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 f	iled: 32
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Angelia Duke			Date Received ELECTRONIC	ALLY FILED
	NICKNAME	LAST Orr		SUFFIX	01/13/2025	
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ 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) BOX PLEASE);	AP ⁻	Γ / SUITE #; CIT	Y; ST.	ATE; ZIP CODE
TREASURER ADDRESS	1965 Mount Moriah Rd.					
(Residence or Business)	Riesel, TX 76682					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHOI (254) 875-2286	NE NUMBER E	EXTENSION			
8 REPORT TYPE	X January 15	30th day before	election	Runoff	15th day after ca	ımpaign treasurer iceholder only)
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Att	ach C/OH-FR)
9 PERIOD	Month Day Year			Month Da	y Year	
COVERED	10/27/2024	ТН	ROUGH	12/31/2	024	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Pr	rimary	Runoff	Other	
	11/05/2024	XG	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	•		12 OFFICE SOUGI	HT (if known)	
	State Representative Dist	trict 13		State Represe	entative District 13	
	•			•		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 32

13 C / OH NAME	C / OH NAME Orr, Angelia Duke (The Honorable) 14 Filer ID 00085955					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political exper These expenditures may have been made with d officeholders are required to report this informa	out the candidate's or office	holder's knowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAM	E			
		COMMITTEE CAMPAIGN TREASURER ADD	RESS			
16 CONTRIBUTION TOTALS	\$ 0.00					
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LO	ANS)	\$ 70,250.00		
EXPENDITURE TOTALS		\$ 1,105.10				
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 23,717.10		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF TH RIOD	E LAST DAY OF THE	\$ 113,088.23		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	AS OF THE LAST DAY	\$ 53,451.40		
17 AFFIDAVIT		I swear, or affirm, under per true and correct and include under Title 15, Election Coc	es all information required to			
		The Ho	norable Angelia Duke C	Orr		
		Signatur	e of Candidate or Officehol	der		
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	day					
	cer administering	ertify which, witness my hand and seal of office. Printed name of officer administering	Title of officer	administering oath		
Signature of Offi	oo. aanimistoring	Times have of officer autilitistering	The Or Onice	danimiotening oddi		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 32
18 FILER NAM		19 Filer ID	(Ethics	Commission Filers)
	elia Duke (The Honorable)	00085955		
	LE SUBTOTALS SCHEDULE		SI	UBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	70,250.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.	SCHEDULE E: LOANS	\$		
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	20,582.60	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	1,515.76
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	1,618.74
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 I TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL (SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/13 Rpt: 4/32	
2	FILER NAME Orr, Angelia	Duke (The Honorable)			3	Filer ID (Ethics Commission 00085955	on Filers)
4	Date 12/09/2024	5 Full name of contributorAFSCME TX Correctiona6 Contributor address; City; St			7	Amount of Contribution (\$)	\$5,000.00
		Huntsville, TX 77320					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	s)		
	Date 12/10/2024	Full name of contributor AMGEN Inc. Political Acti Contributor address; City; S	tate; Zip Code	000251876	•	Amount of Contribution (\$)	\$500.00
	Principal occu	Thousand Oaks, CA 9132 pation / Job title (See Instructions		Employer (See Instructions	 s)		
	Date	Full name of contributor	out-of-state PAC (ID#:_		-/ T	Amount of Contribution (\$)	
	12/10/2024	AT&T Texas Political Acti Contributor address; City; S	on Committee			(4)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> s)		
	Date 12/20/2024	Full name of contributor Abbvie Political Action Co Contributor address; City; S North Chicago, IL 60064		000536573		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 12/18/2024	Full name of contributor Action Behavior Centers Contributor address; City; S Austin, TX 78746				Amount of Contribution (\$)	\$2,000.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL (S		SCHEDULE A1			
	The Instru	ction Guide explains hov	v to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 2/13 Rpt: 5/32	
2	FILER NAME Orr, Angelia	Duke (The Honorable)				3	Filer ID (Ethics Commission 00085955	on Filers)
4	Date 12/09/2024	5 Full name of contributor Ahlberg, Trevor (Mr.)6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$5,000.00
		Irving, TX 75038						
8	Principal occu CEO	pation / Job title (See Instructions	5)		Employer (See Instructions Cottonwood Financial	s)		
	Date 12/09/2024	Full name of contributor Allen Boone Humphries F Contributor address; City; S					Amount of Contribution (\$)	\$500.00
	Principal occu	Houston, TX 77027 pation / Job title (See Instructions	5)		Employer (See Instructions	<u> </u> s)		
	Date 10/31/2024	Full name of contributor BNSF RAILPAC Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1,500.00
	Dringing oggu	Fort Worth, TX 75161 pation / Job title (See Instructions	2)		Employer (See Instructions	<u></u>		
	Fillicipal occu	pation / 300 title (3ee instructions	5)		Employer (See Instructions	·)		
	Date 12/10/2024	Full name of contributor CRAFTPAC Contributor address; City; S Austin, TX 78756	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions	S)		Employer (See Instructions	5)		
	Date 11/04/2024	Full name of contributor Calpine Corporation Polit Contributor address; City; S Houston, TX 77002-2743	tate; Zip Code)	•	Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions	s)		Employer (See Instructions	5)		
			1					

	MONET	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/13 Rpt: 6/32	
2	FILER NAME Orr, Angelia	Duke (The Honorable)		3	Filer ID (Ethics Commission 00085955	on Filers)
4	Date 12/09/2024	5 Full name of contributor out-of-state PAC (ID#:_ Cammack & Strong PC 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$300.00
_		Austin, TX 78701				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_ Capital Leadership Fund Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/18/2024	Full name of contributor out-of-state PAC (ID#:_ Charter Communications, Inc. Texas Political AcContributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_ Charter Schools Now Political Action Committee Contributor address; City; State; Zip Code Austin, TX 78704			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/10/2024	Full name of contributor x out-of-state PAC (ID#:_ Comcast Corp. & NBCUniversal Political Action Contributor address; City; State; Zip Code Philadelphia, PA 19103			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	MONETARY POLITICAL CONTRIBUTIONS				LE A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 4/13 Rpt: 7/32	
2	FILER NAME Orr, Angelia	Duke (The Honorable)		3	Filer ID (Ethics Commission 00085955	on Filers)
4	Date 12/17/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
_		Austin, TX 78701	T			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID# Davis Kaufman PLLC Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78701	1			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date 12/09/2024	Full name of contributor X out-of-state PAC (ID# Gainwell Holding Corp. Political Action Commic Contributor address; City; State; Zip Code	ttee	•	Amount of Contribution (\$)	\$2,000.00
	Deire die alle acces	Conway, AR 72034	Toronto con (Constructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/10/2024	Full name of contributor x out-of-state PAC (ID# General Motors Political Action Committee Contributor address; City; State; Zip Code Washington, DC 20001		-	Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 12/18/2024	Full name of contributor out-of-state PAC (ID# Grant, Kathy Contributor address; City; State; Zip Code Austin, TX 78704	:)		Amount of Contribution (\$)	\$300.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			•			

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/13 Rpt: 8/32	
2	FILER NAME Orr, Angelia	Duke (The Honorable)		3	Filer ID (Ethics Commission 00085955	on Filers)
4	Date 12/10/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00
0	Dringing occu	Dallas, TX 75240	9 Employer (See Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_ HOMEPAC of the Texas Association of Builders Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_ Hochheim Prairie Political Action Committee Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	Yoakum, TX 77995 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_ Houston Police Retired Officers Assn Political Ad Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/30/2024	Full name of contributor out-of-state PAC (ID#:_ Husch Blackwell LLP Contributor address; City; State; Zip Code St. Louis, MO 63105)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/13 Rpt: 9/32	
2	FILER NAME Orr, Angelia	Duke (The Honorable)		3	Filer ID (Ethics Commission 00085955	n Filers)
4	Date 12/30/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$500.00
	Dringing Loon	Jefferson City, MO 65101	O Employer (Coa Instructions			
ð	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/10/2024	Full name of contributor			Amount of Contribution (\$)	\$500.00
	Dringinal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions			
	Pilicipai occu	oalion7 Job title (See instructions)	Employer (See instructions)		
	Date 12/20/2024	Full name of contributor out-of-state PAC (ID#: INDEPAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		Austin, TX 78750				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/20/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Benbrook, TX 76126 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/20/2024	Full name of contributor out-of-state PAC (ID#: Linebarger Goggan Blair & Sampson LLP Contributor address; City; State; Zip Code Austin, TX 78760			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/13 Rpt: 10/32		
2	FILER NAME Orr, Angelia	Duke (The Honorable)		3	Filer ID (Ethics Commission 00085955	on Filers)	
4	Date 12/09/2024	 Full name of contributor out-of-state PAC (ID#:_ Matz and Company LLC Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$250.00	
_		Austin, TX 78703					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 12/18/2024	Full name of contributor out-of-state PAC (ID#:_Moak Casey Political Action Committee Contributor address; City; State; Zip Code Austin, TX 78746			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 12/18/2024	Full name of contributor X out-of-state PAC (ID#: Motorola Solutions, Inc. Political Action Committee Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
	Principal occu	Washington, DC 20004 pation / Job title (See Instructions)	Employer (See Instructions)			
		, , ,	, , ,				
	Date 12/17/2024	Full name of contributor out-of-state PAC (ID#:_ Norton, Jo Beth Contributor address; City; State; Zip Code West Lake Hills, TX 78746)		Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_ Nucor Corporation Political Action Committee of Contributor address; City; State; Zip Code Jewett, TX 75846	Texas		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 8/13 Rpt: 11/32	
2	FILER NAME Orr, Angelia	Duke (The Honorable)		3	Filer ID (Ethics Commission 00085955	on Filers)
4	Date 11/12/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$1,500.00
8	Principal occu	Dallas, TX 75202 Dation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 12/18/2024	Full name of contributor X out-of-state PAC (ID#: COMPANY NET CONTRIBUTION			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/10/2024	Full name of contributor x out-of-state PAC (ID#: C Pediatrix Political Action Committee Contributor address; City; State; Zip Code	00469205		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Sunrise, FL 33323 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_ Provider Coalition For Care Political Action Common Contributor address; City; State; Zip Code Lewisville, TX 75057			Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/18/2024	Full name of contributor out-of-state PAC (ID#:_ Red Rock Texas Political Action Committee Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 9/13 Rpt: 12/32	
2	FILER NAME	Duke (The Honorable)			3	Filer ID (Ethics Commission 00085955	on Filers)
_					Ļ		
4	Date 12/30/2024	 5 Full name of contributor Robison, Douglass (Mr.) 6 Contributor address; City; Sta 	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1,000.00
		Abilene, TX 79605					
8		pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Founder & P	resident		Natura Resources			
	Date 11/22/2024	Full name of contributor Siddons, Bill (Mr.) Contributor address; City; Sta				Amount of Contribution (\$)	\$250.00
		Hillsboro, TX 76645					
	_	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Owner			Hill County Insurance			
	Date 11/22/2024	Full name of contributor Swilling, Susan (Ms.) Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code)		Amount of Contribution (\$)	\$200.00
		Whitney, TX 76692					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 12/09/2024	Full name of contributor TBA Bank PAC - State Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 12/18/2024	Full name of contributor Tex-Pipe Political Action C Contributor address; City; Sta)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 10/13 Rpt: 13/32			
2	FILER NAME Orr, Angelia	Duke (The Honorable)		3	Filer ID (Ethics Commission 00085955	on Filers)	
4	Date 12/09/2024	Date 5 Full name of contributor out-of-state PAC (ID#:)				\$700.00	
		Austin, TX 78741					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))			
	Date 12/18/2024	Full name of contributor out-of-state PAC (ID#: Texas Alliance for Conservation Political Action Contributor address; City; State; Zip Code Austin, TX 78703		Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions))				
	Date Full name of contributor out-of-state PAC (ID#:) 12/10/2024 Texas Ambulatory Surgery Center Society - Political Action Committee Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00	
	Deinainal assu	Austin, TX 78701	Frankrija (Coo lastrustiana)				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date Full name of contributor out-of-state PAC (ID#:) 12/09/2024 Texas Association of Health Plans 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))			
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Cornerstone Credit Union League Politica Contributor address; City; State; Zip Code Dallas, TX 75265		Amount of Contribution (\$)	\$1,500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))			

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 11/13 Rpt: 14/32			
2	FILER NAME Orr, Angelia	Duke (The Honorable)		3	Filer ID (Ethics Commission 00085955	on Filers)	
4					Amount of Contribution (\$)	\$1,000.00	
_		Austin, TX 78711					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date Full name of contributor out-of-state PAC (ID#:) 11/22/2024 Texas Dental Association Political Action Committee Contributor address; City; State; Zip Code Austin, TX 78704				Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions))				
	Date 12/10/2024 Full name of contributor out-of-state PAC (ID#:) Texas Homecare & Hospice Political Action Committee Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Austin, TX 78759 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>			
	i illicipai occa	pation 7 oob title (occ mondetions)	Employer (See Matractions	,			
	Date 12/18/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Land Title Association Political Action Co Contributor address; City; State; Zip Code Austin, TX 78703	****		Amount of Contribution (\$)	\$2,500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 12/18/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Medical Association Political Action Comi Contributor address; City; State; Zip Code Austin, TX 78701	nittee		Amount of Contribution (\$)	\$2,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL CONTR	SCHEDULE A1					
	The Instru	ction Guide explains how to comp	olete this fo	rm.	1 Total pages Schedule A1: Sch: 12/13 Rpt: 15/32			
2	FILER NAME Orr, Angelia	Duke (The Honorable)		3	Filer ID (Ethics Commission 00085955	on Filers)		
4	Date 11/12/2024						\$1,500.00	
		Austin, TX 78701						
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 12/18/2024 Texas Physicians For Patients Political Action Committee Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Marble Falls, TX 78654 pation / Job title (See Instructions)	<u> </u>					
	Date Full name of contributor out-of-state PAC (ID#:) 12/09/2024 Texas Sands Political Action Committee Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$4,000.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 12/18/2024 Texas Statewide Telephone Cooperative, Inc. Political Action Committee Contributor address; City; State; Zip Code Austin, TX 78701					Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()			
	Date Full name of contributor The Home Depot Political Action Committee Contributor address; City; State; Zip Code Washington, DC 20004					Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
			I					

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1				
	The Instruc	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 13/13 Rpt: 16/32			
2	FILER NAME Orr, Angelia	Duke (The Honorable)		3	Filer ID (Ethics Commission 00085955	on Filers)	
4	Date 12/09/2024	 Full name of contributor	7	Amount of Contribution (\$)	\$1,000.00		
_	5	Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#: USAA Employee Political Action Committee Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
	<u> </u>	San Antonio, TX 78288					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date Full name of contributor X out-of-state PAC (ID#: C00274431) 11/11/2024 UnitedHealth Group Political Action Committee Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00		
	Principal occu	Washington, DC 20004 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 11/12/2024	Full name of contributor out-of-state PAC (ID#:_ Weekley, Richard (Mr.) Contributor address; City; State; Zip Code Houston, TX 77027)		Amount of Contribution (\$)	\$1,500.00	
	Principal occu Chairman	pation / Job title (See Instructions)	Employer (See Instructions Weekley Development (npany		
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_ Wholesale Beer Distributors of Texas Political Ac 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)			

SCHEDULE F1

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

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

Fees
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		Legal Services The Instruction Guide	Salaries/\	Wages	s/Contract Labor		OTHER (enter a	category not listed above)		
1	Total pages Schedule F1:	2 FILER NAMI	 E				3	Filer ID	(Ethics Commission Filers)	Π	
	Sch: 1/8 Rpt: 17/32	1	a Duke (The Honor	able)				00085955			
4	Date	5 Payee name									
	12/12/2024	Amazon									
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode						
	\$510.72	410 Terry A	Ave. N								
		Seattle, WA	98109-5210								
8	PURPOSE	(a) Category (S	see Categories listed at the to	op of this schedule)	(b)	Description					
	OF EXPENDITURE	Event Expe	ense					de of Texas. Com officeholder living			
						_			r fundraiser (reimburse		
						LK)					
9	Complete ONLY if direct		iceholder name	Office sou	l ught			Office he	eld		
	expenditure to benefit C/OI	H 									
	Date	Payee name	:								
	10/29/2024	Campaign	Reporting Solutions	s LLC							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode						
	\$484.50	110 Carria(ge Drive								
		Lufkin, TX	75904								
	PURPOSE OF	(a) Category (S	see Categories listed at the to	op of this schedule)	(b)	Description					
	EXPENDITURE	Accounting	/Banking					de of Texas. Com			
						—		Kkeeping services			
						pg		3			
	Complete ONLY if direct		iceholder name	Office sou	ught			Office he	eld	_	
	expenditure to benefit C/O	Н									
	Date	Payee name	!								
	12/08/2024	Capitol Ext	ension Gift Shop								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode						
	\$714.45	1400 Cong	ress Avenue								
		Ste. E1.006	5								
		Austin, TX	78701								
	PURPOSE	(a) Category (S	ee Categories listed at the t	op of this schedule)	(b)	Description					
	OF EXPENDITURE	Gift/Awards	s/Memorials Expen	se				de of Texas. Com			
						Constituent g		officeholder living	expense		
						Conducacing	,				
_	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	<u>I</u> ught			Office he	eld	_	
	expenditure to benefit C/O										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees 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: 2/8 Rpt: 18/32	Orr, Angelia Duke (The Honorable) 00085955
4	Date	5 Payee name
	11/14/2024	Cooper, Nicholas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,171.83	2118 DeMilo Drive
		Houston, TX 77018
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Political mileage. Log maintained in the campaign
		office (1749m*0.67). Not reimbursed by the state.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experioration benefit C/O	
	Date	Payee name
	11/14/2024	Cooper, Nicholas
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	2118 DeMilo Drive
		Houston, TX 77018
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Reimbursement for COG luncheon
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/09/2024	Cooper, Nicholas
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	2118 DeMilo Drive
		Houston, TX 77018
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign contract labor
		Sampaigh sortifact labor
	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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cabadula F1:	· · · · · · · · · · · · · · · · · · ·
	Total pages Schedule F1:	
	Sch: 3/8 Rpt: 19/32	Orr, Angelia Duke (The Honorable) 00085955
4	Date	5 Payee name
	11/05/2024	Humphries, Lynne
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,381.00	1515 Savannah Drive
		Richmond, TX 77406
_	DUDD005	I
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		Rent for political apartment maintained in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	12/03/2024	Humphries, Lynne
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,381.00	1515 Savannah Drive
		Richmond, TX 77406
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Lexas. Complete Schedule 1. X Check if Austin, TX, officeholder living expense
		Rent for political apartment maintained in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	12/12/2024	Kimbrell, Lindsay
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,303.82	330 HCR 1355
		Itasca, TX 76055
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel In District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Political mileage. Log maintained in the campaign
L		office (1946m*0.67). Not reimbursed by the state.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

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 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)
l	Sch: 4/8 Rpt: 20/32	Orr, Angelia Duke (The Honorable) 00085955	
4	Date	5 Payee name	
	12/09/2024	Kimbrell, Lindsay	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$1,000.00	330 HCR 1355	
l			
		Itasca, TX 76055	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
ľ	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Sche	dule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Campaign contract labor	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L			
l	Date	Payee name	
	12/30/2024	Murphy Nasica	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$33.28	PO Box 1648	
		Austin, TX 78767	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	dule T.
		Check if Austin, TX, officeholder living expense Campaign email hosting	
		Campaign chair hosting	
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
H	Date	Payee name	
l	12/30/2024	Murphy Nasica	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,832.81		
l	ΨΕ,002.01	1 0 DOX 10 10	
l		Austin, TX 78767	
L	PURPOSE		
l	OF	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule)	dule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense	
l		Design, printing and mailing of cam	paign fundraising
L		invitations	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI	חע	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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: 5/8 Rpt: 21/32	Orr, Angelia Duke (The Honorable) 00085955
4	Date	5 Payee name
	12/30/2024	Murphy Nasica
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	PO Box 1648
		Austin, TX 78767
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Political consulting - campaign services (Sept)
		The state of the s
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
F	Date	Payee name
	12/30/2024	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	Consulting Expense
		Check if Austin, TX, officeholder living expense Political consulting - campaign services (Oct)
		Folitical consulting - campaign services (Oct)
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
H	Date	Payee name
	12/30/2024	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	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Political consulting - campaign services (Nov)
	0 1 0 0 1 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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

	Candidate/Officeholder/Politica Credit Card Payment	ll 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: 6/8 Rpt: 22/32	Orr, Angelia Duke (The Honorable) 00085955
4	Date	5 Payee name
	12/30/2024	Murphy Nasica
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	PO Box 1648
		Austin, TX 78767
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 (Dec)
		Tollited consulting campaign services (Dee)
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
	Date	Payee name
	11/07/2024	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
		Folitical consulting - campaign services
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	12/11/2024	Norfleet Strategies
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	504 W 12th Street
	Ψ000.00	304 W 12th 3h 3h
		Austin, TX 78701
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Political consulting - campaign services
L		
I	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to beliefft C/OI	·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees 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	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	٦
	Sch: 7/8 Rpt: 23/32	Orr, Angelia Duke (The Honorable) 00085955	
4	Date	5 Payee name	
	12/09/2024	Reagan, Jacob	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,000.00	14920 Talus Road	
		Manor, TX 78653	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign contract labor	
		Gampaign somitast lass.	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	\dashv
3	expenditure to benefit C/O		
_	Data		4
	Date	Pagen looph	
	12/09/2024	Reagan, Jacob	┙
	Amount (\$)	Payee address; City; State; Zip Code	
	\$828.12	14920 Talus Road	
		Manor, TX 78653	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.	
	E/M EINE . G	Check if Austin, TX, officeholder living expense Political mileage. Log maintained in the campaign	
		office (1236m*0.67). Not reimbursed by the state.	
	Complete ONLY if direct		_
	Complete ONLY if direct expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	
	·		_
	Date	Payee name	
	11/25/2024	Westgate Condominium Association	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$164.00	1122 Colorado Street	
		Austin, TX 78701	
	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.	
	EXI ENDITORE	X Check if Austin, TX, officeholder living expense	
		Utilities for political apartment maintained in Austin	
			_
	Complete ONLY if direct expenditure to benefit C/O	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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTALE (Control of State Control of C

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ı - Il Co	mmittee	Gift/Awards/Mem Legal Services The Instruction	on Guide explains		Vages/	Contract Labor		Travel Out of Dis		listed above)
1	Total pages Schedule F1: Sch: 8/8 Rpt: 24/32	2			Honorable)				3	Filer ID 00085955	(Ethics Co	mmission Filers)
4	Date	5	Payee name		Tionorable)				<u> </u>			
	12/30/2024				n Association							
6	Amount (\$) \$150.00	7	Payee addre 1122 Colora Austin, TX	ado Street	State	e; Zip Co	ode					
8	PURPOSE OF EXPENDITURE	(a)	Category _{(Si} Fees	ee Categories liste	ed at the top of this sc	hedule)		X Check if Austin	n, TX,	de of Texas. Com officeholder living	expense	ет. ined in Austin
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	iceholder nam	ne	Office sou	ight			Office h	eld	

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 (Ethics Commission Filers)			
Sch: 1/7 Rpt: 25/32	Orr, Angelia Duke (The Honorable)			00085955		
4 CREDIT CARD ISSUER		ncial institution n Express	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$	498.0	03
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid		
	\$21.60	11/13/2024					
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Uber		1455 Market Street Ste. 400 San Francisco, CA 94103				
8 PURPOSE OF	(a) Category		(b) Descripti	ion			
EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	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 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) (Credit Card Issue	r Paid		
	\$377.62	11/06/2024					
PAYEE	(a) Payee name		(b) Payee address; City,		City,	State,	Zip Code
	Overflow Coffee Co	ompany	60 W Elm Street				
			Hillsboro,				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Event Expense	bee Categories listed at the top of this schedule) Food and location for campaign			npaign event		
X Political	Event Expense						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	X, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid		
	\$18.83	11/13/2024					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Libor		1455 Mark	et Street			
	Uber		Ste. 400				
				isco, CA 94103	<u> </u>		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodule)	(b) Descripti				
l <u> </u>	Travel Out of District	of this scriedule)	Ride-shari	ng costs to atte	nd OH meeting	S	
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	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

1 Total pages Schedule F4: Sch: 2/7 Rpt: 26/32 Orr, Angelia Duke (The Honorable) 4 CREDIT CARD ISSUER Name of financial institution see previous (a) Amount Charged \$3.78 11/13/2024 7 PAYEE (a) Payee name Uber (a) Payee name Uber (a) Category EXPENDITURE St. 49 (b) Date of Charge 1455 Market Street Ste. 400 San Francisco, CA 94103 8 PURPOSE OF EXPENDITURE X Political (a) Category (See Categories listed at the top of this schedule) Travel Out of District 3 Filer ID (Ethics Common 00085955 5 TOTAL OF UNITEMIZED EXPENDITURES (C) Date(s) Credit Card Issuer Paid (c) Date(s) Credit Card Issuer Paid (b) Payee address; City, State 1455 Market Street Ste. 400 San Francisco, CA 94103 (b) Description Ride-sharing costs to attend OH meetings	3.03				
Sch: 2/7 Rpt: 26/32 Orr, Angelia Duke (The Honorable) 4 CREDIT CARD ISSUER Name of financial institution See previous (a) Amount Charged \$3.78 (b) Date of Charge (C) Date(s) Credit Card Issuer Paid 7 PAYEE (a) Payee name Uber (a) Payee name Uber (a) Payee name (b) Payee address; City, State 1455 Market Street Ste. 400 San Francisco, CA 94103 8 PURPOSE OF EXPENDITURE (See Categories listed at the top of this schedule) Trayel Out of District Trayel Out of District Name of financial institution EXPENDITURE (Double of Charge (C) Date(s) Credit Card Issuer Paid (c) Date(s) Credit Card Issuer Paid (d) Payee address; City, State 1455 Market Street Ste. 400 San Francisco, CA 94103 (b) Description Ride-sharing costs to attend OH meetings					
See previous EXPENDITURES CHARGED TO A CREDIT CARD (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 7 PAYEE (a) Payee name (b) Payee address; City, State 1455 Market Street Ste. 400 San Francisco, CA 94103 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Travel Out of District CARD (b) Payee address; City, State 1455 Market Street Ste. 400 San Francisco, CA 94103 (b) Description Ride-sharing costs to attend OH meetings					
\$3.78 11/13/2024 7 PAYEE (a) Payee name (b) Payee address; City, State 1455 Market Street Ste. 400 San Francisco, CA 94103 8 PURPOSE OF (See Categories listed at the top of this schedule) Travel Out of District Travel Out of District	ı, Zip Code				
7 PAYEE (a) Payee name (b) Payee address; City, State 1455 Market Street Ste. 400 San Francisco, CA 94103 8 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Payee address; City, State 1455 Market Street Ste. 400 San Francisco, CA 94103 (b) Description Ride-sharing costs to attend OH meetings	, Zip Code				
Uber Uber Uber 1455 Market Street Ste. 400 San Francisco, CA 94103 8 PURPOSE OF EXPENDITURE (See Categories listed at the top of this schedule) Travel Out of District (b) Description Ride-sharing costs to attend OH meetings	e, Zip Code				
Uber Ste. 400 San Francisco, CA 94103 8 PURPOSE OF (a) Category (b) Description EXPENDITURE (See Categories listed at the top of this schedule) Travel Out of District Travel Out of District					
8 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) Travel Out of District Ste. 400 San Francisco, CA 94103 (b) Description Ride-sharing costs to attend OH meetings					
8 PURPOSE OF (a) Category (b) Description EXPENDITURE (See Categories listed at the top of this schedule) Travel Out of District (b) Description Ride-sharing costs to attend OH meetings					
EXPENDITURE (See Categories listed at the top of this schedule) Travel Out of District Ride-sharing costs to attend OH meetings					
Travel Out of District					
X Political Material and District					
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	X, officeholder living expense				
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OH					
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid					
\$3.24 11/18/2024					
PAYEE (a) Payee name (b) Payee address; City, State	e, Zip Code				
1455 Market Street					
Uber Ste. 400	Ste. 400				
San Francisco, CA 94103					
PURPOSE OF (a) Category (b) Description	(b) Description				
EXPENDITURE (See Categories listed at the top of this schedule) Transport Out of Price into	Ride-sharing costs to attend OH meetings				
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 name Office sought Office held					
expenditure to benefit C/OH					
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid					
\$21.60 12/04/2024					
PAYEE (a) Payee name (b) Payee address; City, Stati	e, 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 of this schedule) Ride-sharing costs to attend OH meetings					
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 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 Instruction Guide explains how to complete this form.							
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
	Sch: 3/7 Rpt: 27/32	Orr, Angelia Duke (The Honorable)			00085955			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$ 498.03		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue		r Paid		
		\$24.84	12/05/2024					
7	PAYEE	(a) Payee name		(b) Payee	•	City,	State,	Zip Code
		Uber		1455 Market Street Ste. 400 San Francisco, CA 94103				
8	PURPOSE OF	(a) Category		(b) Descri		'		
	EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)		aring costs to atte	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		
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid		
		\$24.84	12/05/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Uber		1455 Ma	rket Street			
		Obei		Ste. 400				
L		() 2 :			ncisco, CA 94103			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri	ption aring costs to atte	nd O∐ meeting	c	
	—	Travel Out of District		Kiue-siid	aring costs to atte	nd Orr meeting	3	
	X Political Non-Political	() [
L		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	officeholder living expe	ense	
_ ا	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Onice	e sought		Office field		
F	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid		
		\$21.60	12/06/2024	(5) = 5.05(5)	,			
		φ21.00	12/00/2024					
H	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
				1455 Ma	rket Street			·
		Uber		Ste. 400				
				San Fran	ncisco, CA 94103			
	PURPOSE OF	(a) Category	-64bibd-d-\	(b) Descri				
	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Ride-sha	aring costs to atte	nd OH meeting	S	
	X Political							
L	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 Office	e sought		Office held		
е	expenditure to benefit C/OH							
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 Inst	ruction Guide explains how	to complete this fo	orm.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)	
Sch: 4/7 Rpt: 28/32	Orr, Angelia Duke (The Honorable)			00085955			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF U EXPENDITU CHARGED T CARD	RES	\$	498.0)3
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cred	lit Card Issuer	Paid		
	\$3.24	12/11/2024					
7 PAYEE	(a) Payee name		(b) Payee address; City, State			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 attend OH meetings				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Cr	neck if Austin, TX,	officeholder living exp	ense	
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) Cred	lit Card Issuer	Paid		
	\$225.12	12/11/2024					
PAYEE	(a) Payee name		(b) Payee addre	ess;	City,	State,	Zip Code
	Tiny Boxwoods		1503 W 35th 9				
			Austin, TX 78	703			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe	· ·	(b) Description OH lunch mee	eting			
X Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		neck if Austin, TX,	officeholder living exp	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	(c) Date(s) Cred	lit Card Issuer	Paid		
	\$16.87	12/12/2024					
PAYEE	(a) Payee name	•	(b) Payee addre	ess;	City,	State,	Zip Code
	Liber		1455 Market S	Street			
	Uber		Ste. 400				
			San Francisco	o, CA 94103			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
	Travel Out of District	of this schedule)	Ride-sharing	costs to atte	nd OH meeting	gs	
X Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Cr	neck if Austin, TX,	officeholder living exp	ense	
Complete ONLY 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 Instruction Guide explains how to complete this form.							
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
	Sch: 5/7 Rpt: 29/32	Orr, Angelia Duke (The Honorable)			00085955			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$ 498.03		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue		Paid		
		\$24.84	12/04/2024					
7	PAYEE	(a) Payee name		(b) Payee	•	City,	State,	Zip Code
		Uber		Ste. 400	rket Street			
Ļ	DUDDOOF OF	(a) Catagony		(b) Descri	ncisco, CA 94103			
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)		aring costs to atte	nd OH meeting	S	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	ı	Check if Austin, TX,	officeholder living expe	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	r Paid		
		\$3.24	12/05/2024					
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
		Uber		1455 Ma	rket Street			
		Obei		Ste. 400				
L		() 0 :			ncisco, CA 94103			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	ption aring costs to atte	nd O⊔ meeting	c	
	—	Travel Out of District		Kide-Sila	aring costs to atte	na Orr meeting	3	
	X Political Non-Political	() [
L		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	officeholder living expe	ense	
۱ ,	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Onice	5 Sought		Office field		
H	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	r Paid		
		\$21.60	12/05/2024		,			
		Ψ21.00	12/03/2024					
H	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
				1455 Ma	rket Street			
		Uber		Ste. 400				
				San Frar	ncisco, CA 94103			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				
		Travel Out of District	of this scriedule)	Ride-sha	aring costs to atte	nd OH meeting	S	
	X Political							
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
Le	expenditure to benefit C/OH							
ı								

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 Instruction Guide explains how to complete this form.							
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)	
l	Sch: 6/7 Rpt: 30/32	Orr, Angelia Duke (The Honorable)			00085955			
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF EXPENDIT CHARGED CARD		\$	498.0	03
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	edit Card Issuer	Paid		
		\$24.84	12/06/2024					
7	PAYEE	(a) Payee name		(b) Payee add	ress;	City,	State,	Zip Code
l		Uber 1455 Market Street						
l		Obei		Ste. 400				
L				<u> </u>	co, CA 94103			
8	PURPOSE OF	(a) Category	-# Al-i	(b) Description				
l	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Ride-sharing	costs to atter	nd OH meeting	S	
	X Political	Traver out or Bistrict						
l	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	П	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) Cre	edit Card Issuer	Paid		
		\$39.90	12/11/2024					
Г	PAYEE	(a) Payee name		(b) Payee add	ress;	City,	State,	Zip Code
				1455 Market	Street			
		Uber		Ste. 400				
				San Franciso	co, CA 94103			
	PURPOSE OF	(a) Category		(b) Description				
l	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Ride-sharing costs to attend OH meetings				
l	X Political	Traver Out of District						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	П	Check if Austin, TX,	officeholder living expe	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
E	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Cre	edit Card Issuer	Paid		
l		\$38.29	12/12/2024					
l								
H	PAYEE	(a) Payee name	l	(b) Payee add	ress;	City,	State,	Zip Code
				1455 Market Street				
		Uber		Ste. 400				
				San Franciso	co, CA 94103			
一	PURPOSE OF	(a) Category		(b) Description				
	EXPENDITURE	OITURE (See Categories listed at the top of this schedule) Ride-sharing costs to attend OH meeting			nd OH meeting	S		
	X Political	Travel Out of District						
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	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

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 (Eth	ics Commiss	sion Filers)	
	Sch: 7/7 Rpt: 31/32	Orr, Angelia Duke (The Honorable)			00085955			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	498.0)3
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$17.87	12/12/2024					
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Uber		Ste. 400	rket Street ncisco, CA 94103	3		
8	PURPOSE OF	(a) Category		(b) Descri				
	EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	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 ex	pense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$11.60	12/02/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Uber		1455 Ma	rket Street			
		Obei		Ste. 400				
L					icisco, CA 94103	3		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip		and OLL mostin	~	
		Travel Out of District	,	Riue-sna	ring costs to atte	end OH meetin	g	
	X Political							
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX	(, officeholder living expense		
١.	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
L	expenditure to benefit C/OH	(a) Amount Charged	(h) Data of Chargo	(a) Data(a)	Cradit Card Issue	r Doid		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Palu		
		\$72.37	12/19/2024					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Spootrum		1000 E 4	1st Street			
		Spectrum		Ste. 920				
				Austin, T				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip		:!		l :
	_	Fees	or this soriedate)	Austin	internet for polit	icai apartment	maintaine	ea in
	X Political			7.03011				
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		X Check if Austin, TX		pense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
\vdash^{ϵ}	expenditure to benefit C/OH							
ı								

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 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	Committee Legal Services Salaries/Wages/Contract Lab The Instruction Guide explains how to complete this form				
1	Total pages Schedule G:	P. FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 1/1 Rpt: 32/32	Orr, Angelia Duke (The Honorable)	00085955			
4	Date	5 Payee name				
	10/27/2024	American Express				
6	Amount (\$) \$525.26	Payee address; City; State; Zip Code PO Box 6031				
		1 0 Box 0001				
	Reimbursement from political contributions intended	Carol Stream, IL 60197				
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description	On Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Credit Card Payment	Check if Austin, TX, officeholder living expense			
	EXPENDITURE	Credit card F4 of prior re	payment for items properly reported on Scheport			
9	Complete ONLY if direct expenditure to benefit C/OH	andidate/Officeholder name Office sou	ght Office held			
	Date	Payee name				
	11/23/2024	American Express				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$240.16	PO Box 6031				
	Reimbursement from political contributions intended	Carol Stream, IL 60197				
	PURPOSE	Category (See Categories listed at the top of this schedule) Description	On Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Credit Card Payment	Check if Austin, TX, officeholder living expense			
	ZA ZASTONE	Credit card prior re	payment for items properly reported on Scheport			
	Complete ONLY if direct expenditure to benefit C/OH	andidate/Officeholder name Office sou	ght Office held			
	Date	Payee name				
	12/23/2024	American Express				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$853.32	PO Box 6031				
	Reimbursement from political contributions intended	Carol Stream, IL 60197				
	PURPOSE	Category (See Categories listed at the top of this schedule) Description				
	OF EXPENDITURE	Credit Card Payment	Check if Austin, TX, officeholder living expense			
		Credit card F4 of curren	payment for items properly reported on Sch t report			
	expenditure to benefit	andidate/Officeholder name Office sou	ght Office held			
	C/OH					