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) 00081896 17 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Angela L. NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 NICKNAME LAST **SUFFIX** Angie **Graves-Harrington** CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 1200 Rothwell St. MAILING Receipt # Amount **ADDRESS** Change of Address Houston, TX 77002 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Darryl D. NAME NICKNAME LAST **SUFFIX** Harrington STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE: **TREASURER** 1200 Rothwell St. **ADDRESS** (Residence or Business) Houston, TX 77002 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 240-5035 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff 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** Month Day Year Primary Runoff Other General Special

GO TO PAGE 2

12 OFFICE SOUGHT (if known)

11 OFFICE

OFFICE HELD (if any)

Family District Court Judge District 246 Harris

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

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5 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages COMMITTEE TYPE GENERAL COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 6 CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE TOTALS 3. TOTAL POLITICAL EXPENDITURES CONTRIBUTION TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES CONTRIBUTION TOTALS 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE TOTALS CONTRIBUTION TOTALS 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD OF THE REPORTING PERIOD TOTALS TOTAL POLITICAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 7.500.00					
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Additional Program COMMITTEE TYPE GENERAL GENERAL GENERAL GENERAL GENERAL GENERAL COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 6 CONTRIBUTION TOTALS 1. TOTAL UNITEMAZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) (THER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTALS 3. TOTAL UNITEMAZED POLITICAL EXPENDITURES 5. 0.00 CONTRIBUTION FOR THE POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE SPORTING PERIOD OUTSTANDING OUTSTANDING CONTRIBUTION FREPORTING PERIOD TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD TAFFIDAVIT Iswear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. The Honorable Angela L. Graves-Harrington Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Swom to and subscribed before me, by the said of, to certify which, witness my hand and seal of office.	POLITICAL	candidate / officeholder.	These expenditures may have been may	ade without the candidate's or offic	eholder's knowledge or
COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 6 CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 4. TOTAL POLITICAL EXPENDITURES \$ 0.00 CONTRIBUTION BALANCE FREPORTING PERIOD TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE PROPERTING PERIOD OUTSTANDING CONTRIBUTION BALANCE FREPORTING PERIOD 1 Swear, or affirm, under panalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. The Honorable Angela L. Graves-Harrington Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Swom to and subscribed before me, by the said of		COMMITTEE TYPE COMMITTEE NAME			
COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS.) OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$ 0.00 EXPENDITURE 4. TOTAL POLITICAL EXPENDITURES \$ 4,809.56 CONTRIBUTION BALANCE CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE \$ 91,804.11 OUTSTANDING OF THE REPORTING PERIOD 7 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. The Honorable Angela L. Graves-Harrington Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said		GENERAL	COMMITTEE ADDRESS		
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1			COMMITTEE CAMPAIGN TREASURE	ER NAME	
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CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY \$ 7,500.00 7 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. The Honorable Angela L. Graves-Harrington Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said		 		5 6. 26. uvoj	\$ 0.00
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The Honorable Angela L. Graves-Harrington AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, to certify which, witness my hand and seal of office.				S OF THE LAST DAY OF THE	\$ 91,804.11
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. The Honorable Angela L. Graves-Harrington Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said				LOANS AS OF THE LAST DAY	\$ 7,500.00
Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said	17 AFFIDAVIT		true and correct and	d includes all information required	
AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the day of, 20, to certify which, witness my hand and seal of office.					
Sworn to and subscribed before me, by the said, this the day of, 20, to certify which, witness my hand and seal of office.			\$	Signature of Candidate or Officeho	older
of, 20, to certify which, witness my hand and seal of office.	AFFIX NO	TARY STAMP / SEAL AB	OVE		
					day
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath	UI	, zu, to c	eruny wilich, withess my nand and seal C	or onice.	
	Signature of office	cer administering oath	Printed name of officer administer	ring oath Title of office	er administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			CC	3 of 17					
l	18 FILER NAME Graves-Harrington, Angela L. (The Honorable) 19 Filer ID (Ethics Commission Filers) 00081896								
l	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	6	\$ 4,809.56					
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$					
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 IT TO FILER	RETURNED	\$					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense 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		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
•	Sch: 1/13 Rpt: 4/17	Graves-Harrington, Angela L. (The Honorable) 00081896	
4	Date	5 Payee name	
	07/24/2024	Amazon Marketplace	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$70.72	PO Box 81226	
		Seattle, WA 81226	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office supplies Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Cleaning supplies and microphone covers for the witness stand microphone.	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	_
	07/21/2024	Boston Taxi VTS	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$51.35	10 Penniman Road	
		Boston, MA 02134	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Transportation Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Cab ride from airport to hotel in Boston	
		Cab fide from all port to floter in Boston	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	07/29/2024	Cheesecake Factory	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$113.00	1426 H Street NW	
		Washington, DC 20005	
	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	
		Lunch for judicial colleagues during NCJFCJ symposium.	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			_

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	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 2/13 Rpt: 5/17	Graves-Harrington, Angela L. (The Honorable) 00081896	
4	Date	5 Payee name	
	12/11/2024	Crave Cupcakes / Uber Eats Delivery	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$54.00	1151 Uptown Park Blvd	
		#6	
		Houston, TX 77056	
8	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 Holiday treat for Family Board of District Judges	
		Tienday treat is a same or Diether or day	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	H	
	Date	Payee name	_
	07/26/2024	H-E-B	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$192.84	9710 Katy Fwy	
		Houston, TX 77055	
	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 Courtroom pantry restock; coffee, creamer, cups w/	
		lids, stirrers, snacks for jurors	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O	H	
	Date	Payee name	_
	09/15/2024	H-E-B	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$141.34	9710 Katy Fwy	
		Houston, TX 77055	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Food/Beverage Expense	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense Pantry restock for staff and jurors	
		Painty restock for stail and juriors	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/Ol		
			_

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 3/13 Rpt: 6/17	Graves-Harrington, Angela L. (The Honorable) Constant of the Honorable of
4	Date	5 Payee name
	07/12/2024	Harris County Democratic Party
6	Amount (\$) \$10.00	7 Payee address; City; State; Zip Code 4619 Lyons Avenue
	Ψ10.00	1626 Eyelle / Wellus
		Houston, TX 77020
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Sustaining membership
_	Complete ONLY if direct	Condidate Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/12/2024	Harris County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	4619 Lyons Avenue
		Houston, TX 77020
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Dues Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Sustaining membership
		Sustaining membership
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/24/2024	Harvard COOP Bookstore
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.00	1400 Massachusetts Avenue
		Cambridge, MA 02138
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office supplies Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Notebook and pen
		Notebook and pen
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 4/13 Rpt: 7/17	2 FILER NAME Graves-Harrington, Angela L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081896
4	Date	5 Payee name
	07/23/2024	Harvard COOP Bookstore
6	Amount (\$) \$128.11	7 Payee address; City; State; Zip Code 1400 Massachusetts Avenue
	DUDDOCE	Cambridge, MA 02138
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense
		Check if Austin, TX, officeholder living expense
		Gifts for staff
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/13/2024	Hillstone
_		
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.00	4848 Kirby Drive
		Houston, TX 77098
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense
		Holiday dinner with judicial colleagues
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/21/2024	IHOP
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.90	16 Eliot Street
		Suite 18
		Cambridge, MA 02138
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Dinner
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		<u> </u>

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabadula F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Total pages Schedule F1: Sch: 5/13 Rpt: 8/17	2 FILER NAME Graves-Harrington, Angela L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081896
4	Date	5 Payee name
	08/10/2024	San Antonio Marriott Rivercenter
6	Amount (\$) \$1,165.01	7 Payee address; City; State; Zip Code101 Bowie Street
		San Antonio, TX 78205
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Advanced Family Law Conference
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/05/2024	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$243.96	P.O. Box 36647-1CR
	42.0.00	
		Dallas, TX 75235
	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.
	-	Check if Austin, TX, officeholder living expense
		Flight from Houston to San Antonio for the annual judicial conference.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/05/2024	Texas Family Law Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	14546 Brook Hollow Blvd.
	,	Suite 350
		San Antonio, TX 78232
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Membership dues Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Annual membership dues
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiulture to beliefit C/OI	1
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/13 Rpt: 9/17	Graves-Harrington, Angela L. (The Honorable) 00081896
4	Date	5 Payee name
	07/21/2024	The Charles Hotel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,040.07	1 Bennett Street
		Cambridge, MA 02138
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Lodging Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Hotel stay for Harvard Executive Judicial Leadership Certification
		Certification
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	07/30/2024	The Hamilton
	Amount (\$)	Payee address; City; State; Zip Code
	\$116.25	600 14th Street NW
	Ψ110.25	000 14th Street NW
		Washington, DC 20005
	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 Dinner during NCJFCJ symposium.
		Diffile during NC3FC3 symposium.
	Computate ONLY if direct	Candidata/Officahaldar paga
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	08/08/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.95	1455 Market Street
		Suite 400
		San Francisco , CA 94103
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Uber ride from airport to hotel for AFL
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica		mmittee	Legal Services		es/Wag	nse es/Contract Labor		OTHER (enter a	strict a category not listed at	oove)
	Credit Card Payment			The Instruction Gu	iide explains how to	comp	olete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commiss	sion Filers)
	Sch: 7/13 Rpt: 10/17		Graves-Har	rington, Angela	L. (The Honora	ole)			00081896		
4	Date	5	Payee name					_			
	08/06/2024		Uber								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code	<u> </u>				
	\$19.51		1455 Marke		, ,						
			Suite 400								
				co , CA 94103							
_	DUDD 0.05	ļ.,				10					
8	PURPOSE OF	(a) 		e Categories listed at th	ne top of this schedule)	a)	Description Chack if traval	oute	ido of Toyas Con	nplete Schedule T.	
	EXPENDITURE		Travel Out o	of District			=		, officeholder livin		
							Uber ride fror	m h	otel to resta	aurant	
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Office	sough	t		Office h	eld	
	expenditure to benefit C/O	Н									
	Date		Payee name								
	08/06/2024		Uber								
	Amount (\$)	\vdash	Payee addres	ss; City;	State; Zip	Code	<u> </u>				
	\$17.99		1455 Marke	t Street	•						
			Suite 400								
			San Francis	co , CA 94103							
	PURPOSE	(a)		e Categories listed at th		(h) Description				
	OF	(")	Travel Out o		ie top of this schedule)	`~	`	outs	ide of Texas. Con	nplete Schedule T.	
	EXPENDITURE			2.5			Check if Austin	ı, TX	, officeholder livin	g expense	
							Uber ride fror	m r	estaurant to	hotel.	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder name	Office	sough	t		Office h	eld	
	experialiture to beliefit C/O										
	Date		Payee name								
	08/05/2024		Uber								
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code	,				
	\$21.24		1455 Marke	t Street							
			Suite 400								
			San Francis	co , CA 94103							
	PURPOSE	(a)	Category (Se	e Categories listed at th	ne top of this schedule)	(b) Description				
	OF EXPENDITURE		Travel Out of		,			outs	ide of Texas. Con	nplete Schedule T.	
	EXPENDITURE						_		, officeholder livin		
							Uber ride fror	m h	otel to resta	aurant @ AFL	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	Office	sough	t		Office h	eld	
	experience to beliefit 6/01										

SCHEDULE F1

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

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

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	
_		
1	Total pages Schedule F1: Sch: 8/13 Rpt: 11/17	2 FILER NAME Graves-Harrington, Angela L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081896
4	Date	5 Payee name
	08/05/2024	Uber
L		
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.96	1455 Market Street
		Suite 400
		San Francisco , CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Uber ride from restaurant to hotel @ AFL.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	08/01/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.36	1455 Market Street
		Suite 400
		San Francisco , CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Uber ride from hotel to airport in DC (NCJFCJ)
	Compulate ONLY if direct	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/30/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.12	1455 Market Street
		Suite 400
		San Francisco , CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Transportation Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Uber ride from hotel to NCJFCJ symposium.
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	experiorare to benefit C/OF	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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
OTHER (outer a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
_	Sch: 9/13 Rpt: 12/17	Graves-Harrington, Angela L. (The Honorable)	
4	Date	5 Payee name	
	07/23/2024	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$29.22	1455 Market Street	
		Suite 400	
		San Francisco , CA 94103	
8	PURPOSE		_
١	OF	(a) Category (See Categories listed at the top of this schedule) Transportation (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Uber ride from hotel to dinner @ Harvard	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	09/06/2024	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$54.08	1455 Market Street	
		Suite 400	
		San Francisco , CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Uber ride from hotel to dinner in San Antonio @ annual judicial conference	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	09/03/2024	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$37.44	1455 Market Street	
		Suite 400	
		San Francisco , CA 94103	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Transportation Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Uber ride from airport to hotel for annual judicial conference	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	

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 Lenal 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)
	Sch: 10/13 Rpt: 13/17	Graves-Harrington, Angela L. (The Honorable) 00081896
4	Date	5 Payee name
	11/14/2024	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$6.63	1455 Market Street
		Suite 400
		San Francisco , CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Uber ride from HLA luncheon to courthouse
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	11/04/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.90	1455 Market Street
		Suite 400
		San Francisco , CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Ride from courthouse to HLA event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/20/2024	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	1455 Market Street
		Suite 400
		San Francisco , CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Ride from airport to hotel for Texas Center for the
		Judiciary CW conference.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	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 Committee

Event Expense 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		pove)
_	Total pages Cabadula 54:		sion Filoral
1	Total pages Schedule F1: Sch: 11/13 Rpt: 14/17		sion Filers)
4	Date	5 Payee name	
	10/18/2024	Uber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$40.77		
		Suite 400	
		San Francisco , CA 94103	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Transportation Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Uber ride from airport to hotel for Texas Ce	enter for
		the Judiciary CW conference.	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
_	Data	T -	
	Date 09/20/2024	Payee name Uber	
		111	
	Amount (\$) \$22.41	Payee address; City; State; Zip Code 1455 Market Street	
	Φ ΖΖ. 41	Suite 400	
		San Francisco , CA 94103	
	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Transportation (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Uber ride from hotel to airport (George Ma: University - Justice Scalia symposium)	son
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	09/19/2024	Uber	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$14.66	1455 Market Street	
		Suite 400	
		San Francisco , CA 94103	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Transportation Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Uber ride in Vegas for George Washington	University
		Justice Scalia symposium	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 12/13 Rpt: 15/17	Graves-Harrington, Angela L. (The Honorable) 00081896						
4	Date	5 Payee name						
	07/04/2024	United Airlines						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$126.98	233 Wacker Drive						
		Chicago, IL 60606						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Travel to Washington DC for NCJFCJ symposium.						
		Traver to washington be for Nest es symposium.						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
9	Complete ONLY if direct expenditure to benefit C/O							
_								
	Date	Payee name						
	08/14/2024	United Airlines						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$343.00	233 Wacker Drive						
		Chicago, IL 60606						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE		Travel Out of District X Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Denver (National Association of Professional Court						
		Officers) to NCJFCJ						
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OH								
_	Data							
	Date	Payee name						
	08/08/2024	United Airlines						
	Amount (\$)	Payee address; City; State; Zip Code						
\$85.99 233 Wacker Drive								
Chicago, IL 60606								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.						
	EXI ENDITORE	Check if Austin, TX, officeholder living expense						
		Flight from Houston to San Antonio for Advanced Family Law						
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH								
	Oriana.o to borioni O/Oi							

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			nmittee	Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME	<u> </u>				[:	3 Filer ID	(Ethics Commission Filers)		
	Sch: 13/13 Rpt: 16/17	Graves-Harrington, Angela L. (The Honorable) 00081896						6				
4 Date 5 Payee name			Payee name									
	07/31/2024		United Airlin	nes								
6	Amount (\$)	7	Payee addres	ss; City;	State;	; Zip Co	de					
	\$249.00		233 Wacker	r Drive								
			Chicago, IL	60606								
8	PURPOSE OF	(a)		ee Categories listed at th	he top of this sch	edule)	(b)	Description				
	EXPENDITURE		Travel Out	of District				X Check if travel ou	ıtside of Texas. C TX, officeholder liv			
								Flight change		ung expense		
								gr.t orialige	(
9	Complete ONLY if direct			ceholder name		Office sou	thr		Office	held		
	expenditure to benefit C/O					J.1100 30U(J. 11		Onice			
	Date		Payee name									
	08/07/2024		Yard House)								
	Amount (\$)		Payee addres	ss; City;	State;	; Zip Co	de					
	\$26.80		849 E Com	merce Street								
			#409									
			San Antonio	o, TX 78205								
	PURPOSE	(a)	Category (Si	ee Categories listed at t	he top of this sch	edule)	(b)	Description				
OF EXPENDITURE			Category (See Categories listed at the top of this schedule) Food/Beverage Expense			Check if travel outside of Texas. Complete Schedule T.						
EXPENDITORE						Check if Austin, TX, officeholder living expense						
								Dinner @ AFL				
	Complete ONLY if direct	Candidate/Officeholder name Office so				Office cour	ght Office held					
expenditure to benefit C/O						JIIL	Tit. Office field					
1												

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

	The Insti	ruction C	Guide explains	1 Total pages Schedule T: Sch: 1/1 Rpt: 17/17								
2	FILER NAME			3 Filer ID (Ethics Commission Filers)								
			a L. (The Honora			00081896						
4	Name of Contribut United Airlines	ame of Contributor / Corporation or Labor Organization / Pledgor /Payee Inited Airlines										
5	Contribution / Expe	enditure rep	oorted on:									
	Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1					
	Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC						
6	Dates of Travel	7 Name	7 Name of person(s) traveling									
		Grave	s-Harrington, An	gela (Judge)								
		8 Depart	ure city or name of	departure location								
	07/29/2024	HOU										
		l	ation city or name o	of destination location								
	08/01/2024	DCA										
10	Means of transport		·	vel (including name of co	onference, seminar, or	other event)						
	Commercial Airp	olane 	NCJFCJ sym	nposium 								
		or / Corpor	ation or Labor Orga	anization / Pledgor /Paye	ee							
	United Airlines											
	Contribution / Expe											
	Schedule A2	므	Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1					
	Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC						
	Dates of Travel	1	of person(s) traveli	_								
			s-Harrington, An									
	07/00/0004	l '	ure city or name of	departure location								
	07/29/2024	DCA										
	08/01/2024	Destina HOU	ation city or name o	of destination location								
	Means of transport		Durnoso of tro	vel (including name of co	onforonce cominer or	other event)						
	Commercial Airp		NCJFCJ sym		onierence, seminar, or	other eventy						
_			<u> </u>									
	United Airlines	or / Corpora	ation of Labor Orga	anization / Pledgor /Paye	e							
	Contribution / Expe	enditure rer	oorted on:									
	Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1					
	Schedule F2	느	Schedule F4	Schedule G	Schedule H	Schedule COH-UC	A					
	Dates of Travel	Name	of nerson(s) traveli	na		<u> </u>						
	Dates of Travel Name of person(s) traveling Graves-Harrington, Angela (Judge)											
	Departure city or name of departure location											
08/26/2024 DEN												
		Destina	Destination city or name of destination location									
08/29/2024 HOU												
	Means of transpor	tation	Purpose of tra	vel (including name of co	onference, seminar, or	other event)						
Commercial Airplane NAAPCO and NCJFCJ conferences												
			•									
ı												