FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00085818 16 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Angela M. NAME Date Received **ELECTRONICALLY FILED** 01/14/2025 NICKNAME LAST **SUFFIX** Lancelin CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 4553 BENNING DR MAILING Receipt # Amount **ADDRESS** houston Change of Address houston, TX 77035 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Nicole R. NAME NICKNAME LAST **SUFFIX Bates CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER** 2010 North Loop West **ADDRESS** Ste. 175 (Residence or Business) Houston, TX 77018 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 225-1300 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 lx| appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/08/2022 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 245 Harris Family District Court Judge

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 16

13 C / OH NAME	Lancelin, Angela M. (The Honorable)		14 Filer ID 00085818	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted of These expenditures may have lead officeholders are required to re	been made without ti	he candidate's or of	fficeholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TRE	EASURER NAME			
		COMMITTEE CAMPAIGN TRE	EASURER ADDRES	S		
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTI ES OF LOANS, OR CONTRIBU			S, \$	0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARA	ANTEES OF LOANS	S)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITUR	RES		\$	0.00
	4. TOTAL POLIT	ICAL EXPENDITURES			\$	3,794.96
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAI RIOD	INED AS OF THE LA	AST DAY OF THE	\$	22,588.21
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTA TING PERIOD	NDING LOANS AS	OF THE LAST DAY	\$	2,428.10
17 AFFIDAVIT						
		true and co	affirm, under penalty rrect and includes all 15, Election Code.			
			The Honora	ble Angela M. La	ncelin	
			Signature of	Candidate or Office	holder	
AFFIX NOT	TARY STAMP / SEAL AB	OVE				
Sworn to and subso	ribed before me, by the s	aid		, this the		day
		ertify which, witness my hand an				
Signature of office	er administering oath	Printed name of officer ad	lministering oath	Title of off	icer administer	ng oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			CC	3 of 16
l	ER NAN	(Ethics Commission Filers)		
I	HEDULI ME OF	SUBTOTAL AMOUNT		
1.		SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$ 3,794.96
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.		\$		
10		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11	. 🗆	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
12		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 1/12 Rpt: 4/16	Lancelin, Angela M. (The Honorable) 00085818
4	Date	5 Payee name
	08/05/2024	American Inns of Court
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$684.00	225 Reinekers Lane
		Alexandria , VA 22314
8	DUDDOCE	(a) a
o	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		membership
_	Operation ONLY if allowed	Out lists 10ff as half and a second to the s
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Davida nama
	12/16/2024	Payee name Franks Pizza
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.00	417 Travis Street
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		jury
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/13/2024	Frenchy's
	Amount (\$)	Payee address; City; State; Zip Code
	\$66.00	3602 Scott Street
		houston, TX 77004
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) staff lunch (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		provided lunch for staff meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ		
1	Total pages Schedule F1: Sch: 2/12 Rpt: 5/16	2 FILER NAME Lancelin, Angela M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00085818
4	Date	5. Dougo namo
•		5 Payee name
	07/19/2024	Google Talkatone
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.92	525 Almanor Ste 200
		Contract 0.0 0.4005
		Sunnyvale, CA 94085
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		Campaign phone
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	Data	
	Date	Payee name
	08/19/2024	Google Talkatone
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.32	525 Almanor Ste 200
		0 1 0 0 0 0 0 5
		Sunnyvale, CA 94085
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		campaign phone
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
-	Date	Davies name
		Payee name
	09/19/2024	Google Talkatone
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.32	525 Almanor Ste 200
		Sunnyvale, CA 94085
	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
		campaign phone contact
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm 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			zards/Memoriais Expe Services			se s/Contract Labor		OTHER (enter a	category not listed above)
	Credit Card Payment		The I	nstruction Guide	explains how to co	ompl	ete this form.				
1	Total pages Schedule F1:	2 FILI	ER NAME					3	Filer ID	(Ethics Commission	Filers)
	Sch: 3/12 Rpt: 6/16	Lar	ncelin, Angela	M. (The Hono	orable)				00085818		
4	Date	5 Pay	vee name								
	10/15/2024	Go	ogle Talkaton	e							
6	Amount (\$)	7 Pay	vee address;	City;	State; Zip Co	ode					
	\$4.32	525	5 Almanor Ste	200							
		Sui	nnyvale, CA 9	4085							
8	PURPOSE			gories listed at the to		(b)	Description				
	OF			gories listed at the to /Rental Expen		(~)		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE						Check if Austin	, TX,	officeholder living	j expense	
							campaign co	nta	ct phone		
9	Complete ONLY if direct expenditure to benefit C/OH		lidate/Officehol	der name	Office sou	ught			Office he	eld	
	experionality to benefit C/O	1									
	Date	Pay	ee name								
	11/19/2024	Go	ogle Talkaton	е							
	Amount (\$)	Pay	/ee address;	City;	State; Zip Co	ode					
	\$4.32	525	5 Almanor Ste	200							
		Sui	nnyvale, CA 9	4085							
	PURPOSE	(a) Cat	egory (See Cate	gories listed at the to	p of this schedule)	(b)	Description				
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							campaign co	IIIa	ct priorie		
_	Complete ONLY if direct	Cano	lidate/Officehol	dor namo	Office sou	ıaht			Office he	old.	
	expenditure to benefit C/O		iluate/Officerion	uei name	Office Soc	agrit			Office fi	eiu	
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	Date	1 1	ee name	•							
	12/19/2024		ogle Talkaton								
	Amount (\$)	1	/ee address;	City;	State; Zip Co	ode					
	\$4.32	525	5 Almanor Ste	200							
		Sui	nnyvale, CA 9	4085							
	PURPOSE OF			gories listed at the to		(b)	Description				
	EXPENDITURE	Off	ice Overhead	/Rental Expen	ise				de of Texas. Com officeholder living	plete Schedule T.	
							campaign coi			у ехрепзе	
							i g 30.				
\vdash	Complete ONLY if direct	L Cand	lidate/Officehol	der name	Office sou	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/OI			-							
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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: 4/12 Rpt: 7/16	Lancelin, Angela M. (The Honorable) 00085818
4	Date	5 Payee name
	07/29/2024	Harris County Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.00	4619 Lyons Ave
		Houston, TX 77020
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.
		Check if Austin, TX, officeholder living expense membership
		membership
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	Para a series
		Payee name
L	08/27/2024	Harris County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	4619 Lyons Ave
		Houston, TX 77020
	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 membership
		membership
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payso nama
	09/27/2024	Payee name Harris County Democratic Party
	Amount (\$) \$15.00	Payee address; City; State; Zip Code 4619 Lyons Ave
	\$15.00	4019 Lyons Ave
		W - TV = 1000
		Houston, TX 77020
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		membership
1		
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		

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 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: 5/12 Rpt: 8/16	Lancelin, Angela M. (The Honorable) 00085818
4	Date	5 Payee name
	10/25/2024	Harris County Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.00	4619 Lyons Ave
		Houston, TX 77020
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. Check if Austin, TX, officeholder living expense
		membership
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	11/27/2024	Harris County Democratic Party
H	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	4619 Lyons Ave
		Houston, TX 77020
	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 membership
		membership
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/27/2024	Jewish Herold-Voice
H	Amount (\$)	Payee address; City; State; Zip Code
	\$445.00	P.O. Box 153
		Houston, TX 77001
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		campaign newpaper advertise ment
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
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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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment			_egal Services		laries/Wa		e /Contract Labor		OTHER (enter a	strict a category not listed abo	ve)
	Credit Card F dyment			The Instruction Gu	iide explains hov	to com	nple	ete this form.				
1	Total pages Schedule F1:	2 F	FILER NAME						3	Filer ID	(Ethics Commission	n Filers)
	Sch: 6/12 Rpt: 9/16	L	_ancelin, An	gela M. (The H	onorable)					00085818		
4	Date	5 F	Payee name									
	09/09/2024	1		emocratic Club)							
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		l h	nouston , TX	77231								
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8	PURPOSE OF			e Categories listed at the		e) ((D)	Description Check if travel (outei	de of Teyas Con	nplete Schedule T.	
	EXPENDITURE			s/Donations Ma officeholder/Poli		e		=		officeholder livin		
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9	Complete ONLY if direct	Ca	andidate/Offic	eholder name	Offic	e soug	jht			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date	F	Payee name									
	10/31/2024	l	SAMs Club									
	Amount (\$)	-	Payee addres	s; City;	State; Z	in Cod	le					
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		Ι.	1t T\	, 7701E								
		-	Houston , T>									
	PURPOSE OF	1		e Categories listed at th	ne top of this schedul	e) ((b)	Description		df.T O	onlete Coloradole T	
	EXPENDITURE	F	Food/Bevera	age Expense				=		officeholder livin	nplete Schedule T. n expense	
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	Complete ONLY if direct	Ca	andidate/Offic	eholder name	Offic	e soug	ht			Office h	eld	
	expenditure to benefit C/OI	Н				Ū						
-	Date		Payee name									
	09/04/2024	l	•	ciation of Distric	t Court Judge	s						
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	Amount (\$) \$51.06	l	Payee addres 201 Caroline		State; Z	ір Соц	ш					
	Φ31.00	l		;								
		l	L0th floor									
			Houston , T〉	< 77002								
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	expenditure to benefit C/OI			.cordor Harrio	Onic	.s soug	,			J.1100 11	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

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

	Candidate/Officeholder/Politica			Legal Services	s Expense	Salaries/V		se s/Contract Labor		OTHER (enter a	strict a category not listed ab	ove)
	Credit Card Payment			The Instruction G	Guide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 7/12 Rpt: 10/16		Lancelin, Ar	ngela M. (The I	Honorable)					00085818		
4	Date	5	Payee name						_			
	10/10/2024	ı		ciation of Distri	ict Court Juc	lges						
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de					
	\$201.06		201 Caroline	е								
			10th floor									
			Houston , T	X 77002								
8	PURPOSE	(a)	Category (ca	e Categories listed at	the ten of this cal	odula)	(b)	Description				
	OF			is/Donations M		ledule)	(,	:	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE			Officeholder/Po		nittee		ш	, TX,	officeholder living	g expense	
								Donation				
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	ceholder name	(Office sou	ght			Office h	eld	
		'										
	Date		Payee name									
	08/16/2024		Texas Cente	er for the Judic	iary							
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$35.00		1210 San A	ntonio								
			Austin, TX 7	8701								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	iedule)	(b)	Description				
	OF EXPENDITURE		Fees					_			plete Schedule T.	
								on-line cle	, TX,	officeholder living	g expense	
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	expenditure to benefit C/O		zarialaate/Onit	scholder hame		Jilice 30u	grit			Office fi	Ciu	
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	Date 09/05/2024	ı	Payee name	er for the Judic	ianı							
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	\$100.00		1210 San A	TILOTIIO								
		-	Austin, TX 7									
	PURPOSE OF			e Categories listed at		iedule)	(b)	Description	outci	do of Toyas Com	nplete Schedule T.	
	EXPENDITURE			s/Donations M Officeholder/Po		nittee				officeholder living		
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	Complete ONLY if direct		Candidate/Offic	ceholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										

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

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

	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: 8/12 Rpt: 11/16	Lancelin, Angela M. (The Honorable) 00085818
4	Date	5 Payee name
	08/13/2024	Texas Democratic Women
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$700.00	PO Box 301411
		Austin, TX 78703
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFLINDITORL	Candidate/Officeholder/Political Committee
		Women Making History Awards Luncheon
_	Complete ONLY if direct	Candidata/Officeholder name Office county Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	5.	
	Date	Payee name
	10/15/2024	Texas State Bar
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1414 Colorado Street
		Austin , TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		cle
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/31/2024	The Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	4617 Montrose Blvd
		Houston, TX 77006
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		membership
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit 6/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 9/12 Rpt: 12/16	Lancelin, Angela M. (The Honorable)	00085818
4	Date	5 Payee name	
	12/11/2024	brothers Taco	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$60.89	1604 Emancipation houston, TX 77002	
8	PURPOSE		
0	OF EXPENDITURE	1 ood/Develage Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/12/2024	chick fil-A	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$46.55	1200 Mckinney	
		#363	
		houston, TX 77002	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 ood/beverage Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	07/25/2024	southwest democrats	
	Amount (\$) \$10.00	Payee address; City; State; Zip Code p.o. box 2053	
		bellaire, TX 77402	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 663	outside of Texas. Complete Schedule T.
		membership	TX, officeholder living expense
	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 -

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

	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: 10/12 Rpt: 13/16	Lancelin, Angela M. (The Honorable) 00085818
4	Date	5 Payee name
	08/26/2024	southwest democrats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	p.o. box 2053
		bellaire, TX 77402
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. Check if Austin, TX, officeholder living expense
		membership
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/25/2024	southwest democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	p.o. box 2053
		bellaire, TX 77402
	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	Check if Austin, TX, officeholder living expense
		membership
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	11/25/2024	southwest democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	p.o. box 2053
	,	
		bellaire, TX 77402
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		membership
	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

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

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

	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: 11/12 Rpt: 14/16	Lancelin, Angela M. (The Honorable) 00085818
4	Date	5 Payee name
	12/26/2024	southwest democrats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	p.o. box 2053
		bellaire, TX 77402
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. Check if Austin, TX, officeholder living expense
		membership
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	10/25/2024	southwest democrats
H	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	p.o. box 2053
		bellaire, TX 77402
Г	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 membership
		membereinp
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	12/09/2024	super glazed donuts
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$25.22	6902 market Street
		houston, TX 77020
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Jury
		July
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
ı		

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

Can	outions/ Donations Made By ndidate/Officeholder/Politica Card Payment					
4 - : :		· · · · · · · · · · · · · · · · · · ·				
	pages Schedule F1:					
Sch: 1	12/12 Rpt: 15/16	Lancelin, Angela M. (The Honorable) 00085818				
4 Date		5 Payee name				
12/12	/2024	super glazed donuts				
6 Amour	nt (\$)	7 Payee address; City; State; Zip Code				
	\$52.78	6902 market Street				
		houston , TX 77020				
8 PU	IRPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EVDE	OF	Food/Beverage Expense				
EXPE	ENDITURE	Check if Austin, TX, officeholder living expense				
		jury				
	ete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expend	diture to benefit C/O	п 				
Date		Payee name				
09/16/	/2024	usps				
Amour	nt (\$)	Payee address; City; State; Zip Code				
	\$116.00	11805 chimney rock				
		houston , TX 77035				
PU	IRPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Office Overhead/Rental Expense Office Overhead/Rental Expense				
EXPE	ENDITURE	Check if Austin, TX, officeholder living expense				
		campaign mail box				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OH						
Date		Payee name				
07/16	/2024	zydeco Dinner				
Amour	nt (\$)	Payee address; City; State; Zip Code				
	\$173.57	1119 pease st				
		houston, TX 77002				
PU	IRPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EYDE	OF ENDITURE	Staff Lunch Check if travel outside of Texas. Complete Schedule T.				
	DITORL	Check if Austin, TX, officeholder living expense				
		Provided staff including summer interns lunch				
0 '	oto ONII Wife discourse	Constitute / Office helder name Office country				
	ete <u>ONLY</u> if direct diture to benefit C/OI	Candidate/Officeholder name Office sought Office held H				

(DUTSTAN	SCHEDULE L	
7	he Instruction	on Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 16/16
PILER NAME Lancelin, Ange		a M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085818
	ENDER NFORMATION	4 Name of lender smart financial credit union	-
		5 Lender address; City; State; Zip Code	
		houston, TX 77072	
	GUARANTOR NFORMATION	6 Name of guarantor	
	X not applicable	7 Guarantor address; City; State; Zip Code	