit Card Issuer Paid 08/29/2024
PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1455 Market Street Ste. 400 San Francisco, CA 94103
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> 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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> 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: Sch: 9/12 Rpt: 37/41	2 FILER NAME Orr, Angelia Duke (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085955
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 411.15
6 PAYMENT	(a) Amount Charged \$17.09	(b) Date of Charge 08/29/2024	(c) Date(s) Credit Card Issuer Paid 09/23/2024
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 <input checked="" type="checkbox"/> Political <input type="checkbox"/> 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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$1.00	(b) Date of Charge 08/29/2024	(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 <input checked="" type="checkbox"/> Political <input type="checkbox"/> 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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$17.98	(b) Date of Charge 08/30/2024	(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 <input checked="" type="checkbox"/> Political <input type="checkbox"/> 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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> 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: Sch: 10/12 Rpt: 38/41	2 FILER NAME Orr, Angelia Duke (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085955
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 411.15
6 PAYMENT	(a) Amount Charged \$16.87	(b) Date of Charge 08/30/2024	(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 <input checked="" type="checkbox"/> Political <input type="checkbox"/> 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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$7.87	(b) Date of Charge 09/09/2024	(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 <input checked="" type="checkbox"/> Political <input type="checkbox"/> 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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$16.87	(b) Date of Charge 09/10/2024	(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 <input checked="" type="checkbox"/> Political <input type="checkbox"/> 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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> 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: Sch: 11/12 Rpt: 39/41	2 FILER NAME Orr, Angelia Duke (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085955
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 411.15
6 PAYMENT	(a) Amount Charged \$1.00	(b) Date of Charge 09/19/2024	(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 <input checked="" type="checkbox"/> Political <input type="checkbox"/> 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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$31.60	(b) Date of Charge 09/20/2024	(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 <input checked="" type="checkbox"/> Political <input type="checkbox"/> 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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$25.37	(b) Date of Charge 09/20/2024	(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 <input checked="" type="checkbox"/> Political <input type="checkbox"/> 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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> 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: Sch: 12/12 Rpt: 40/41	2 FILER NAME Orr, Angelia Duke (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085955
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 411.15
6 PAYMENT	(a) Amount Charged \$2.00	(b) Date of Charge 09/23/2024	(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 <input checked="" type="checkbox"/> Political <input type="checkbox"/> 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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$18.34	(b) Date of Charge 09/24/2024	(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 <input checked="" type="checkbox"/> Political <input type="checkbox"/> 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) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> 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: Sch: 1/1 Rpt: 41/41	2 FILER NAME Orr, Angelia Duke (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085955
4 Date 07/23/2024	5 Payee name American Express	
6 Amount (\$) \$558.80 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 6031 Carol Stream, IL 60197	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card payment for items properly reported on Sch F4 of prior report
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/23/2024	Payee name American Express	
Amount (\$) \$349.39 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 6031 Carol Stream, IL 60197	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card payment for items properly reported on Sch F4 of current report
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/23/2024	Payee name American Express	
Amount (\$) \$257.72 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 6031 Carol Stream, IL 60197	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card payment for items properly reported on Sch F4 of current report
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held