# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

## FORM COR-C/OH

	•	ics Commission Filers)	2 Total pages filed:			OFFICE	USE ONLY
	00085955		41			Date Received	
	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONIC	CALLY FILED
	OFFICEHOLDER NAME	The Honorable	Angelia Duke			10/11/2024	
		NICKNAME	LAST		SUFFIX		
			Orr			Date Hand-delivered	d or Date Postmarked
	ORIGINAL	January 15	Runoff	Other (s	pecify)		a or Bato i commanda
	REPORT TYPE	July 15	Exceeded modified	reporting limit		Receipt #	Amount
		$\overline{\chi}$ 30th day before election	15th day after camp				
		8th day before election	appointment (office	,,		Date Processed	
	ORIGINAL PERIOD	Month Day Yea		Month Day	Year	-	
	COVERED	07/01/2024	THROUGH	09/26/2024	i eai	Date Imaged	
_	EXPLANATION OF C			03/20/2024		<u>I</u>	
		f my September 2024 cam	naign hank statement	noted that an evene	ea was inadvort	ently left off of this	s report. This chook
	AFFIDAVIT		Lewis	ear or affirm under n	onalty of perium	y that this correct	ted report is true
1	AFFIDAVIT			ear, or affirm, under p correct.	enalty of perjur	y, that this correct	ted report is true
•	AFFIDAVIT		and		, , , ,		ted report is true
•	AFFIDAVIT		and	correct.	and all applicas: I swear, or aith and without	able statements: r affirm that the or t an intent to misle	riginal report ead or to
•	AFFIDAVIT		and	correct.  ck the box next to any  Semiannual report:  was made in good fa	and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ginally filed is in	able statements:  r affirm that the or t an intent to misle ined in the report.  , that I am filing thess day after the conaccurate or incon	riginal report ead or to his corrected date I learned mplete. I
	AFFIDAVIT		and Che	Semiannual reports was made in good fa misrepresent the info Other reports: I see report not later than that the report as ori swear, or affirm, that filed was made in go	e and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ginally filed is in any error or or and faith.	able statements:  r affirm that the or t an intent to misle ined in the report.  , that I am filing thess day after the conaccurate or incon	riginal report ead or to his corrected date I learned mplete. I
	AFFIDAVIT		and Che	correct.  ck the box next to any  Semiannual report: was made in good fa misrepresent the infe  Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go	e and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ginally filed is in any error or or ood faith.	able statements:  r affirm that the or t an intent to misle ined in the report.  , that I am filing these day after the conaccurate or incomission in the rep	riginal report ead or to his corrected date I learned mplete. I
		AMP / SEAL ABOVE	and Che	correct.  ck the box next to any  Semiannual report: was made in good fa misrepresent the infe  Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go	e and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ginally filed is in any error or or ood faith.	able statements:  r affirm that the or t an intent to misle ined in the report.  , that I am filing the ess day after the on naccurate or incommission in the rep	riginal report ead or to his corrected date I learned mplete. I
	AFFIX NOTARY ST	AMP / SEAL ABOVE	and Che	Semiannual reports was made in good fa misrepresent the info  Other reports: I see report not later than that the report as ori swear, or affirm, that filed was made in good.  The File Signature.	e and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine ginally filed is in any error or or ood faith.	able statements:  r affirm that the or t an intent to misle ined in the report.  , that I am filing the ess day after the o naccurate or incor mission in the rep  gelia Duke Orr e or Officeholder	riginal report ead or to his corrected date I learned mplete. I ort as originally
	AFFIX NOTARY ST		and Che	Semiannual reports was made in good fa misrepresent the info  Other reports: I see report not later than that the report as on swear, or affirm, that filed was made in good.  The Head Signature.	and all applica s: I swear, or aith and without brmation contai swear, or affirm the 14th busine ginally filed is in t any error or or ood faith.  Honorable Ang ire of Candidate, this t	able statements:  r affirm that the or t an intent to misle ined in the report.  , that I am filing the ess day after the o naccurate or incor mission in the rep  gelia Duke Orr e or Officeholder	riginal report ead or to his corrected date I learned mplete. I ort as originally
	AFFIX NOTARY ST	ribed before me, by the sai	and Che	Semiannual reports was made in good fa misrepresent the info  Other reports: I see report not later than that the report as on swear, or affirm, that filed was made in good.  The Head Signature.	and all applica s: I swear, or aith and without brmation contai swear, or affirm the 14th busine ginally filed is in t any error or or ood faith.  Honorable Ang ire of Candidate, this t	able statements:  r affirm that the or t an intent to misle ined in the report.  , that I am filing the ess day after the o naccurate or incor mission in the rep  gelia Duke Orr e or Officeholder	riginal report ead or to his corrected date I learned mplete. I ort as originally

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 comp		1 Filer ID (Ethics Commi 00085955		2 Total pages	filed: 41
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Angelia Duke			Date Received  ELECTRONIC	CALLY FILED
	NICKNAME	LAST Orr		SUFFIX	10/11/2024	
4 CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	PO Box 337				Receipt #	Amount
Change of Address	Itasca, TX 76055				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mr.	Robert				
	NICKNAME	LAST		SUFFIX		
		Cervenka				
6 CAMPAIGN	STREET ADDRESS (NO PO	O BOX PLEASE);	AP.	T / SUITE #; CIT	Y; Sī	TATE; ZIP CODE
TREASURER ADDRESS	1965 Mount Moriah Rd.					
(Residence or Business)	Riesel, TX 76682					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHO (254) 875-2286	NE NUMBER E	EXTENSION			
8 REPORT TYPE	January 15	X 30th day before	election	Runoff	15th day after o	ampaign treasurer fficeholder only)
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (A	ttach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	/ Year	
COVERED	07/01/2024	TH	IROUGH	09/26/20	024	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
	11/05/2024	ΧG	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	HT (if known)	
	State Representative Dis	trict 13		State Represe	ntative District 13	
	•			•		
		GO T	O PAGE 2			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

3 of 41

13 C / OH NAME	<b>14</b> Filer ID (E 00085955	Ethics Commiss	sion Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without a d officeholders are required to report this information	the candidate's or officel	holder's knowle	edge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	X GENERAL	Texas Alliance for Life PAC					
		COMMITTEE ADDRESS					
	SPECIFIC	8000 Centre Park Drive					
		Ste. 380					
		Austin, TX 78754					
		COMMITTEE CAMPAIGN TREASURER NAME					
		Shaw, James					
	SS						
		4505 Corazon Cove					
		Round Rock, TX 78681					
16 CONTRIBUTION	1. TOTAL UNITEM	I IZED POLITICAL CONTRIBUTIONS (OTHER THAI	N PLEDGES, LOANS,				
TOTALS	\$	0.00					
		EAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$	53,491.53		
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$	996.35		
	4. TOTAL POLITIC	AL EXPENDITURES		\$	33,712.31		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	43,382.44		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	53,451.40		
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.					
		The House	vahla Avaralia Duka O				
			rable Angelia Duke O  Candidate or Officehold				
		Signature of	Canadate of Cinceriole				
AFFIX NO	TARY STAMP / SEAL AB	OVE					
Sworn to and subs	cribed before me, by the s	aid	, this the	d	lay		
of, 20, to certify which, witness my hand and seal of office.							
Signature of offi	cer administering	Printed name of officer administering	Title of officer	administering c	oath		

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

4 of 41

					4 01 41
<b>18</b> FIL	ER NAN		19 Filer ID	(Eth	ics Commission Filers)
Or	r, Ange	lia Duke (The Honorable)	00085955		
		E SUBTOTALS			SUBTOTAL AMOUNT
N.A	ME OF	SCHEDULE		<u> </u>	002.0
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	53,491.53
2.		\$			
3.		\$			
4.		\$			
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	\$	28,583.15	
6.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	2,866.09
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	1,097.16
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	1,165.91
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	. 🗆	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ONETARY POLITICAL CONTRIBUTIONS				SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/14 Rpt: 5/41	
2	FILER NAME Orr, Angelia	Duke (The Honorable)			3	Filer ID (Ethics Commission 00085955	on Filers)
4	Date 09/26/2024	<ul><li>5 Full name of contributor Associated Builders &amp; Co</li><li>6 Contributor address; City; S</li></ul>		)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Austin, TX 78767 pation / Job title (See Instructions	s)	9 Employer (See Instructions	<u> </u>		
	Date 08/16/2024	Full name of contributor Associated General Contributor address; City; S Austin, TX 78768	out-of-state PAC (ID#:_ractors of Texas Politic	al Action Committee		Amount of Contribution (\$)	\$1,000.00
	Principal occupation / Job title (See Instructions)  Employer (See Instructions)			Employer (See Instructions	<u> </u>		
	Date Full name of contributor out-of-state PAC (ID#:)  O9/23/2024 Autry Public Affairs LLC  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions	;)	Employer (See Instructions	i)		
	Date 08/16/2024	Full name of contributor out-of-state PAC (ID#:)  BearbackerPAC  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$5,000.00
	Principal occu	Houston, TX 77056 pation / Job title (See Instructions	s)	Employer (See Instructions	5)		
	Date 09/26/2024	Full name of contributor  Beer Alliance of Texas Po  Contributor address; City; S  Austin, TX 78701		ee		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULI	<b>E A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/14 Rpt: 6/41	
2	FILER NAME Orr, Angelia	Duke (The Honorable)		3	Filer ID (Ethics Commission 00085955	ı Filers)
4	Date 09/26/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions			
0	Fillicipal occu	pation / 300 title (See instructions)	e Employer (See Instructions	,		
	Date 09/25/2024	Full name of contributor out-of-state PAC (ID#: Camarena, Bertha (Ms.)  Contributor address; City; State; Zip Code  Hillsboro, TX 76645			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/23/2024				Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#: Caraway, Cathy (Mrs.)  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Morgan, TX 76671 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#: Cathey, Jim (Mr.)  Contributor address; City; State; Zip Code  Marlin, TX 76661	)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUI	LE <b>A1</b>	
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/14 Rpt: 7/41	
2	FILER NAME Orr, Angelia	Duke (The Honorable)		3	Filer ID (Ethics Commission 00085955	on Filers)
4	Date 09/26/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$500.00
		St. Louis, MO 63105				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/26/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
Whitney, TX 76692  Principal occupation / Job title (See Instructions)			Employer (See Instructions	<u> </u> :)		
		,	h 191 (111 111 111 111 111 111 111 111 11	,		
	Date 09/23/2024				Amount of Contribution (\$)	\$200.00
		Austin, TX 76731				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/26/2024				Amount of Contribution (\$)	\$2,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
	Date Full name of contributor out-of-state PAC (ID#: C00082792 )  09/26/2024 Eli Lilly and Company Political Action Committee  Contributor address; City; State; Zip Code  Indianapolis, IN 46285			Amount of Contribution (\$)	\$1,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
			1			

Austin, TX 78701  Principal occupation / Job title (See Instructions)  Date  Pull name of contributor  Austin, TX 78701  Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Feather, Robert (Mr.)  Contributor address; City; State; Zip Code  Fort Worth, TX 76101  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$25  Contributor address; City; State; Zip Code  Fort Worth, TX 76101  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$30  Contributor address; City; State; Zip Code  Hillsboro, TX 76645  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)		MONET	ONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E <b>A1</b>
OVIR, Angelia Duke (The Honorable)  4 Date		The Instru	ction Guide explains how	to complete this fo	orm.	1		
Date	2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
Section   Sect		Orr, Angelia	Duke (The Honorable)				00085955	
Austin, TX 78701  8 Principal occupation / Job title (See Instructions)  Date O9/23/2024 Erben & Yarbrough Contributor Ontributor O9/23/2024 Erben & Yarbrough Contributor address; City, State, 2ip Code  Austin, TX 78701  Principal occupation / Job title (See Instructions)  Date Full name of contributor Out-of-state PAC (ID# Amount of Contribution (S) S25  Contributor address; City, State, Zip Code  Feather, Robert (Mr.) Amount of Contribution (S) S25  Contributor address; City, State, Zip Code  Fort Worth, TX 76101  Principal occupation / Job title (See Instructions)  Date Full name of contributor Out-of-state PAC (ID# Amount of Contribution (S) S36  Contributor address; City, State, Zip Code  Hillsboro, TX 76645  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Contribution (S) S36  Contributor address; City, State, Zip Code  Hillsboro, TX 76645  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Contribution (S) S36  Amoun	4			out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	<b>\$500.54</b>
Austin, TX 78701    Date		09/23/2024						\$520.51
Principal occupation / Job title (See Instructions)  Date O9/26/2024 Fort Worth, TX 76101  Principal occupation / Job title (See Instructions)  Date O9/26/2024 Fort Worth, TX 76101  Principal occupation / Job title (See Instructions)  Date O9/26/2024 Fort Worth, TX 76101  Principal occupation / Job title (See Instructions)  Date O9/26/2024 Fort Worth, TX 76101  Principal occupation / Job title (See Instructions)  Date O9/26/2024 Fort Worth, TX 76101  Principal occupation / Job title (See Instructions)  Date O9/26/2024 Fort Worth, TX 76101  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$30  Amount of Contribution (\$)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$30  Amount of Contribution (\$)			·	ate; zip Code				
Date O9/23/2024 Full name of contributor out-of-state PAC (ID#:			Austin, TX 78701					
O9/23/2024	8	Principal occu	pation / Job title (See Instructions	)	9 Employer (See Instructions	i)		
Contributor address; City; State; Zip Code  Austin, TX 78701  Principal occupation / Job title (See Instructions)  Date		Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
Austin, TX 78701  Principal occupation / Job title (See Instructions)  Date   Full name of contributor   out-of-state PAC (ID#:   Out-of-state PAC		09/23/2024	Erben & Yarbrough					\$500.00
Principal occupation / Job title (See Instructions)    Employer (See Instructions)		Contributor address; City; State; Zip Code						
Date O9/26/2024 Feather, Robert (Mr.) \$25  Contributor address; City; State; Zip Code  Fort Worth, TX 76101  Principal occupation / Job title (See Instructions) Employer (See Instructions)  Date O9/26/2024 Gerke, Beverly (Ms.) Amount of Contribution (\$)  Contributor address; City; State; Zip Code  Hillsboro, TX 76645  Principal occupation / Job title (See Instructions) Employer (See Instructions)  Employer (See Instructions)  S30  Amount of Contribution (\$)  \$31  Amount of Contribution (\$)  \$32  Amount of Contribution (\$)  \$32  Contributor address; City; State; Zip Code  Hillsboro, TX 76645  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Contribution (\$)  \$25  Contributor address; City; State; Zip Code  Austin, TX 78701			Austin, TX 78701					
O9/26/2024 Feather, Robert (Mr.)  Contributor address; City; State; Zip Code  Fort Worth, TX 76101  Principal occupation / Job title (See Instructions)  Date		Principal occupation / Job title (See Instructions)			Employer (See Instructions	()		
Contributor address; City; State; Zip Code  Fort Worth, TX 76101  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date   Full name of contributor   out-of-state PAC (ID#:		Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
Fort Worth, TX 76101  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date		09/26/2024	Feather, Robert (Mr.)					\$250.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  O9/26/2024  Full name of contributor			·	ate; Zip Code				
O9/26/2024 Gerke, Beverly (Ms.)  Contributor address; City; State; Zip Code  Hillsboro, TX 76645  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date O9/23/2024 Full name of contributor out-of-state PAC (ID#:) HOMEPAC of the Texas Association of Builders Contributor address; City; State; Zip Code  Austin, TX 78701		Principal occu		)	Employer (See Instructions	5)		
O9/26/2024 Gerke, Beverly (Ms.)  Contributor address; City; State; Zip Code  Hillsboro, TX 76645  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date O9/23/2024 Full name of contributor out-of-state PAC (ID#:) HOMEPAC of the Texas Association of Builders Contributor address; City; State; Zip Code  Austin, TX 78701		Date	Full name of contributor	Quit of state DAC (ID#:	,		Amount of Contribution (\$)	
Contributor address; City; State; Zip Code  Hillsboro, TX 76645  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date O9/23/2024  HOMEPAC of the Texas Association of Builders Contributor address; City; State; Zip Code  Austin, TX 78701				U out-of-state FAC (ID#			Amount of Continuation (4)	\$300.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)  09/23/2024 HOMEPAC of the Texas Association of Builders Contributor address; City; State; Zip Code  Austin, TX 78701		03/20/2024						φοσο.σσ
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)  09/23/2024 HOMEPAC of the Texas Association of Builders \$25  Contributor address; City; State; Zip Code  Austin, TX 78701			Hillsboro, TX 76645					
09/23/2024 HOMEPAC of the Texas Association of Builders  Contributor address; City; State; Zip Code  Austin, TX 78701		Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
Contributor address; City; State; Zip Code  Austin, TX 78701		Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
Austin, TX 78701		09/23/2024	HOMEPAC of the Texas A	Association of Builders				\$250.00
			Contributor address; City; St	ate; Zip Code				
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		Austin, TX 78701						
		Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	i)		

	MONET	ONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/14 Rpt: 9/41	
2	FILER NAME Orr, Angelia	Duke (The Honorable)			3	Filer ID (Ethics Commission 00085955	n Filers)
4	Date 09/26/2024	_		)	7	Amount of Contribution (\$)	\$500.00
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	T,	9 Employer (See Instructions	)		
_	Date 09/23/2024		out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Contributor address; City; State; Zip Code  Austin, TX 78702						¥-55555
	Principal occu	Austin, TX 78702 pation / Job title (See Instructions)		Employer (See Instructions	)		
		paner, 900 and (000 menasions)	p.oyo. (eeeeaudaee	,			
	Date Full name of contributor out-of-state PAC (ID#: 09/26/2024 Hurt, Lisa (Mrs.)  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$150.00	
		Itasca, TX 76055					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 09/26/2024	Full name of contributor				Amount of Contribution (\$)	\$250.00
	Principal occu	Hillsboro, TX 76645 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 09/23/2024	Lloyd Gosselink Rochelle & To Contributor address; City; State;				Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 6/14 Rpt: 10/41	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Orr, Angelia	Duke (The Honorable)			00085955	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7	Amount of Contribution (\$)	
	09/26/2024	Maass, James (Mr.)				\$500.00
		6 Contributor address; City; State; Zip Code				
		Bynum, TX 76631				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date	Full name of contributor out-of-state PAC (ID#:	:)		Amount of Contribution (\$)	
	09/26/2024	Mann, Susan (Mrs.)				\$100.00
	Contributor address; City; State; Zip Code  Hillsboro, TX 76645					
		Hillsboro, TX 76645				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:		:)		Amount of Contribution (\$)	
	09/19/2024	Marquez, Enrique (Mr.)				\$500.00
	Contributor address; City; State; Zip Code  Austin, TX 78735					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
	Date	Full name of contributor out-of-state PAC (ID#:	:)		Amount of Contribution (\$)	
	09/23/2024	Matthaei, Rudolf (Mr.)				\$100.00
		Contributor address; City; State; Zip Code  Whitney, TX 76692				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
	Date	Full name of contributor uut-of-state PAC (ID#:	:)	Г	Amount of Contribution (\$)	
	09/26/2024	McBay, Michael (Mr.)				\$50.00
		Contributor address; City; State; Zip Code				
	Groesbeck, TX 76642					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
			1			

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/14 Rpt: 11/41	
2	FILER NAME Orr. Angelia	Duke (The Honorable)		3	Filer ID (Ethics Commission 00085955	on Filers)
4	Date 09/26/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$100.00
•	Dringinal occu	Hillsboro, TX 76645	Employer (See Instructions			
0	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 07/22/2024	Full name of contributor out-of-state PAC (ID#:_ McGaughy, Mark (Mr.)  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$1,041.02
	Delegale al acces	Axtell, TX 76624	Frankrija (Operationalis)	Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/23/2024	Full name of contributor out-of-state PAC (ID#:)  NCHA's Texas Events Political Action Committee  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
		Fort Worth, TX 76107				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#:_PAC of the Independent Insurance Agents of Te:  Contributor address; City; State; Zip Code  Austin, TX 78768			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		
	Date 09/23/2024	Full name of contributor out-of-state PAC (ID#:_ Rural Friends of Electric Cooperatives  Contributor address; City; State; Zip Code  Austin, TX 78701	)		Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how	v to complete this f	orr	n.	1	Total pages Schedule A1: Sch: 8/14 Rpt: 12/41		
2	FILER NAME Orr, Angelia	Duke (The Honorable)				3	Filer ID (Ethics Commission 00085955	on Filers)	
4	Date 09/23/2024	<ul><li>5 Full name of contributor</li><li>Sampson Public Affairs L</li><li>6 Contributor address; City; S</li></ul>			)	7	Amount of Contribution (\$)	\$500.00	
		Austin, TX 78701							
8	Principal occu	pation / Job title (See Instruction	s)	9	Employer (See Instructions	s)			
	Date 09/26/2024	Full name of contributor Sawyer, John (Mr.) Contributor address; City; S	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$500.00	
	Principal occu	Hillsboro, TX 76645 pation / Job title (See Instruction	s)		Employer (See Instructions	3)			
	Timolpai ooda	pation / cos title (coe motivation	5,		Employer (Goo mondonom	-,			
	Date 08/16/2024			•	Amount of Contribution (\$)	\$1,000.00			
		Kurten, TX 77862							
	Principal occu	pation / Job title (See Instruction	s)		Employer (See Instructions	s)			
	Date 09/26/2024	Full name of contributor Scott, Brian (Mr.)  Contributor address; City; S  Morgan, TX 76671	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$30.00	
	Principal occu	pation / Job title (See Instruction	s)		Employer (See Instructions	5)			
	Date 09/26/2024	Full name of contributor Scott, Bruce (Mr.) Contributor address; City; S Austin, TX 78703	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$200.00	
	Principal occu	pation / Job title (See Instruction	s)		Employer (See Instructions	5)			
				<u> </u>					

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/14 Rpt: 13/41	
2	FILER NAME	Duke (The Honorable)		3	Filer ID (Ethics Commission 00085955	on Filers)
1	Date	5 Full name of contributor  ut-of-state PAC (ID#:_		7	Amount of Contribution (\$)	
•	09/26/2024	Smith, Andrew (Mr.)	•	Amount of Contribution (4)	\$1,000.00	
		6 Contributor address; City; State; Zip Code				
		Hillsboro, TX 76645				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date	Full name of contributor		Amount of Contribution (\$)		
	09/26/2024	Southern Glazer's Political Action Committee of	Texas		(.,	\$500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
Principal occupation / Job title (See Instructions)  Employer (See Instructions)						
Date		Full name of contributor	)		Amount of Contribution (\$)	
09/26/2024		TXTA TRUCKPAC				\$500.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78762				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	09/26/2024	Texans for Lawsuit Reform Political Action Com				\$5,000.00
		Contributor address; City; State; Zip Code				
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date	Full name of contributor  ut-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	09/26/2024	Texas Aggregates & Concrete Association PAC				\$1,000.00
		Contributor address; City; State; Zip Code				
		Round Rock, TX 78681				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	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	<ul> <li>Full name of contributor</li></ul>	) Committee	7	Amount of Contribution (\$) \$350.00	)
_	Delicalis al access	Round Rock, TX 78661	O Farely and (Construction)			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/23/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Alliance for Life Political Action Committee Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$100.00	=	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		_
	Date 09/23/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Automobile Dealers Association Political A Contributor address; City; State; Zip Code	Action Committee		Amount of Contribution (\$) \$1,000.00	=
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	5)		_
						_
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Construction Association Political Action ( Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$500.00	)
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	5)		_
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Consumer Lenders Political Action Comm Contributor address; City; State; Zip Code  Greenville, SC 29615		Amount of Contribution (\$) \$500.00	=	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		_
						_

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUI	E <b>A1</b>	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 11/14 Rpt: 15/41	
2	FILER NAME Orr, Angelia	Duke (The Honorable)		3	Filer ID (Ethics Commission 00085955	on Filers)
4	Date 09/26/2024	<ul> <li>Full name of contributor</li></ul>	7	Amount of Contribution (\$)	\$500.00	
8	Principal occu	Austin, TX 78767 pation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 09/26/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Lobby Partners LLP Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 07/11/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Manufactured Housing Assoc Political Ac Contributor address; City; State; Zip Code	ction Committee		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78759 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 08/16/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Realtors Political Action Committee Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
	Principal occu	Austin, TX 78768 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 09/23/2024	Full name of contributor out-of-state PAC (ID#:_ Texas and Southwestern Cattle Raisers Associa Contributor address; City; State; Zip Code  Fort Worth, TX 76185	ation PAC		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL CO		SCHEDUI	LE <b>A1</b>		
	The Instru	ction Guide explains how to	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 12/14 Rpt: 16/41	
2	FILER NAME Orr, Angelia	Duke (The Honorable)			3	Filer ID (Ethics Commission 00085955	on Filers)
4	Date 09/23/2024	<ul><li>5 Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$2,500.00	
8	Principal occu	Ada, OK 74820 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 09/26/2024	Full name of contributor The Teel Revocable Trust Contributor address; City; State Hillsboro, TX 76645		Amount of Contribution (\$)	\$100.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)			
	Date 09/26/2024	Full name of contributor Thomas, Leslie (Mrs.) Contributor address; City; State	)		Amount of Contribution (\$)	\$100.00	
	Principal occu	Duncanville, TX 75116 pation / Job title (See Instructions)		Employer (See Instructions	)		
09/23/2024 Troxclair PC		Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date Full name of contributor out-of-state PAC (ID#:)  O9/26/2024 Tucker, Audrey (Mrs.)  Contributor address; City; State; Zip Code  Hillsboro, TX 76645					Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIE		E A1			
	The Instruc	ction Guide explains how to comple	te this for	m.	1	Total pages Schedule A1: Sch: 13/14 Rpt: 17/41	
2	FILER NAME Orr, Angelia	Duke (The Honorable)			3	Filer ID (Ethics Commission 00085955	on Filers)
4	Date 09/26/2024	<ul> <li>Full name of contributor  out-of-state  White, Brenda (Mrs.)</li> <li>Contributor address; City; State; Zip Code</li> </ul>	7	Amount of Contribution (\$)	\$200.00		
_		Hillsboro, TX 76645					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	;)		
	Date Full name of contributor out-of-state PAC (ID#:)  09/26/2024 White, Mary Lynn (Mrs.)  Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$25.00
	Principal occu	Fairfield, TX 75840 pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
	i illoipai oooa			Employer (eee medicalere	,		
	Date Full name of contributor out-of-state PAC (ID#:					Amount of Contribution (\$)	\$100.00
		Hillsboro, TX 76645					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:)  09/26/2024 Wholesale Beer Distributors of Texas Political Action Committee  Contributor address; City; State; Zip Code  Austin, TX 78701					Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 09/23/2024	Full name of contributor out-of-state Williams, Michael (Mr.)  Contributor address; City; State; Zip Code  Austin, TX 76703		Amount of Contribution (\$)	\$250.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
			1				

	MONET	ARY POLITICAL CON	ITRIBUTIO	NS		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how to c	omplete this fo	rm.	1	Total pages Schedule A1: Sch: 14/14 Rpt: 18/41	
2	FILER NAME Orr, Angelia	Duke (The Honorable)			3	Filer ID (Ethics Commiss 00085955	ion Filers)
4	Date 09/26/2024	5 Full name of contributor ON Williamson, James (Mr.) 6 Contributor address; City; State; Zi	7	Amount of Contribution (\$)	\$500.00		
8	Principal occu	Austin, TX 78701  pation / Job title (See Instructions)	!	9 Employer (See Instructions	<u> </u> S)		
	Date 09/23/2024	Full name of contributor ou Wilson, Dennis (Mr.)  Contributor address; City; State; Zi  Groesbeck, TX 76642	it-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	<u> </u> s)				
Date Full name of contributor out-of-state PAC (ID#:)  O9/26/2024 Young, Roy (Mr.)  Contributor address; City; State; Zip Code						Amount of Contribution (\$)	\$2,500.00
	Principal occu	Abbott, TX 76621 pation / Job title (See Instructions)		Employer (See Instructions Bobcat Contracting LLC			

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid			xpens Wages	e /Contract Labor		Travel in District Travel Out of Di OTHER (enter a		
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission F	ilers)
L	Sch: 1/9 Rpt: 19/41		Orr, Angelia	Duke (The Hono	rable)					00085955		
4	Date	5	Payee name									
	09/06/2024		Bosque Cou	unty Republican C	Club							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode					
	\$2,500.00		505 W. 5th	Street								
			Ste. 240									
			Clifton, TX 7	76634								
8	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Contribution	s/Donations Mad	е Ву						plete Schedule T.	
			Candidate/0	Officeholder/Polition	cal Comm	ittee		Political dona		officeholder living	g expense	
								i onucai uona	λLIUI	11		
9	Complete ONLY if direct	<u> </u>	Candidate/Offic	ceholder name		office sou	lapt			Office h	eld.	
3	expenditure to benefit C/O		Januluale/OIII	Conduct Hattle		mice Sut	agrit			Office II	UIU .	
	Date		Payee name									
	07/23/2024		Campaign F	Reporting Solution	is LLC							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode					
\$1,219.50 110 Carriage Drive												
			Lufkin, TX 7	75904								
	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Accounting/					<b>=</b>			plete Schedule T.	
								Campaign bo		officeholder livin keening ser		
								- Campaign DC	, OIN	Tooping 301		
	Complete ONLY if direct		Candidate/Offi	ceholder name	С	office sou	l ught			Office h	eld	
	expenditure to benefit C/OI	П										
	Date		Payee name									
	07/11/2024		Constant Co	ontact								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode					
	\$86.34		1601 Trape	lo Road								
			Waltham, M	IA 02451								
	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			head/Rental Expe				Check if travel			plete Schedule T.	
										officeholder living	g expense r campaign office	
								LITIAII UISUIDU	atiOl	II SELVICE IO	campaign onice	
	Complete ONLY if direct	<u> </u>	`andidate/Offi	ceholder name		office sou	ıaht			Office h	eld.	
	expenditure to benefit C/O		Januale/OIII	ocholaci Haille	C	11100 300	agrit			Onicen	Jiu .	

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Frinting Expense
Salaries/Wangs/Contract Labor

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

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/9 Rpt: 21/41	Orr, Angelia Duke (The Honorable) 00085955
4	Date	5 Payee name
	09/12/2024	Friends and Family of Steel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	PO Box 87
		Jewett, TX 75846
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Chantable donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	the state of the s
⊨	Data	
	Date	Payee name
	07/12/2024	Greater Waco Chamber
	Amount (\$)	Payee address; City; State; Zip Code
	\$504.00	101 S 3rd Street
		Waco, TX 76701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Annual campaign membership dues
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	
L		
	Date	Payee name
	09/05/2024	Humphries, Lynne
	Amount (\$)	Payee address; City; State; Zip Code
	\$11,662.00	1515 Savannah Drive
		Richmond, TX 77406
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		Rent for political apartment maintained in Austin
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
_		
L		

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Git/Awards/Memorials Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		
	Sch: 4/9 Rpt: 22/41	Orr, Angelia Duke (The Honorable) 00085955	
4	Date	5 Payee name	
	09/26/2024	Johnson, Lacy	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$700.00	9729 NW County Road 1400	
		Blooming Grove, TX 76626	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Photographer for campaign event	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
9	Complete ONLY if direct expenditure to benefit C/Oł		
	Date	Payee name	
	08/29/2024	Legislative Solutions	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$350.00	807 Brazos Street	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Email invitations for campaign fundraiser	
		Email invitations for eampaign fundraiser	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
<b>-</b>	Date	Payee name	=
	08/19/2024	Mexia Area Chamber of Commerce	
_	Amount (\$)	Payee address; City; State; Zip Code	_
	\$300.00	214 N Sherman Street	
	Ψ000.00	Ste. 2	
		Mexia, TX 76667	
	DUDDOCE		_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense	
		Charitable donation	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/9 Rpt: 23/41	Orr, Angelia Duke (The Honorable)	00085955
4	Date	5 Payee name	
	07/30/2024	Mexia State Supported Living Center Volunteer Council	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	PO Box 1132	
		Mexia, TX 76667	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	outside of Texas. Complete Schedule T.
	EXI ENDITORE	Candidate/Officeholder/Political Committee Charitable do	TX, officeholder living expense
		Chantable do	nation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		Office field
_	Date	Payee name	
	07/11/2024	Murphy Nasica	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$167.79	PO Box 1648	
	Ψ101.13	10 00 1040	
		Auctin TV 70767	
		Austin, TX 78767	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	outside of Texas. Complete Schedule T.
	EXPENDITURE	1663	TX, officeholder living expense
		Banner delive	ery fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	7	
	Date	Payee name	
	07/11/2024	Murphy Nasica	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	PO Box 1648	
		Austin, TX 78767	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consuming Expense	outside of Texas. Complete Schedule T.
			TX, officeholder living expense ulting - campaign services
		i oliucai consi	alling - campaign services
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	<b>9</b>	Onice riciu
l			

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services					OTHER (enter a category not listed above)			
	Credit Gard Layment		The Instruction (	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission	n Filers)
	Sch: 6/9 Rpt: 24/41	Orr, A	Angelia Duke (The Ho	onorable)				00085955		
4	Date	5 Paye	e name							
	07/11/2024	Murp	hy Nasica							
6	Amount (\$)	7 Paye	e address; City;	State; Zip C	ode					
	\$500.00	PO E	30x 1648							
		Austi	in, TX 78767							
8	PURPOSE	(a) Cate	Ory (See Categories listed at	the top of this schedule)	(b)	Description				
	OF EXPENDITURE		sulting Expense			Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITORE					$\Box$		officeholder living		
						Political cons	ulti	ng - campai	gn services	
_					<u> </u>					
9	Complete ONLY if direct expenditure to benefit C/OI		late/Officeholder name	Office so	ught			Office he	eld	
_										
	Date		e name							
	09/12/2024	Murp	hy Nasica							
	Amount (\$)		e address; City;	State; Zip C	ode					
	\$500.00	PO E	3ox 1648							
		Austi	in, TX 78767							
	PURPOSE OF	(a) Cateo	gory (See Categories listed at	the top of this schedule)	(b)	Description				
	EXPENDITURE	Cons	sulting Expense			<u> </u>		de of Texas. Com officeholder living	plete Schedule T.	
						Political cons				
								3	3	
	Complete ONLY if direct	Candid	late/Officeholder name	Office so	<u>I</u> ught			Office he	eld	
	expenditure to benefit C/OI	1								
	Date	Pave	e name							
	07/12/2024	1	eet Strategies							
	Amount (\$)		e address; City;	State; Zip C	ode					
	\$500.00		W 12th Street	, ,						
		Austi	in, TX 78701							
	PURPOSE		gory (See Categories listed at		(b)	Description				
	OF		sulting Expense	the top of this schedule)	(")		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		9 —			_		officeholder living		
						Political cons	ulti	ng - campai	gn services	
	Complete ONLY if direct expenditure to benefit C/OI		late/Officeholder name	Office so	ught			Office he	eld	
	experientare to benefit 6/01	•								

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Contributions/ Officials Indicated Contributions/ Contributi

Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/9 Rpt: 25/41	Orr, Angelia Duke (The Honorable) 00085955
4	Date	5 Payee name
	08/19/2024	Norfleet Strategies
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	504 W 12th Street
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Political consulting - campaign services
		Folitical consulting - campaign services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
$\vdash$	Date	Payee name
	09/16/2024	Norfleet Strategies
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	504 W 12th Street
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Political consulting - campaign services
		r ontical consulting - campaign services
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	07/12/2024	Payee name Orr Angolia (Mrs.)
		Orr, Angelia (Mrs.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,570.54	PO Box 113
		Itasca, TX 76055
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Reimbursement for personal funds used for
		campaign. Properly reported on Sch G of prior report
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services  The Instruction Gui	Salarie	s/Wage	es/Contract Labor		OTHER (enter	a category not listed above)
<u> </u>	T. 1 01 11 F4	_			Tue explains now to	-		_	E'' ID	(Ethio Occasion Ethan)
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commission Filers)
	Sch: 9/9 Rpt: 27/41		Orr, Angelia	Duke (The Hon	orable)				00085955	
4	Date	5	Payee name							
	09/05/2024			ondominium Ass	sociation					
6	Amount (t)	7			State; Zip (	Codo				
ľ	Amount (\$)	<b> </b>	Payee addres		State, Zip	Joue				
	\$1,134.30		1122 Colora	ido Sireei						
			Austin, TX 7	8701						
8	PURPOSE	(a)	Category (Se	e Categories listed at the	e ton of this schedule)	(b)	Description			
	OF	<u> </u>	Fees	e categories listed at th	e top of this schedule)	``		outsi	de of Texas. Cor	mplete Schedule T.
	EXPENDITURE		. 000				X Check if Austin,	, TX,	officeholder livir	ng expense
							Utilities for po	olitic	cal apartme	ent maintained in Austin
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office s	ought			Office h	neld
	expenditure to benefit C/OI	H								
⊨	Date		Doves a							
	07/22/2024		Payee name							
			WinRed							
	Amount (\$)		Payee addres		State; Zip (	Code				
	\$100.93		1776 Wilson	ı Blvd						
			Arlington, V	A 22209						
	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this schedule)	(b)	Description			
	OF EXPENDITURE		Fees				<u> </u>			mplete Schedule T.
	LXI LINDITORL						ш		officeholder livir	
							Online contrib 9/25/2024)	outi	on process	sing fees (7/22/2024 -
							912312024)			
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office s	ought			Office h	neld
	expenditure to benefit C/OI	7								

#### UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 28/41 Orr, Angelia Duke (The Honorable) 00085955 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS Date Payee name 08/29/2024 Murphy Nasica Amount (\$) Payee address; City; State; Zip Code \$33.28 PO Box 1648 Austin, TX 78767 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign email hosting 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/05/2024 Murphy Nasica Payee address: Amount (\$) City; State; Zip Code \$2,832.81 PO Box 1648 Austin, TX 78767 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Solicitation/Fundraising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Design, printing and mailing of campaign fundraising invitations

Complete ONLY if direct

expenditure to benefit C/OH

Candidate/Officeholder name

Office sought

Office held

## 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

	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (E	thics Commiss	sion Filers)			
	Sch: 1/12 Rpt: 29/41	Orr, Angelia Duke (	The Honorable)			00085955					
4	CREDIT CARD ISSUER		ncial institution n Express	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	411.1	15			
6	PAYMENT	(a) Amount Charged \$6.33	(b) Date of Charge 07/08/2024	(c) Date(s) 08/23/20	) Credit Card Issue 24	er Paid					
7	PAYEE	(a) Payee name Uber		Ste. 400 San Fran	rket Street ncisco, CA 94103	City,	State,	Zip Code			
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Ride-sharing costs to attend OH med			ngs				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living	expense				
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
L	xpenditure to benefit C/OH PAYMENT	(a) Amazunt Chavarad	(h) Data of Charge	(a) Data(a)	Cradit Card Issue	u Daid					
	PATMENT	(a) Amount Charged \$1.00	(b) Date of Charge 07/08/2024	08/23/20	) Credit Card Issue 124	er Palu					
	PAYEE	(a) Payee name Uber		Ste. 400	address; rket Street ncisco, CA 94103	City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Ride-sharing costs to attend OH meetings							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX	, officeholder living	expense				
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
	PAYMENT	(a) Amount Charged \$24.00	(b) Date of Charge 07/22/2024	(c) Date(s) 08/23/20	) Credit Card Issue 24	er Paid					
	PAYEE	(a) Payee name Uber		Ste. 400	address; rket Street ncisco, CA 94103	City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	,	(b) Descrip Ride-sha	ring costs to atte						
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living	expense				
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
1											

## 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

	The Insti	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Cor	nmission Filers)			
Sch: 2/12 Rpt: 30/41	Orr, Angelia Duke (	The Honorable)		00085955				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		11.15			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer 08/23/2024	r Paid				
	\$17.63	07/22/2024	08/23/2024					
7 PAYEE	(a) Payee name		(b) Payee address;	City, Sta	ate, Zip Code			
	Liber		1455 Market Street					
	Uber		Ste. 400					
			San Francisco, CA 94103	<u> </u>				
8 PURPOSE OF	(a) Category	of this cobody (a)	(b) Description					
EXPENDITURE	EXPENDITURE  (See Categories listed at the top of this schedule)  Travel Out of District  Ride-sharing costs to a			nd OH meetings				
X Political								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
	\$5.07	07/25/2024	08/23/2024					
PAYEE	(a) Payee name		(b) Payee address;	City, Sta	ate, Zip Code			
			1455 Market Street					
	Uber		Ste. 400					
			San Francisco, CA 94103					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Ride-sharing costs to attend OH meetings					
X Political	Traver out or District							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
	\$24.89	07/25/2024	08/23/2024					
PAYEE	(a) Payee name		(b) Payee address;	City, Sta	ate, Zip Code			
			1455 Market Street					
	Uber		Ste. 400					
			San Francisco, CA 94103					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Ride-sharing costs to atte	nd OH meetings				
X Political	Traver Out or District							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expenditure to benefit C/OH								

## 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

l		The Inst	ruction Guide explains how	to complete this form.				
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commiss	ion Filers)		
l	Sch: 3/12 Rpt: 31/41	Orr, Angelia Duke (	The Honorable)		00085955			
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDITION	\$ 411.1	.5		
6	PAYMENT	(a) Amount Charged \$33.80	(b) Date of Charge 07/25/2024	(c) Date(s) Credit Card Issue 08/23/2024	er Paid			
7	PAYEE	(a) Payee name Uber		(b) Payee address; 1455 Market Street Ste. 400 San Francisco, CA 9410	City, State,	Zip Code		
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Ride-sharing costs to atte	end OH meetings			
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
	PAYMENT	(a) Amount Charged \$25.04	(b) Date of Charge 07/25/2024	(c) Date(s) Credit Card Issue 08/23/2024	er Paid			
	PAYEE	Uber		(b) Payee address; 1455 Market Street Ste. 400 San Francisco, CA 9410	City, State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Ride-sharing costs to attend OH meetings				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expense			
€	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
	PAYMENT	(a) Amount Charged \$21.65	(b) Date of Charge 07/26/2024	(c) Date(s) Credit Card Issue 08/23/2024	er Paid			
	PAYEE	(a) Payee name Uber		(b) Payee address; 1455 Market Street Ste. 400 San Francisco, CA 9410	City, State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Ride-sharing costs to attend OH meetings				
L	Non-Political	(*) <b>—</b>	of Texas. Complete Schedule T.	. Check if Austin, TX, officeholder living expense				
ε	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			

## 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

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 4/12 Rpt: 32/41	Orr, Angelia Duke (	(The Honorable)		00085955			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	<b>\$</b> 411.15			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$3.24	07/26/2024	08/23/2024				
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	Uber		1455 Market Street Ste. 400 San Francisco, CA 94103				
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE  X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Ride-sharing costs to atte	nd OH meetings			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
9 Complete ONLY if direct Candidate/Officeholder name Off			e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$72.37	07/19/2024	08/23/2024				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	Spootrum		1000 E 41st Street				
	Spectrum		Ste. 920				
			Austin, TX 78751				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
l <u>—</u>	Fees	or this schedule)	WIFI and internet for political apartment maintained in Austin				
X Political			Austin				
Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.		officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$72.37	08/19/2024	09/23/2024				
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
			1000 E 41st Street	oligi, olialo, oligi			
	Spectrum		Ste. 920				
			Austin, TX 78751				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)	WIFI and internet for polit	ical apartment maintained in			
X Political	Fees		Austin				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	. X Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Offic	fice sought Office held				
expenditure to benefit C/OH							

### 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

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,		
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commis	sion Filers)		
	Sch: 5/12 Rpt: 33/41	Orr, Angelia Duke (	The Honorable)			00085955				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	411.2	15		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	) Credit Card Issue	r Paid				
		\$72.37	09/19/2024							
7	PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code		
		Spectrum		1000 E 41st Street Ste. 920						
				Austin, T	X 78751					
8	PURPOSE OF	(a) Category	(II)	(b) Descri						
	X Political	(See Categories listed at the top Fees	or this schedule)	WIFI and internet for political apartment maintained Austin				ed in		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	X Check if Austin, TX,	officeholder living exp	ficeholder living expense			
9	9 Complete ONLY if direct Candidate/Officeholder name Office					Office held				
е	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge		) Credit Card Issue	r Paid				
		\$16.77	08/01/2024	09/23/20	)24					
Г	PAYEE	(a) Payee name	I	(b) Payee	address;	City,	State,	Zip Code		
			1455 Ma	ırket Street						
		Uber		Ste. 400						
					ncisco, CA 94103					
l	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Ride-sharing costs to attend OH meetings						
		Travel Out of District	,	Ride-Sharing costs to attend OH meetings						
	X Political				_					
L	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.	o oought	Check if Austin, TX,	officeholder living exp	ense			
_ ا	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Onice	e sought		Office held				
H	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s	) Credit Card Issue	r Paid				
	. ,			09/23/20		. i did				
		\$16.77	08/01/2024							
H	PAYEE	(a) Payee name	<u> </u>	(b) Payee	address;	City,	State,	Zip Code		
l				1455 Ma	rket Street	•		·		
l		Uber		Ste. 400						
				San Fran	ncisco, CA 94103					
	PURPOSE OF	(a) Category	-f.4b-i	(b) Descri	•					
	EXPENDITURE	(See Categories listed at the top Travel Out of District	or this schedule)	Ride-sha	aring costs to atte	nd OH meeting	js –			
	X Political									
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct									
e	expenditure to benefit C/OH									
ĺ										

### SCHEDULE F4

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica			Salaries/Wages/Contract Lab		HER (enter a categor	y not listed at	oove)	
		The Ins	truction Guide explains h	ow to complete this form	n.				
1	Total pages Schedule F4:	2 FILER NAME			;	3 Filer ID (Ethio	cs Commiss	sion Filers)	
	Sch: 6/12 Rpt: 34/41	Orr, Angelia Duke	(The Honorable)			00085955			
4	CREDIT CARD	Name of fina	ancial institution	5 TOTAL OF UN	ITEMIZED				
	ISSUER	see i	orevious	EXPENDITURI		\$	411.1	L5	
				CHARGED TO CARD	ACREDIT				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Paid			
		\$9.20	08/16/2024	09/23/2024					
		Φ9.20	00/10/2024						
7	PAYEE	(a) Payee name		(b) Payee address	· ·	City,	State,	Zip Code	
ľ	.,	(a) Fayee name		1455 Market St		City,	State,	Zip Code	
		Uber			reet				
			Ste. 400	CA 04100					
_	DUDDOCE OF	(a) Catagony		San Francisco, (b) Description	CA 94103				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to	p of this schedule)	Ride-sharing co	ete to atton	nd OH meeting	ıc		
		Travel Out of District	Travel Out of District			iu On meeting	15		
	X Political								
	Non-Political	(c) Check if travel outside	e of Texas. Complete Schedule 1		ck if Austin, TX, o	fficeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholde	er name Of	ice sought		Office held			
ex	penditure to benefit C/OH			_					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Paid			
		\$16.87	08/17/2024	09/23/2024					
PAYEE (a) Payee name		(b) Payee address	S;	City,	State,	Zip Code			
					reet				
		Uber	Ste. 400						
				San Francisco, CA 94103					
	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the to Travel Out of District		Ride-sharing costs to attend OH meetings					
	X Political	Traver Out of District							
	Non-Political	(C) Check if travel outside	e of Texas. Complete Schedule 1	: Chec	ck if Austin, TX, o	officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholde		ce sought Office held					
ex	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit	Card Issuer	Paid			
		\$1.00	08/17/2024	09/23/2024					
		Ψ1.00	00/11/2024						
	PAYEE	(a) Payee name	1	(b) Payee address	s:	City,	State,	Zip Code	
		(a) r ayee name		1455 Market St		0.15,	Otato,	p	
		Uber		Ste. 400	icci				
				San Francisco,	CA 0/103				
_	PURPOSE OF	(a) Category		(b) Description	0/104100				
	EXPENDITURE	(See Categories listed at the to		Ride-sharing co	sts to atten	d OH meeting	IS		
	X Political	Travel Out of District					,		
	Non-Political	` _	e of Texas. Complete Schedule		ck if Austin, TX, o	officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholde	er name Of	ice sought		Office held			
e>	kpenditure to benefit C/OH								

## 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

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	sion Filers)	
Sch: 7/12 Rpt: 35/41	Orr, Angelia Duke (	The Honorable)		00085955			
4 CREDIT CARD ISSUER	1	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	411.1	.5	
6 PAYMENT	(a) Amount Charged \$1.00	(b) Date of Charge 08/17/2024	(c) Date(s) Credit Card Issue 09/23/2024	er Paid			
7 PAYEE	(a) Payee name  Uber  (a) Category		(b) Payee address; 1455 Market Street Ste. 400 San Francisco, CA 94103 (b) Description	City,	State,	Zip Code	
8 PURPOSE OF EXPENDITURE  X Political	(See Categories listed at the top Travel Out of District	of this schedule)	nd OH meetings				
Non-Political	(1)	of Texas. Complete Schedule T.		, officeholder living exper	nse		
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH	( ) 4 ( ) 4	L (1) D (1) (1)	100000	· · ·			
PAYMENT	(a) Amount Charged \$24.93	(b) Date of Charge 08/18/2024	(c) Date(s) Credit Card Issue 09/23/2024	er Paid			
PAYEE	(a) Payee name	I .	(b) Payee address;	City,	State,	Zip Code	
	Uber		1455 Market Street Ste. 400 San Francisco, CA 94103	3			
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Ride-sharing costs to attend OH meetings				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exper	nse		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged \$24.37	(b) Date of Charge 08/18/2024	(c) Date(s) Credit Card Issue 09/23/2024	er Paid			
PAYEE	(a) Payee name Uber		(b) Payee address; 1455 Market Street Ste. 400 San Francisco, CA 94103	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Ride-sharing costs to attend OH meetings				
Non-Political					nse		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							

## 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

	The Inst	ruction Guide explains how	to complete thi	s form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 8/12 Rpt: 36/41	Orr, Angelia Duke (	(The Honorable)			00085955		
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$	15	
6 PAYMENT	(a) Amount Charged \$24.62	(b) Date of Charge 08/28/2024	(c) Date(s) C 08/28/2024	redit Card Issuer	Paid		
	ΨΣ4.02	00/20/2024					
7 PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code
			1455 Market Street				
	Uber	Ste. 400					
		San Franci	sco, CA 94103				
8 PURPOSE OF	(a) Category		(b) Description	on			
EXPENDITURE  X Political	(See Categories listed at the top of this schedule)  Travel Out of District  Ride-sharing costs to atter			nd OH meeting	S		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	·	Check if Austin, TX,	officeholder living expe	ense	
9 Complete ONLY if direct Candidate/Officeholder name Office			e sought	•	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	redit Card Issuer	Paid		
	\$3.65	08/28/2024	09/23/2024	ļ.			
PAYEE	(a) Payee name	1	(b) Payee ad	dress;	City,	State,	Zip Code
			1455 Marke	et Street			
	Uber		Ste. 400				
			San Franci	sco, CA 94103			
PURPOSE OF	(a) Category	(4)	(b) Description				
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Ride-sharing costs to attend OH meetings				
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge		redit Card Issuer	Paid		
	\$11.08	08/29/2024	08/29/2024	ļ			
PAYEE	(a) Payee name		(b) Payee ad	dress:	City,	State,	Zip Code
			(b) Payee address; City, State, Zip Code 1455 Market Street				
	Uber		Ste. 400	31 31 331			
			San Francisco, CA 94103				
PURPOSE OF	(a) Category		(b) Description	-			
EXPENDITURE	(See Categories listed at the top	of this schedule)	Ride-sharir	ng costs to atter	nd OH meeting	s	
X Political	Travel Out of District						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	<u>'</u>	fice sought Office held				
expenditure to benefit C/OH							

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

	Candidate/Officerolder/Folitica		ruction Guide explains how	•	THEN (enter a category not listed at	bove)		
1	Total pages Schedule F4:		·	<u>.</u>	3 Filer ID (Ethics Commiss	sion Filers)		
	Sch: 9/12 Rpt: 37/41	Orr, Angelia Duke (	The Honorable)		00085955	,		
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	<b>\$</b> 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; 1455 Market Street Ste. 400 San Francisco, CA 94103	City, State,	Zip Code		
8	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	(See Categories listed at the top of this schedule)  Travel Out of District  Ride-sharing costs to atten					
	Non-Political	(c) Shown dates success it shad complete sensation.			officeholder living expense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
е	xpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$1.00	(b) Date of Charge 08/29/2024	(c) Date(s) Credit Card Issue	r Paid			
	PAYEE (a) Payee name  Uber		(b) Payee address; 1455 Market Street Ste. 400 San Francisco, CA 94103	City, State,	Zip Code			
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Ride-sharing costs to attend OH meetings				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
е	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
	PAYMENT	(a) Amount Charged \$17.98	(b) Date of Charge 08/30/2024	(c) Date(s) Credit Card Issue	r Paid			
	PAYEE	(a) Payee name  Uber		(b) Payee address; 1455 Market Street Ste. 400 San Francisco, CA 94103	City, State,	Zip Code		
	PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Travel Out of District	,	(b) Description Ride-sharing costs to attend OH meetings				
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		officeholder living expense			
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
l								

## 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

		The Insti	ruction Guide explains how	to complete t	his form.				
1	Total pages Schedule F4:	tal pages Schedule F4: 2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
	Sch: 10/12 Rpt: 38/41				00085955				
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		<b>\$</b> 411.15		L5	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid			
		\$16.87	08/30/2024						
7	PAYEE	(a) Payee name		(b) Payee address; City, State, Zip			Zip Code		
		Uber		Ste. 400	ket Street cisco, CA 94103				
8	PURPOSE OF				tion				
	EXPENDITURE  X Political	(See Categories listed at the top of this schedule)  Travel Out of District  Ride-sharing costs to atte			nd OH meetings				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	[	Check if Austin, TX,	officeholder living expe	ense		
9	Complete ONLY if direct	Candidate/Officeholder	name Office	sought		Office held			
e	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid			
		\$7.87	09/09/2024						
PAYEE		(a) Payee name	L	(b) Payee a	address;	City,	State,	Zip Code	
		Uber		Ste. 400	ket Street				
		(-) O-t		ļ	cisco, CA 94103				
	PURPOSE OF (a) Category  EXPENDITURE (See Categories listed at the top of this schedule)  Travel Out of District		of this schedule)	(b) Description Ride-sharing costs to attend OH meetings					
	Non-Political	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,		officeholder living expense					
Complete ONLY if direct		Candidate/Officeholder		fice sought Office held					
e	xpenditure to benefit C/OH			J					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid			
		\$16.87	09/10/2024						
	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code	
Libor		1455 Market Street							
		Uber		Ste. 400					
	San Francisco, CA 9410								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)		(b) Description					
	EXPENDITURE (See Categories listed at the top of this schedule)  Travel Out of District		or and soriculicy	Ride-sharing costs to attend OH meetings					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	I	Check if Austin, TX,	officeholder living expe	ense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder	name Office	Office sought Office held					

## 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

The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	s Schedule F4: 2 FILER NAME				3 Filer ID (Ethics Commission Filers)				
Sch: 11/12 Rpt: 39/41				00085955					
4 CREDIT CARD ISSUER	Name of financial institution 5 see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 411.	15				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid					
	\$1.00	09/19/2024							
7 PAYEE	EE (a) Payee name (b) Payee address;			City, State,	Zip Code				
	Uber		1455 Market Street						
	Obei		Ste. 400						
	San Francisco, CA 94103								
8 PURPOSE OF									
EXPENDITURE	(See Categories listed at the top  Travel Out of District	of this schedule)	Ride-sharing costs to atte	nd OH meetings					
X Political	Travel Out of District								
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, T			K, officeholder living expense					
9 Complete ONLY if direct	Candidate/Officeholder	name Office	fice sought Office held						
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid					
	\$31.60	09/20/2024							
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code				
			1455 Market Street						
	Uber		Ste. 400						
	(a) Category		San Francisco, CA 94103 (b) Description						
PURPOSE OF									
EXPENDITURE	(See Categories listed at the top  Travel Out of District	of this schedule)	Ride-sharing costs to attend OH meetings						
X Political	Traver Out of District								
Non-Political	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,			officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Office	ffice sought Office held						
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid					
	\$25.37	09/20/2024							
PAYEE	(a) Davis a news		(b) Davis a adding a	Cit.	7:n 0!				
PAICE	(a) Payee name		(b) Payee address; City, State, Zip Code						
	Uber		1455 Market Street						
			Ste. 400						
			San Francisco, CA 94103						
PURPOSE OF (a) Category EXPENDITURE (See Categories listed		of this schedule)	(b) Description						
Travel Out of District			Ride-sharing costs to attend OH meetings						
X Political	<u> </u>								
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH	expenditure to benefit C/OH								

## 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica	al Committee Legal Serv		nting Expense aries/Wages/Contract Labor	Travel Out of District OTHER (enter a categor	ory not listed at	oove)			
1 Total pages Cabadula E4.		Tuotion Guide explains non	to complete tino formi	3 Filer ID (Eth	ios Commiss	eion Filoro)			
1 Total pages Schedule F4:		(The Henerahle)		<u> </u>	iics Cominiss	ion Filers)			
Sch: 12/12 Rpt: 40/41	Orr, Angelia Duke (	<u> </u>	1	00085955					
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITED EXPENDITURES CHARGED TO A C CARD	\$	<b>\$</b> 411.15				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Care	d Issuer Paid					
	\$2.00	09/23/2024							
7 PAYEE	(a) Payee name		(b) Payee address; City, State, Zip (			Zip Code			
			1455 Market Street						
	Uber		Ste. 400						
			San Francisco, CA	San Francisco, CA 94103					
8 PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top	of this schedule)	Ride-sharing costs to attend OH meetings						
X Political	Travel Out of District	avel Out of District							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living ex	mense				
9 Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held	фенос				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Care	d Issuer Paid					
	\$18.34	09/24/2024							
PAYEE	(a) Payee name		(b) Payee address; City, State, Zip Code						
	Uber		1455 Market Street Ste. 400						
			San Francisco, CA 94103						
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top	of this schedule)	Ride-sharing costs to attend OH meetings						
X Political	Travel Out of District								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living ex	pense				
Complete ONLY if direct				ce sought Office held					
expenditure to benefit C/OH									

## POLITICAL EXPENDITURES FROM PERSONAL FUNDS

### SCHEDULE G

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee Legal Services Salaries/ The Instruction Guide explains how to co	Wages/Contract Labor		OTHER (enter a category not listed above)		
1	Total pages Schedule G:	2	FILER NAME		3	Filer ID (Ethics Commission Filers)		
	Sch: 1/1 Rpt: 41/41	Orr, Angelia Duke (The Honorable)				00085955		
4	Date	5	Payee name					
	07/23/2024		American Express					
6	Amount (\$)	7	Payee address; City; State; Zip C	ode				
	\$558.80		PO Box 6031					
	Reimbursement from							
	x political contributions intended		Carol Stream, IL 60197					
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	<b>]</b> c	check if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE		Credit Card Payment		c	check if Austin, TX, officeholder living expense		
	EXPENDITURE	l	,	Credit card paym	ment for items properly reported on Sch			
		F4 of prior report						
9	Complete ONLY if direct	Car	ndidate/Officeholder name	Office sought		Office held		
	expenditure to benefit							
	C/OH							
	Date		Payee name					
	08/23/2024		American Express					
Amount (\$) Payee address; City; State; Zip Code								
	\$349.39 PO Box 6031							
	Reimbursement from							
	X   political contributions intended   Carol Stream, IL 60197							
PURPOSE			Category (See Categories listed at the top of this schedule) Description		Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE			Credit Card Payment					
	Credit card payment for items F4 of current report			t for items properly reported on Sch				
		Candidate/Officeholder name		Office sought		Office held		
	expenditure to benefit C/OH							
		_						
	Date		Payee name					
	09/23/2024		American Express					
	Amount (\$)		Payee address; City; State; Zip C	ode				
	\$257.72		PO Box 6031					
	Reimbursement from							
	X political contributions intended		Carol Stream, IL 60197					
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	⊒ .	check if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	OF Credit Card Payment Credit Card Payment			check if Austin, TX, officeholder living expense			
		Credit card payment for items properly reported on So						
L		L		F4 of current repo	ort _			
		Car	ndidate/Officeholder name	Office sought		Office held		
	expenditure to benefit C/OH							