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	led: 85
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	07/15/2025	
4 CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	PO Box 337				Receipt #	Amount
Change of Address	Itasca, TX 76055				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mr.	Robert				
	NICKNAME	LAST		SUFFIX		
		Cervenka				
6 CAMPAIGN	STREET ADDRESS (NO PO	D BOX PLEASE);	AP ⁻	Γ / SUITE #; CITY	Y; ST.	ATE; ZIP CODE
TREASURER ADDRESS	1965 Mount Moriah Rd.					
(Residence or Business)	Riesel, TX 76682					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHO (254) 875-2286	NE NUMBER E	XTENSION			
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after ca	mpaign treasurer ceholder only)
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Att	ach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	y Year	
COVERED	01/01/2025	TH	IROUGH	06/30/20)25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	X Pi	rimary	Runoff	Other	
	03/03/2026	G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	•		12 OFFICE SOUGH	IT (if known)	
	State Representative Dis	trict 13		State Represer	ntative District 13	
	•			•		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 85

13 C / OH NAME Orr, Angelia Duke (The Honorable) 14 Filer ID 00085955						nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	s accepted or political expenditu s may have been made without equired to report this information	the candidate's or offic	eholder's kr	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	IE			
	GENERAL					
		COMMITTEE ADD	RESS			
	SPECIFIC					
		COMMITTEE CAM	IPAIGN TREASURER NAME			
		COMMITTEE CAM	IPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			ONTRIBUTIONS (OTHER THA CONTRIBUTIONS MADE ELE		\$	0.00
		CAL CONTRIBUTION PLEDGES, LOANS,	NS OR GUARANTEES OF LOANS	5)	\$	48,959.56
EXPENDITURE TOTALS						
	4. TOTAL POLITIC		\$	58,769.72		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		IS MAINTAINED AS OF THE L	AST DAY OF THE	\$	101,820.35
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	53,451.40
17 AFFIDAVIT			I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.			
			The Hono	rable Angelia Duke	Orr	
			Signature of	Candidate or Officeho	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
of	, 20, to co	ertify which, witness	my hand and seal of office.			
Signature of offi	cer administering	Printed name	of officer administering	Title of office	er administe	ring oath

SUBTOTALS - C/OH

FORM COH **COVER SHEET PG 3**

				3 of 85
18 FILER NAME Orr, Angelia	Duke (The Honorable)	19 Filer ID 00085955	(Ethics Commis	sion Filers)
20 SCHEDULE S			SUBTOTA	L AMOUNT
1. X S	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	46,699.56
2. X S	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	2,260.00
3. S	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4. S	SCHEDULE E: LOANS		\$	
5. X S	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	50,461.31
6. X S	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	865.20
7. S	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8. X S	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	3,631.80
9. X S	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	3,811.41
10. S	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11. S	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I O FILER	RETURNED	\$	441.66
			•	

	MONET	ARY POLITICAL CONTRIBUT	TIONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete thi	is form.	1	Total pages Schedule A1: Sch: 1/11 Rpt: 4/85	
2	FILER NAME Orr, Angelia	Duke (The Honorable)		3	Filer ID (Ethics Commission 00085955	n Filers)
4	Date 06/26/2025	5 Full name of contributor x out-of-state PAC (I BNSF RAILPAC 6 Contributor address; City; State; Zip Code	D#: C00235739)	7	Amount of Contribution (\$)	\$1,000.00
_	Daine in a lanca	Fort Worth, TX 75161	la Fantani (Gartania			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	is)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (I Blackridge Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$2,000.00
	Dringinal accu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions).c)		
	Fillicipal occu	oation 7 Job title (See Instructions)	Employer (See Instructions	15)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (I Capitol Leadership Fund Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$2,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (I Cervenka, Robert (Mr.) Contributor address; City; State; Zip Code Riesel, TX 76682	D#:)		Amount of Contribution (\$)	\$50.00
	Principal occu	oation / Job title (See Instructions)	Employer (See Instructions	ns)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (I Costecnik, Dora Ann Contributor address; City; State; Zip Code Pattison, TX 77466			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)		
			1			

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to	o complete this forn	1.	1	Total pages Schedule A1: Sch: 2/11 Rpt: 5/85	
2	FILER NAME Orr, Angelia	Duke (The Honorable)			3	Filer ID (Ethics Commission 00085955	on Filers)
4	Date 06/30/2025	5 Full name of contributor Cox, Jackie	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$52.05
8	Principal occu	Abilene, TX 79605 pation / Job title (See Instructions)	ام	Employer (See Instructions			
0	Retired	pation / Job title (See Instructions)		Retired	,		
	Date 06/25/2025	Full name of contributor Cox, Jackie Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$26.03
	<u> </u>	Abilene, TX 79605					
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 06/24/2025	Full name of contributor DTH Strategies LLC Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 06/24/2025	Full name of contributor Delisi Communications PAC Contributor address; City; State Austin, TX 78701				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 06/25/2025	Full name of contributor Erben & Yarbrough Contributor address; City; State Austin, TX 78701	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this for	m.	1	Total pages Schedule A1: Sch: 3/11 Rpt: 6/85	
2	FILER NAME Orr. Angelia	Duke (The Honorable)		3	Filer ID (Ethics Commissio 00085955	n Filers)
4	Date 06/29/2025	5 Full name of contributor out-of-state PAC (ID#: Georgiades, Kelley 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$2,082.03
_	Deinainal accu	Houston, TX 77007	Frankrija (Cookrativistia po	$\overline{\Gamma}$		
8	Sales	pation / Job title (See Instructions) 9	Employer (See Instructions SES	5)		
	Date 06/25/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78701 Dation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#: Grace & McEwan Consulting LLC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$250.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#: Greyhawk Public Affairs, LLC Contributor address; City; State; Zip Code Austin, TX 78749)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>;</u>)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#: HOMEPAC of the Texas Association of Builders Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to con	nplete this forn	n.	1	Total pages Schedule A1: Sch: 4/11 Rpt: 7/85	
2	FILER NAME Orr. Angelia	Duke (The Honorable)			3	Filer ID (Ethics Commission 00085955	on Filers)
4	Date 06/25/2025	5 Full name of contributor out-of Hamilton, Charles (Mr.)	f-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
	Dringing! goog	Hillsboro, TX 76645	lo.	Employer (See Instructions			
0	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 06/27/2025	Full name of contributor out-of Heldenfels, Fred Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Chairman			Heldenfels Enterprises,	Inc		
	Date 06/25/2025	Full name of contributor out-of Henderson, John (Mr.) Contributor address; City; State; Zip C	f-state PAC (ID#: Code)		Amount of Contribution (\$)	\$156.15
		Cedar Park, TX 78613					
	Principal occu Rural Health	pation / Job title (See Instructions)		Employer (See Instructions TORCH)		
	Date 06/23/2025	Hillco Political Action Committee	f-state PAC (ID#:			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 06/24/2025	Full name of contributor out-of Holzheauser, Craig (Mr.) Contributor address; City; State; Zip C	f-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			l				

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this form	n.	1	Total pages Schedule A1: Sch: 5/11 Rpt: 8/85	
2	FILER NAME Orr, Angelia	Duke (The Honorable)			3	Filer ID (Ethics Commission 00085955	on Filers)
4	Date 06/30/2025	5 Full name of contributor [lvey, Leanne (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$260.25
8	Principal occu	Benbrook, TX 76126 pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Campaign	,		Roger Williams	,		
	Date 06/30/2025	Full name of contributor Jacob, Edward (Mr.) Contributor address; City; Sta				Amount of Contribution (\$)	\$104.10
		Hubbard, TX 76648					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 06/23/2025	Full name of contributor Jacob, Edward (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$50.00
		Hubbard, TX 76648					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 06/24/2025	Full name of contributor Johnson, Lee Contributor address; City; Sta Austin, TX 78759	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$250.00
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Texas Council)		
	Date 06/26/2025	Full name of contributor Johnson, Michael Contributor address; City; Sta Austin, TX 78701	out-of-state PAC (ID#:te; Zip Code)		Amount of Contribution (\$)	\$1,041.02
	Principal occu Lobbyist	pation / Job title (See Instructions)		Employer (See Instructions Self)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 6/11 Rpt: 9/85	
2	FILER NAME Orr, Angelia	Duke (The Honorable)			3	Filer ID (Ethics Commissio 00085955	n Filers)
4		 5 Full name of contributor out-of-state PAC (ID#:_ Kennedy, Sharon (Ms.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$52.05
8	Principal occur	Hillsboro, TX 76645 pation / Job title (See Instructions)	9	Employer (See Instructions	?) 		
	Retired	panon, cos uno (cos monacuono,		Retired	-,		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Lake, Martin (Mr.) Contributor address; City; State; Zip Code Hillsboro, TX 76645)	•	Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Commission	er		Hill County			
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ Lloyd Gosselink Rochelle & Townsend PC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_ Marquez, Enrique (Mr.) Contributor address; City; State; Zip Code Austin, TX 78735				Amount of Contribution (\$)	\$1,000.00
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ Moak Casey 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	5)		
		•					

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/11 Rpt: 10/85	
2	FILER NAME Orr, Angelia	Duke (The Honorable)		3	Filer ID (Ethics Commission 00085955	on Filers)
4	Date 06/25/2025	 Full name of contributor out-of-state PAC (ID#:_Neerman, Jonathan Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$260.25
8	Principal occu Attorney	Dallas, TX 75218 pation / Job title (See Instructions)	Employer (See Instructions Jackson Walker	<u> </u> s)		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#:_ Pierce Mitchell Legislative Solutions LLC Contributor address; City; State; Zip Code Austin, TX 78746)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_Political Action Committee of The Independent I	nsurance Agents of Texas		Amount of Contribution (\$)	\$500.00
	Principal occu	Austin, TX 78768 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 06/30/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,041.02
	Principal occu Consultant	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions Infrastructure Solutions,		C.	
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ Rural Friends of Electric Cooperatives Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 8/11 Rpt: 11/85	
2	FILER NAME Orr, Angelia	Duke (The Honorable)			3	Filer ID (Ethics Commission 00085955	on Filers)
4	Date 06/27/2025	5 Full name of contributor Russell, Blair6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$200.00
_	Deignaignal	Abbott, TX 76621	1.	O Francis ou (Coo la structiona			
8	Principal occu	pation / Job title (See Instructions)	,	9 Employer (See Instructions	5)		
	Date 06/30/2025	Full name of contributor Sawyer, Nancy (Ms.) Contributor address; City; Sta			•	Amount of Contribution (\$)	\$104.10
	Dringing agg	Longview, TX 75604		Employer (See Instructions	<u>,,</u>		
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	o)		
	Date 06/27/2025	Full name of contributor Schronk, Rodney (Mr.) Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
		Hillsboro, TX 76645					
	Principal occu Farmer	pation / Job title (See Instructions)		Employer (See Instructions Self	s)		
	Date 06/30/2025	Full name of contributor Siddons, Jamie Contributor address; City; Sta Hillsboro, TX 76645)		Amount of Contribution (\$)	\$520.51
	Principal occu Broker	pation / Job title (See Instructions)		Employer (See Instructions Julie Siddons Realtors	5)		
	Date 06/23/2025	Full name of contributor Texans for Lawsuit Reform Contributor address; City; Sta Austin, TX 78701			•	Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
			l				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/11 Rpt: 12/85	
2	FILER NAME Orr, Angelia	Duke (The Honorable)		3	Filer ID (Ethics Commission 00085955	on Filers)
4	Date 06/25/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$3,500.00
8	Principal occur	Austin, TX 78741 pation / Job title (See Instructions)	Employer (See Instructions)		
Ü	Timolpai occu	salon, oob tile (oce instructions)	2 Employer (See Manuellons	,		
	Date 06/25/2025	Full name of contributor out-of-state PAC (ID#: Texas Dental Association Political Action Commic Contributor address; City; State; Zip Code Austin, TX 78735			Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#:_ Texas Farm Bureau AGFUND Contributor address; City; State; Zip Code Waco, TX 76702			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ Texas Land Title Association Political Action Cor 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 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ Texas Medical Association Political Action Comr Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		-				

	MONET	ARY POLITICAL C	SCHEDULE A1					
	The Instru	ction Guide explains how).	1	Total pages Schedule A1: Sch: 10/11 Rpt: 13/85			
2	FILER NAME Orr, Angelia	Duke (The Honorable)				3	Filer ID (Ethics Commission 00085955	on Filers)
4	Date 06/25/2025	5 Full name of contributor				7	Amount of Contribution (\$)	\$500.00
		Austin, TX 78701						
8	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)							
	Date Full name of contributor out-of-state PAC (ID#:) 06/25/2025 Warren, T Kevin Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00		
	Dripping Springs, TX 78620 Principal occupation / Job title (See Instructions) Employer (See Instructions)					<u> </u> ;)		
	Date 06/23/2025					Amount of Contribution (\$)	\$2,500.00	
	Principal occu	Houston, TX 77027 pation / Job title (See Instructions)	E	Employer (See Instructions	 - s)		
	Chairman			١	Weekley Development (Cor	npany	
	Date 06/23/2025	Full name of contributor White, Darryl and Gayle Contributor address; City; St Teague, TX 75860	out-of-state PAC (ID#:_ ate; Zip Code				Amount of Contribution (\$)	\$250.00
					Employer (See Instructions Freestone Medical Cent		Sul Ross State University	,
	Date Full name of contributor out-of-state PAC (ID#:) 06/24/2025 Wholesale Beer Distributors of Texas Political Action Committee Contributor address; City; State; Zip Code Austin, TX 78701						Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	E	Employer (See Instructions	5)		

MONETARY POLITICAL CONTRIBUTIONS		SCHEDULE	■ A1
The Instruction Guide explains how to complete this form.	1		
FILER NAME Orr, Angelia Duke (The Honorable)	1		Filers)
Date 5 Full name of contributor out-of-state PAC (ID#:) Williamson, James (Mr.) 6 Contributor address; City; State; Zip Code	7 /		\$1,000.00
Austin, TX 78701			
	ns)		
	The Instruction Guide explains how to complete this form. FILER NAME Orr, Angelia Duke (The Honorable) Date 06/24/2025 5 Full name of contributor out-of-state PAC (ID#:) Williamson, James (Mr.) 6 Contributor address; City; State; Zip Code Austin, TX 78701	The Instruction Guide explains how to complete this form. FILER NAME Orr, Angelia Duke (The Honorable) Date 06/24/2025 S Full name of contributor out-of-state PAC (ID#:	The Instruction Guide explains how to complete this form. FILER NAME Orr, Angelia Duke (The Honorable) Date 06/24/2025 O6/24/2025 Austin, TX 78701 1 Total pages Schedule A1: Sch: 11/11 Rpt: 14/85 3 Filer ID (Ethics Commission 00085955) 7 Amount of Contribution (\$)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/2 Rpt: 15/85							
2 FILER NAME	i .	3 Filer ID (Ethics Commission Filers)							
Orr, Angelia	Duke (The Honorable)		00085955						
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$						
5 Date	6 Full name of contributor ut-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution						
06/25/2025	7.0000lated (Republicano di Texas Gampaign Fal	nd	contribution (\$) description \$1,000.00 Campaign digital						
	7 Contributor address; City; State; Zip Code		advertising						
			i i						
	Austin, TX 78701		Check if travel outside of Texas. Complete Schedule T						
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON							
	,		,						
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)						
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)						
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)								
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of In-kind contribution						
06/25/2025	HS Law Political Action Committee		contribution (\$) description \$380.00 Campaign digital						
	Contributor address; City; State; Zip Code		advertising						
			į į						
	Austin, TX 78701								
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	L Check if travel outside of Texas. Complete Schedule T J-JUDICIAL) (See instructions)						
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, ,						
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)						
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)						
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)								
Date	Full name of contributor ut-of-state PAC (ID#:		Amount of In-kind contribution contribution (\$) description						
06/25/2025	HS Law Political Action Committee		\$250.00 Rent for political						
	Contributor address; City; State; Zip Code		fundraiser event space						
			į į						
	Austin, TX 78701								
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T J-JUDICIAL) (See instructions)						
i ililoipai occi	apadion, took tide (i ork work tookion, ie)	Employer (Foretvore	(dobien, L)						
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)						
	, , ,	,	,						
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)						
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)								

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 16/85 3 Filer ID (Ethics Commission Filers) FILER NAME Orr, Angelia Duke (The Honorable) 00085955 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 06/24/2025 Second Floor Strategies \$380.00 Campaign fundraiser 7 Contributor address; City; State; Zip Code email distribution Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description 06/25/2025 Texas Bankers Association Political Action Committee \$250.00 | Rent for political Contributor address; City; State; Zip Code fundraiser event space Austin, TX 78701 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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 Salaries/Wages/Contract Labor

Travel in District Travel Out of District

OTHER (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/23 Rpt: 17/85 Orr, Angelia Duke (The Honorable) 00085955 4 Date Payee name 01/30/2025 Advocacy Center for Crime Victims & Children 6 Amount (\$) Payee address; City; State; Zip Code \$500.00 3312 Hilcrest Drive Waco, TX 76708 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Charitable donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/09/2025 Bosque Animal Rescue Kennels Inc. Amount (\$) Payee address; City; State; Zip Code \$240.00 4340 Highway 6 Clifton, TX 76634 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Charitable contribution - golf tournament team Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/15/2025 Bosque County Republican Club Amount (\$) Payee address: City: State; Zip Code \$10.00 505 W. 5th Street Ste. 240 Clifton, TX 76634 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Political contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Il 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: 2/23 Rpt: 18/85	Orr, Angelia Duke (The Honorable) 00085955
4	Date	5 Payee name
	02/06/2025	Burchett, Audrey
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$57.00	18951 Calle Cierra
		San Antonio, TX 78258
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. Check if Austin, TX, officeholder living expense
		Staff parking reimbursement
		Coan parting romanicanion.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
	Date	Payee name
	04/01/2025	Burchett, Audrey
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	18951 Calle Cierra
		San Antonio, TX 78258
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign contract labor
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	'
	Date	Payee name
	02/03/2025	CASA of Freestone and and Limestone Counties
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	PO Box 767
		Mexia, TX 76667
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Chantable Contribution - table sponsor
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
l		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/23 Rpt: 19/85 Orr, Angelia Duke (The Honorable) 00085955 4 Date Payee name 01/31/2025 Catalyst Advisors Group LLC 6 Amount (\$) Payee address; City; State; Zip Code \$500.00 1108 Lavaca Street Ste. 110-506 Austin, TX 78701 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Political consulting - campaign services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/27/2025 Catalyst Advisors Group LLC Amount (\$) Payee address; City; State; Zip Code \$1,483.72 1108 Lavaca Street Ste. 110-506 Austin, TX 78701 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Political consulting - campaign services Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/25/2025 Citizens National Bank Amount (\$) Payee address: City: State; Zip Code \$15.00 1300 Corsicana Hwy. Hillsboro, TX 76645 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Incoming wire fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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/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: 4/23 Rpt: 20/85	Orr, Angelia Duke (The Honorable) 00085955
4	Date	5 Payee name
	02/11/2025	Clo & Company
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	209 S Keechi Street
	!	Ste. 101
	!	Fairfield, TX 75840
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	!	Check if Austin, TX, officeholder living expense Political advertising
	!	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
	Date	Payee name
	01/11/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.34	1601 Trapelo Road
	!	
		Waltham, MA 02451
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	!	Email distribution service for campaign office
	!	
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1
	Date	Payee name
	02/11/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.34	1601 Trapelo Road
	!	
	!	Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Email distribution service for campaign office
	!	Email distribution service for sampaign emse
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schodula F1:	
1	Total pages Schedule F1: Sch: 5/23 Rpt: 21/85	2 FILER NAME Orr, Angelia Duke (The Honorable) 3 Filer ID (Ethics Commission Filers) 00085955
4	Date	5 Payee name
	03/11/2025	Constant Contact
6	Amount (\$) \$86.34	7 Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense Email distribution service for campaign office
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/11/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.34	1601 Trapelo Road
	DUDDOG	Waltham, MA 02451
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email distribution service for campaign office
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/11/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$86.34	1601 Trapelo Road
		Waltham, MA 02451
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email distribution service for campaign office
		, and the same property of the
	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
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Cara r dyment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 6/23 Rpt: 22/85	Orr, Angelia Duke (The Honorable)	00085955
4	Date	5 Payee name	
	06/12/2025	Constant Contact	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$97.00	1601 Trapelo Road	
		Waltham, MA 02451	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Onice Overnedd/Nerital Expense	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
		I 🗕	bution service for campaign office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
_	Date	Payee name	
	04/01/2025	Cooper, Nicholas	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	2118 DeMilo Drive	
	•		
		Houston, TX 77018	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Jaianes/Wages/Contract Eabor	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
		I 🗕 🗎	contract labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	06/05/2025	Facebook	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$498.86	600 Congress Avenue	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	vel outside of Texas. Complete Schedule T.
	EA ENDITOR		stin, TX, officeholder living expense Vertising - social media
		1 Ontical ad	vertising - social media
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
_			

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services						Travel Out of District OTHER (enter a category not listed above)		
				explains now to co	mpie	ete tnis form.					
1	Total pages Schedule F1: Sch: 7/23 Rpt: 23/85		ME elia Duke (The Honora	ahle)			3	Filer ID 00085955	(Ethics Commission Filers)		
	<u> </u>										
4	Date	5 Payee nai									
	01/03/2025	Hill Coun	try Springs								
6	Amount (\$)	7 Payee add	dress; City;	State; Zip Co	ode						
	\$9.82	10019 S	Interstate 35 Frontage	e Road							
		Austiin, 1	¥ 79747								
Ļ											
8	PURPOSE OF		(See Categories listed at the to		(b)	Description					
	EXPENDITURE	Office O	erhead/Rental Expen	se		=			plete Schedule T.		
						water for Cap		officeholder living	j experise		
						water for Cap	лгоі	Office			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Officeholder name	Office sou	ıght			Office he	eld		
L	experiulture to beliefit C/OI	ı									
	Date	Payee nai	ne								
	02/04/2025	Hill Coun	try Springs								
	Amount (\$)	Payee add	dress; City;	State; Zip Co	nde						
	\$30.82		Interstate 35 Frontage	•	Juo						
	φ30.02	10019 3	interstate 33 Frontage	Roau							
		Austiin, 1	X 78747								
	PURPOSE	(a) Category	(See Categories listed at the to	p of this schedule)	(b)	Description					
	OF EXPENDITURE		verhead/Rental Expen			Check if travel of	outsio	de of Texas. Com	plete Schedule T.		
	EXPENDITORE					ш		officeholder living	j expense		
						Water for Cap	oito	l office			
	Complete ONLY if direct		Officeholder name	Office sou	ıght			Office he	eld		
	expenditure to benefit C/OI	1									
F	Date	Payee nai	ne								
	03/04/2025	_	try Springs								
\vdash		Payee add		State; Zip Co	ndo						
	Amount (\$)	,		•	oue						
	\$51.82	10019 S	Interstate 35 Frontage	е коаа							
		Austiin, 1	X 78747								
	PURPOSE	(a) Category	(See Categories listed at the to	p of this schedule)	(b)	Description					
	OF		/erhead/Rental Expen				outsi	de of Texas. Com	plete Schedule T.		
	EXPENDITURE		, , , , , , , , , , , , , , , , , , , ,			Check if Austin,	TX,	officeholder living	j expense		
						Water for Cap	oito	l office			
	Complete ONLY if direct		Officeholder name	Office sou	ight			Office he	eld		
	expenditure to benefit C/OI	4									

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 (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 8/23 Rpt: 24/85	Orr, Angelia Duke (The Honorable) 00085955
4	Date	5 Payee name
	04/02/2025	Hill Country Springs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$42.82	10019 S Interstate 35 Frontage Road
		Austiin, TX 78747
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Water for Capitol office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	05/02/2025	Hill Country Springs
	Amount (\$) \$51.82	Payee address; City; State; Zip Code 10019 S Interstate 35 Frontage Road
	Φ31.02	10019 S Interstate 35 Frontage Road
		Austin TV 70747
		Austiin, TX 78747
	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
		Water for Capitol office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1
_	Date	Payee name
	06/03/2025	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$89.81	10019 S Interstate 35 Frontage Road
	400.01	10010 o intorotato do Frontago Noda
		Austiin, TX 78747
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Water for Capitol office
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiorare to benefit C/Or	•

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 Schedule F1:	· · · · · · · · · · · · · · · · · · ·	_
-	Sch: 9/23 Rpt: 25/85	Orr, Angelia Duke (The Honorable)	
4	Date	5 Payee name	_
	01/03/2025	Humphries, Lynne	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$2,381.00	1515 Savannah Drive	
	, ,		
		Richmond, TX 77406	
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.	
		\times \text{Check if Austin, TX, officeholder living expense}} \text{Rent for political apartment maintained in Austin}	
		Nent for political apartificing maintained in Austin	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
9	expenditure to benefit C/OI		
	Data		=
	Date	Payee name	
	03/03/2025	Humphries, Lynne	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,381.00	1515 Savannah Drive	
		Richmond, TX 77406	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
		Nent for political apartificing maintained in Austin	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
H	Date	Payeo nama	=
	04/03/2025	Payee name Humphries, Lynne	
			_
	Amount (\$)	Payee address; City; State; Zip Code 1515 Savannah Drive	
	\$2,381.00	1010 Savaillali Diive	
		Dishmond TV 77406	
		Richmond, TX 77406	_
	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 Texas. Complete Schedule T. 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/OI	H	
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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			Legal Services Frinting Expense Frinting Expense Salaries/Wages/Contract Labor					OTHER (enter a category not listed above)				
Stock Gald Caymon		The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F1:	2	FILER NAME	Ĭ.					3	Filer ID	(Ethics Cor	nmission Filers)
	Sch: 10/23 Rpt: 26/85		Orr, Angelia	Duke (The Hor	norable)					00085955		
4	Date	5	Payee name									
	01/31/2025		Humphries,	Lynne								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$2,381.00		1515 Savan	ınah Drive								
			Richmond,	TX 77406								
8	PURPOSE	(a)	Category (Se	ee Categories listed at t	ne ton of this scher	dule)	(b)	Description				
	OF		Fees	o catogorio notos at t	10 100 01 1110 001100	au.o,		:	outsi	de of Texas. Cor	nplete Schedule	т.
	EXPENDITURE							—		officeholder livir		
								Rent for politi	cal	apartment	maintained	d in Austin
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	ceholder name	Of	ffice sou	ght			Office h	ield	
	experientare to benefit 6/61											
	Date		Payee name									
	05/05/2025		Humphries,	Lynne								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$2,381.00		1515 Savan	ınah Drive								
			Richmond, ⁻	TX 77406								
	PURPOSE	(a)	Category (Se	ee Categories listed at t	ne top of this sched	dule)	(b)	Description				
	OF EXPENDITURE		Fees					=		de of Texas. Cor		т.
								ш		officeholder livir		dia Arratia
								Rent for polition	Cai	араптет	паппаппес	ı III Ausuli
_	Complete ONLY if direct	<u>_</u>	Candidato/Offi	ceholder name	Of	ffice sou	aht			Office h	old	
	expenditure to benefit C/O		zanuluale/Onii	centituer name	Oi	nice sou	gni			Office i	leiu	
		1										
	Date		Payee name	Lumma								
	06/03/2025		Humphries,									
	Amount (\$)		Payee addres		State;	Zip Co	de					
	\$2,381.00		1515 Savan	inah Drive								
			Richmond, ⁻	TX 77406								
	PURPOSE OF	(a)		ee Categories listed at t	ne top of this sched	dule)	(b)	Description				_
	EXPENDITURE		Fees					ш		de of Texas. Cor officeholder livir		т.
								X Check if Austin, Rent for politic				d in Austin
										pon 1111011t		
	Complete ONLY if direct		Candidate/Offic	ceholder name	Of	ffice sou	ght			Office h	ıeld	
	expenditure to benefit C/O				O.		J			3001	= =	
l												

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

Travel in Di Travel Out

	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: 11/23 Rpt: 27/85	Orr, Angelia Duke (The Honorable) 00085955
4	Date	5 Payee name
	02/04/2025	Innovation & Technology Caucus of the Texas House of Representatives
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	1100 Congress Avenue
		Austin, TX 78701
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
		Annual caucus membership dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/26/2025	Lake Whitney Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$450.00	102 W Railroad Avenue
		Whitney, TX 76692
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAI LINDITORE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Charitable contribution - table sponsor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Power name
	01/30/2025	Payee name Mammoth Marketing Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,446.22	4500 Bissonnet Street
	Ψ1,440.22	Ste. 370
		Bellaire, TX 77401
	PURPOSE	To a
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Political Advertising - design, production and
		distribution of campaign text message
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	CAPETIGITATE TO DETICITE C/OI	<u> </u>

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		2 FILER NAME 3 Filer ID (Ethics Commission Filers)
L	Sch: 12/23 Rpt: 28/85	Orr, Angelia Duke (The Honorable) 00085955
4		5 Payee name
L	06/06/2025	Mexia State Supported Living Center Volunteer Council
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	PO Box 1132
L		Mexia, TX 76667
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Charitable contribution - table sponsor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
F	Date	Payee name
	01/14/2025	Norfleet Strategies
Г	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
l	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Political consulting - campaign services
		Tomboal consuming campaign convices
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
F	Date	Payee name
	01/23/2025	Norfleet Strategies
┢	Amount (\$)	Payee address; City; State; Zip Code
	\$1,596.00	504 W 12th Street
		Austin, TX 78701
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense Political consulting - campaign services
		Folitical consulting - campaign services
\vdash	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 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: 13/23 Rpt: 29/85	Orr, Angelia Duke (The Honorable)
4 Date	5 Payee name
02/11/2025	Norfleet Strategies
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 504 W 12th Street Austin, TX 78701
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense Political consulting - campaign services
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
03/27/2025	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 expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/15/2025	Norfleet Strategies
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	504 W 12th Street
	Austin, TX 78701
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
	1 Similar Sollisaring Sampaign Solvices
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

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

nt Solicitation/Fundraising Expense
e 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 comp	plet	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 14/23 Rpt: 30/85	Orr, Angelia Duke (The Honorable)		00085955
4	Date	5 Payee name		·
	05/09/2025	Norfleet Strategies		
6	Amount (\$)	7 Payee address; City; State; Zip Code	9	
	\$500.00	504 W 12th Street		
		Austin, TX 78701		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule))	Description
	OF EXPENDITURE	Consulting Expense	ļ	Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE		ı	Check if Austin, TX, officeholder living expense
				Political consulting - campaign services
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	\	Office held
9	expenditure to benefit C/O		IL	Office field
_	Data			
	Date	Payee name		
	06/10/2025	Norfleet Strategies		
	Amount (\$)	Payee address; City; State; Zip Code	9	
	\$500.00	504 W 12th Street		
		Austin, TX 78701		
	PURPOSE OF	,	o)	Description
	EXPENDITURE	Consulting Expense	ļ	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Political consulting - campaign services
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	02/24/2025	Opiela, Eric		
	Amount (\$)	Payee address; City; State; Zip Code	9	
	\$2,500.00	9415 Old Lampasas Trail		
		Austin, TX 78750		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule))	Description
	OF	Legal Services	اُ	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		j	Check if Austin, TX, officeholder living expense
				Legal consulting
	Operation ONE VIII II	Constitute (Office helders on		Office I I I
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	nt	Office held

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:	
Sch: 15/23 Rpt: 31/85	Orr, Angelia Duke (The Honorable)
4 Date	5 Payee name
03/01/2025	Reagan, Jacob
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$98.21	14920 Talus Road
	Manor, TX 78653
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Salaries/Wages/Contract Labor
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Campaign contract labor
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
04/01/2025	Reagan, Jacob
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$500.00	14920 Talus Road
	Manor, TX 78653
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
LA LADITORL	Check if Austin, TX, officeholder living expense
	Campaign contract labor
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
CAPETIGITUTE TO DETICITE C/OI	
Date	Payee name
04/01/2025	Reagan, Jacob
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	14920 Talus Road
	Manor, TX 78653
DUDDOST	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Campaign contract labor
	Sampang. Samaas abs.
Complete <u>ONLY</u> 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 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: 16/23 Rpt: 32/85	Orr, Angelia Duke (The Honorable) 00085955
4	Date	5 Payee name
	05/05/2025	Reagan, Jacob
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	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
		Campaign contract labor
		Campaign contract labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	the state of the s
F	Date	Payee name
	06/01/2025	Reagan, Jacob
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	14920 Talus Road
		Manor, TX 78653
	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
		Campaign contract labor
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	06/27/2025	Reagan, Jacob
	Amount (\$)	Payee address; City; State; Zip Code
	\$198.80	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.
		Check if Austin, TX, officeholder living expense
		Political mileage. Log maintained in the campaign office. (284m*0.70). Not reimbursed by the state.
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·
\vdash		
l		

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/Officenoider/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: 17/23 Rpt: 33/85	Orr, Angelia Duke (The Honorable) 00085955
4	Date	5 Payee name
	02/06/2025	Texas Conservative Coalition
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	PO Box 2659
		Austin, TX 78768
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 Annual membership dues
		7 William Montage auge
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/03/2025	Texas Department of Criminal Justice
	Amount (\$)	Payee address; City; State; Zip Code
	\$441.66	PO Box 4013
		Huntsville, TX 77342
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Items purchased to donate to local non-profits' fundraisers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	U
	Date	Payee name
	02/26/2025	Texas House Republican Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO Box 13305
		Austin, TX 78711
	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
		Annual caucus membership dues
	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
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment		The Instruction Guide explains how to co	omple	lete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 18/23 Rpt: 34/85		Orr, Angelia Duke (The Honorable)		00085955
4	Date	5	Payee name		1
	03/05/2025		Welch, Seth		
6	Amount (\$)	7	Payee address; City; State; Zip Co	ode	
	\$982.14		1727 Rosenborough Lane South		
			Round Rock, TX 78665		
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.
	EXPENDITORE				Check if Austin, TX, officeholder living expense
					Campaign contract labor
_	Commiste ONII V if direct		Condidate Office Includes some		Office hold
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office sou	ugnt	t Office held
_	·	_			
	Date		Payee name		
	03/20/2025	L	Welch, Seth		
	Amount (\$)		Payee address; City; State; Zip Co	ode	
	\$22.00		1727 Rosenborough Lane South		
			Round Rock, TX 78665		
	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 Staff parking reimbursement
					Can parting remodes to the
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office sou	l Jaht	t Office held
	expenditure to benefit C/O				
	Date	Г	Payee name		
	03/20/2025		Welch, Seth		
	Amount (\$)	┢	Payee address; City; State; Zip Co	ahe	
	\$499.80		1727 Rosenborough Lane South	Jue	
	Ψ-33.00		1727 Noschborough Lune South		
			Round Rock, TX 78665		
		L			
	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		Travel In District		Check if Austin, TX, officeholder living expense
					Political mileage. Log maintained in the campaign
					office (714m*0.70). Not reimbursed by the state.
	Complete ONLY if direct		Candidate/Officeholder name Office sou	ıght	t Office held
	expenditure to benefit C/O	Н			
_					

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Cor		Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers)
	Sch: 19/23 Rpt: 35/85		Orr, Angelia	Duke (The Hor	norable)					00085955	
4	Date	5	Payee name								
	04/01/2025		Welch, Seth	1							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de				
	\$2,500.00		1727 Roser	borough Lane S	South						
			Round Rock	k, TX 78665							
8	PURPOSE	(a)	Category (Se	ee Categories listed at the	ne top of this sche	edule)	(b)	Description			
	OF EXPENDITURE			ges/Contract La		,		_ ·	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITORE							_		officeholder living	g expense
								Campaign co	ntra	act labor	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	C	Office sou	ght			Office he	eld
	Date		Payee name								
	04/29/2025		Welch, Seth	1							
	Amount (\$)	\vdash	Payee addres	ss; City;	State:	Zip Co	de				
	\$351.40		•	borough Lane S	·	•					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			g							
			Round Rock	к, ТХ 78665							
	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Travel In Di	strict				□			plete Schedule T.
										officeholder living	ained in campaign office
											d by the state.
\vdash	Complete ONLY if direct	<u> </u>	Candidata/Offi	ceholder name		Office con	abt			Office he	
	expenditure to benefit C/O		ai iuiuale/OIII	centiuer Haine	C	Office sou	grit			Office Ne	ziu -
		_									
	Date		Payee name								
	04/29/2025		Welch, Seth	l 							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de				
	\$2,500.00		1727 Roser	borough Lane S	South						
			Round Rock	c, TX 78665							
	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne top of this sche	edule)	(b)	Description			
	OF EXPENDITURE			ges/Contract La		-,		Check if travel of			plete Schedule T.
	EVENDLICKE									officeholder living	gexpense
								Campaign co	ntra	act labor	
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ght			Office he	eld
L	expenditure to benefit C/OI										

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

	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: 20/23 Rpt: 36/85	Orr, Angelia Duke (The Honorable) 00085955
4	Date	5 Payee name
	05/30/2025	Welch, Seth
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$45.00	1727 Rosenborough Lane South
		Round Rock, TX 78665
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Software subscription reimbursement
		Continue Subscription Termbursement
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/30/2025	Welch, Seth
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,500.00	1727 Rosenborough Lane South
		Round Rock, TX 78665
	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
		Can pargin contract tases
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	05/30/2025	Welch, Seth
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	1727 Rosenborough Lane South
		Round Rock, TX 78665
	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
		Campaign contract labor
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
ı		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 21/23 Rpt: 37/85	Orr, Angelia Duke (The Honorable)
4	Date	5 Payee name
	01/24/2025	Westgate Condominium Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$143.00	1122 Colorado Street
		Austin, TX 78701
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.
	-	X Check if Austin, TX, officeholder living expense
		Utilities for political apartment maintained in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_	Date	Payeo namo
	02/20/2025	Payee name Westgate Condominium Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$151.00	1122 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. X Check if Austin, TX, officeholder living expense
		Utilities for political apartment maintained in Austin
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/25/2025	Westgate Condominium Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$153.00	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.
		X Check if Austin, TX, officeholder living expenseUtilities for political apartment maintained n Austin
		ounties for political apartificity maintained if Austifi
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 22/23 Rpt: 38/85	Orr, Angelia Duke (The Honorable)
4	Date	5 Payee name
	04/22/2025	Westgate Condominium Association
6	Amount (\$) \$247.00	7 Payee address; City; State; Zip Code 1122 Colorado Street Austin, TX 78701
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.
	LAFLINDITORL	X Check if Austin, TX, officeholder living expense
		Utilities for political apartment maintained in Austin
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	05/28/2025	Westgate Condominium Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$194.00	1122 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
		Utilities for political apartment maintained in Austin
		ounties for pointed apartment maintained in Austin
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/26/2025	Westgate Condominium Association
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$201.00	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.
		X Check if Austin, TX, officeholder living expense
		Utilities for political apartment maintained in Austin
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - al Co	mmittee	Food/Beverage Expense Gift/Awards/Memorials E Legal Services	e Expense	Polling Expense Printing Expense	e e /Contract Labor		Travel in District Travel Out of D	
	Credit Card Payment			The Instruction Gui	de explains h	now to comple	ete this form.			
1	Total pages Schedule F1:	2			[.]			3	Filer ID	(Ethics Commission Filers)
	Sch: 23/23 Rpt: 39/85			a Duke (The Hond	orabie)				00085955	
4	Date 05/30/2025	5	Payee name milk + hone							
_		Ļ			04-4	7:- OI-				
0	Amount (\$) \$350.00	ľ	Payee addre	ess; City; dalupe Street	State,	Zip Code				
			Austin, TX	78701						
8	PURPOSE OF EXPENDITURE	(a)		see Categories listed at the s/Memorials Expe		(b)	_		ide of Texas. Cor , officeholder livir	nplete Schedule T. g expense
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	ficeholder name	0	Office sought			Office h	eld

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By	Fees Food/Beverage Expense y - Gift/Awards/Memorials Expens	Polling Exp		Transportation Equipment & Related Expense Travel in District Travel Out of District
Candidate/Officeholder/Politica	al Committee Legal Services	Salaries/Wa	ages/Contract Labor	OTHER (enter a category not listed above)
1. Total marca Cabadula FO	The Instruction Guide ex	xpiains now to con	npiete this form.	2 Files ID (Fthice Commission Filess)
1 Total pages Schedule F2: Sch: 1/1 Rpt: 40/85	Orr, Angelia Duke (The Honorab	alo)		3 Filer ID (Ethics Commission Filers) 00085955
4	On, Angelia Duke (The Honorat	ле)		00083933
TOTAL OF UNITEMIZ	ZED UNPAID INCURRED OBLIC	GATIONS		\$
5 Date	6 Payee name			
06/30/2025	Orr, Angelia (Mrs.)			
7 Amount (\$)	8 Payee address; City;	State; Zip Coo	le	
\$501.20	PO Box 113			
	Itasca, TX 76055			
9 TYPE OF EXPENDITURE	X Political	Non-Politi	cal	
10 PURPOSE	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description	
OF EXPENDITURE	Travel In District		=	outside of Texas. Complete Schedule T.
			ш	n, TX, officeholder living expense age. Log maintained in the campaign
				*0.70). Not reimbursed by the state.
11 Complete ONLY if direct	Candidate/Officeholder name	Office soug	ht	Office held
expenditure to benefit C/O				
Date	Payee name			
06/30/2025	Welch, Seth			
Amount (\$)	Payee address; City;	State; Zip Coo	le	
\$364.00	1727 Rosenborough Lane South	1		
	Round Rock, TX 78665			
TYPE OF EXPENDITURE	X Political	Non-Politi	cal	
PURPOSE	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description	
OF EXPENDITURE	Travel In District		=	outside of Texas. Complete Schedule T.
				n, TX, officeholder living expense age. Log maintained in the campaign
			office. (520m	*0.70). Not reimbursed by the state.
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office soug	ht	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Candidate/Officeriolder/Folitica	•	ruction Guide explains how	•	TIEN (eliter a category flot listed above)
1 Total pages Schedule F4:	2 FILER NAME	-		3 Filer ID (Ethics Commission Filers)
Sch: 1/41 Rpt: 41/85	Orr, Angelia Duke (The Honorable)		00085955
4 CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
6 PAYMENT	(a) Amount Charged \$2.38	(b) Date of Charge 01/11/2025	(c) Date(s) Credit Card Issuel 02/23/2025	Paid
7 PAYEE	(a) Payee name Uber		(b) Payee address; 1455 Market Street Ste. 400 San Francisco, CA 94103	City, State, Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Ride-sharing costs to atte	nd OH meetings
Non-Political	(1)	of Texas. Complete Schedule T.		officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held
PAYMENT	(a) Amount Charged \$2.38	(b) Date of Charge 01/11/2025	(c) Date(s) Credit Card Issuel	^r Paid
PAYEE	(a) Payee name Uber Eats		(b) Payee address; 17725 Foothill Boulevard Fontana, CA 92335	City, State, Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description OH lunch meeting	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held
PAYMENT	(a) Amount Charged \$4.92	(b) Date of Charge 01/12/2025	(c) Date(s) Credit Card Issuer	Paid
PAYEE	(a) Payee name Uber Eats		(b) Payee address; 17725 Foothill Boulevard Fontana, CA 92335	City, State, Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description OH lunch meeting	
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Öffice	e sought	Office held

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)									
Sch: 2/41 Rpt: 42/85	Orr, Angelia Duke ((The Honorable)		00085955									
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$									
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid									
	\$507.84	01/13/2025											
7 PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code									
	The Otis		1901 San Antonio Street										
	Austin, TX 78705												
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description										
X Political	Food/Beverage Expe	· ·	OH dinner meeting										
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense									
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held									
expenditure to benefit C/OH													
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid									
	\$72.37	01/19/2025											
PAYEE (a) Payee name		(b) Payee address;	City, State, Zip Code										
	0		1000 E 41st Street										
	Spectrum		Ste. 920										
			Austin, TX 78751										
PURPOSE OF	(a) Category	-f.th-ihh-d-\	(b) Description										
EXPENDITURE	(See Categories listed at the top	of this schedule)	WIFI and internet for political apartment maintained in										
X Political			Austin										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX,	officeholder living expense									
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought Office held										
expenditure to benefit C/OH													
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid									
	\$75.39	02/19/2025											
PAYEE	(a) Payee name	l	(b) Payee address;	City, State, Zip Code									
			1000 E 41st Street										
	Spectrum		Ste. 920										
			Austin, TX 78751										
PURPOSE OF	(a) Category		(b) Description										
EXPENDITURE	(See Categories listed at the top	of this schedule)	WIFI and internet for polit	ical apartment maintained in									
X Political	rees		Austin										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	X Check if Austin, TX,	officeholder living expense									
Complete ONLY if direct	Candidate/Officeholder	name Offic	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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Candidate/Oniceriolden/Folitica	•	ruction Guide explains how	•	THER (effici a category i	iot iisteu ai	bove)		
1 Total pages Schedule F4:	2 FILER NAME	-		3 Filer ID (Ethics	Commiss	sion Filers)		
Sch: 3/41 Rpt: 43/85	Orr, Angelia Duke (The Honorable)		00085955				
4 CREDIT CARD ISSUER		ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
	\$22.22	01/13/2025						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Uber		1455 Market Street					
	Obei		Ste. 400					
			San Francisco, CA 94103					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echodulo)	(b) Description					
l <u> </u>	Travel Out of District	of this scriedule)	Ride-sharing cost to atten	d OH meetings				
X Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expen	se			
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 Issuer	r Paid				
	\$17.87	01/13/2025						
PAYEE (a) Payee name			(b) Payee address;	City,	State,	Zip Code		
			1455 Market Street					
	Uber		Ste. 400					
			San Francisco, CA 94103					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Ride-sharing cost to attend OH meetings					
X Political	Traver out or District							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expen	se			
Complete ONLY if direct	Candidate/Officeholder	name Office	ce sought Office held					
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
	\$27.62	01/13/2025						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
			1455 Market Street					
	Uber		Ste. 400					
			San Francisco, CA 94103					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Ride-sharing cost to atten	d OH meetings				
X Political	Traver out or District							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expen	se			
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 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	s Commiss	sion Filers)		
	Sch: 4/41 Rpt: 44/85	Orr, Angelia Duke (The Honorable)			00085955				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid				
		\$4.00	01/13/2025							
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
		Uber 14		1455 Mark	et Street					
l		Obei		Ste. 400						
L				San Franc	isco, CA 94103					
8	PURPOSE OF	(a) Category	7 11. 1 1 1 1	(b) Descripti						
	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Ride-shari	ng cost to atten	d OH meetings				
l	X Political	Traver out or District								
	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,			officeholder living expe	nse				
9	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) C	Credit Card Issuer	⁻ Paid				
		\$25.37	01/14/2025							
PAYEE (a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code				
				1455 Mark	et Street					
		Uber		Ste. 400						
				San Francisco, CA 94103						
	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Ride-sharing cost to attend OH meetings						
	X Political	Travel Out of District								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Γ	Check if Austin, TX,	officeholder living expe	nse			
Г	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	expenditure to benefit C/OH									
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	Paid				
		\$14.13	01/15/2025							
\vdash	PAYEE	(a) Payee name	<u> </u>	(b) Payee a	ddress;	City,	State,	Zip Code		
l		, , ,		1455 Mark				·		
l		Uber		Ste. 400						
l					isco, CA 94103					
一	PURPOSE OF	(a) Category		(b) Descripti						
l	EXPENDITURE	(See Categories listed at the top	of this schedule)	Ride-shari	ng cost to atten	d OH meetings				
	X Political	Travel Out of District								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living expe	nse			
Н	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought		Office held				
e	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 Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commis	sion Filers)	
	Sch: 5/41 Rpt: 45/85	Orr, Angelia Duke (The Honorable)			00085955			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid			
		\$16.87	01/15/2025						
7	PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code	
		Uber		1455 Market Street					
		Obei	Obei						
L				<u> </u>	isco, CA 94103				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echodulo)	(b) Descripti					
		Travel Out of District	of this scriedule)	Ride-sharii	ng cost to atten	d OH meetings			
	x Political								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	nse		
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) C	Credit Card Issuer	r Paid			
		\$16.87	01/22/2025						
Г	PAYEE (a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code		
				1455 Mark	et Street				
		Uber		Ste. 400					
				San Francisco, CA 94103					
	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Ride-sharing cost to attend OH meetings					
	X Political	Traver Out of District							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	_	Check if Austin, TX,	officeholder living expe	nse		
	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) C	Credit Card Issuer	r Paid			
		\$17.87	01/22/2025						
	PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code	
				1455 Market Street					
		Uber		Ste. 400					
				San Franc	isco, CA 94103				
	PURPOSE OF	(a) Category	-f.4b-i	(b) Descripti					
	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Ride-sharing cost to attend OH meetings					
	X Political								
L	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	nse		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	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 (Ethic	s Commiss	sion Filers)			
Sch: 6/41 Rpt: 46/85	Orr, Angelia Duke (The Honorable)			00085955					
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid					
	\$17.87	01/22/2025								
7 PAYEE	(a) Payee name		(b) Payee a	iddress;	City,	State,	Zip Code			
	Uber		1455 Marl Ste. 400 San Franc	ket Street cisco, CA 94103						
8 PURPOSE OF	(a) Category		(b) Descript	tion						
EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Ride-shar	ing cost to atten	d OH meetings					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	[Check if Austin, TX,	officeholder living expe	nse				
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 Issuer	r Paid					
	\$17.91	01/23/2025								
PAYEE (a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code				
			1455 Marl	ket Street						
	Uber		Ste. 400							
			San Francisco, CA 94103							
PURPOSE OF	(a) Category	7.11.	(b) Descript							
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Ride-sharing cost to attend OH meetings							
X Political										
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	nse				
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 Issuer	r Paid					
	\$19.87	01/23/2025								
PAYEE	(a) Payee name		(b) Payee a	iddress:	City,	State,	Zip Code			
	(a) · a) so ···a···s		1455 Marl	•	J.1.5,	Ototto,	p			
	Uber		Ste. 400	Ket Gireet						
			San Francisco, CA 94103							
PURPOSE OF	(a) Category		(b) Descript							
EXPENDITURE	(See Categories listed at the top	of this schedule)		ing cost to atten	d OH meetings					
X Political	Travel Out of District				J					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> I</u>	Check if Austin TY	officeholder living expe	nse				
Complete ONLY if direct	Candidate/Officeholder	·	<u>L</u> e sought	Check ii Austili, TX,	Office held	1136				
expenditure to benefit C/OH		311100	- 2009111		3c 11014					
	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 Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commis	sion Filers)			
Sch: 7/41 Rpt: 47/85	Orr, Angelia Duke (The Honorable)			00085955					
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid					
	\$12.00	01/29/2025								
7 PAYEE	(a) Payee name		(b) Payee a	iddress;	City,	State,	Zip Code			
	Uber		1455 Marl Ste. 400 San Franc	ket Street cisco, CA 94103						
8 PURPOSE OF	(a) Category		(b) Descript	tion						
EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Ride-shar	ing cost to atten	d 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 Issuer	r Paid					
	\$28.53	01/29/2025								
PAYEE (a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code				
			1455 Marl	ket Street						
	Uber		Ste. 400							
			San Francisco, CA 94103							
PURPOSE OF	(a) Category	7.11.	(b) Descript							
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Ride-sharing cost to attend OH meetings							
X Political										
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid					
	\$9.20	02/05/2025								
DAVEE	 									
PAYEE	(a) Payee name		(b) Payee a		City,	State,	Zip Code			
	Uber		1455 Marl	ket Street						
	000.		Ste. 400							
	() 0 :			cisco, CA 94103						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript		d OI I maatinga					
	Travel Out of District	,	Riue-Shar	ing cost to atten	u On meetings					
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					
expenditure to benefit C/OH										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Candidate/Officeholder/Politica				THER (enter a category	not listed at	oove)	
		ruction Guide explains how	to complete this form.	,			
1 Total pages Schedule F4:		3 Filer ID (Ethics	Commiss	sion Filers)			
Sch: 8/41 Rpt: 48/85	Orr, Angelia Duke (The Honorable)		00085955			
4 CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED				
ISSUER	see pi	revious	EXPENDITURES CHARGED TO A CREDIT	. \$			
	·		CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$1.00	02/05/2025					
	\$1.00	02/03/2023					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
· ····	(a) r ayee name		1455 Market Street	City,	State,	Zip Couc	
	Uber						
			Ste. 400				
	(a) Oata wa w		San Francisco, CA 94103	,			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	d Oll montings			
l <u> </u>	Travel Out of District	or time contourier	Ride-sharing cost to atter	id OH meetings			
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exper	ise		
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			
	\$16.42	02/05/2025					
	410.12	02/00/2020					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			1455 Market Street	<i>3.</i>		•	
	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 cost to atter	d OH meetings			
X Political	Travel Out of District		l mas smalling soot to allo	.a. G			
Non-Political	(-) 🗆 (-) (-)						
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	officeholder living exper	ise		
Complete ONLY if direct	Candidate/Officeriolder	name Onice	e sought	Office field			
expenditure to benefit C/OH	() 4 () 4	L (1) D (0)	1() 5 : () 6 : 1: 6 : 1:	5 : 1			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$1.00	02/06/2025					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	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 cost to atter	d OH meetings			
X Political	Travel Out of District						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TY	officeholder living exper	ise		
Complete ONLY if direct	Candidate/Officeholder		e sought	Office held			
expenditure to benefit C/OH		311100	9	200 /1010			
S. ponditare to bonont of of f							
I							

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 th	nis form.				
1 Tot	al pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)	
Scl	h: 9/41 Rpt: 49/85	Orr, Angelia Duke (The Honorable)			00085955			
	EDIT CARD SUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$			
6 PA	YMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	Paid			
		\$16.87	02/06/2025						
7 PA	YEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code	
		Uber		1455 Mark	ket Street				
		Obei		Ste. 400					
		() -			cisco, CA 94103				
_	IRPOSE OF PENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript					
I _	_	Travel Out of District	or true contourier	Ride-shari	ing cost to atten	d OH meetings			
X	Political								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense		
				e sought		Office held			
exper	nditure to benefit C/OH								
PA	YMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
		\$19.20	02/06/2025						
PA	AYEE (a) Payee name (b) Payee address;			ddress;	City,	State,	Zip Code		
				1455 Mark	ket Street				
		Uber		Ste. 400					
				San Franc	cisco, CA 94103				
_	RPOSE OF	(a) Category	6 11. 1.1.	(b) Description					
EX	PENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Ride-sharing cost to attend OH meetings					
X	Political								
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense		
Cor	mplete <u>ONLY</u> if direct	Candidate/Officeholder	name Office	e sought		Office held			
exper	nditure to benefit C/OH								
PA	YMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
		\$12.00	02/11/2025						
PA	YEE	(a) Payee name	l	(b) Payee a	ddress;	City,	State,	Zip Code	
				1455 Mark	ket Street				
		Uber		Ste. 400					
				San Franc	cisco, CA 94103				
	RPOSE OF	(a) Category		(b) Descript	ion				
EX	PENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Ride-shari	ing cost to atten	d OH meetings			
X	Political	Traver Out of District							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense		
Cor	mplete <u>ONLY</u> if direct	Candidate/Officeholder	name Office	e sought		Office held			
exper	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 Insti	ruction Guide explains how	to complete this form.		,			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commiss	sion Filers)			
Sch: 10/41 Rpt: 50/85	Orr, Angelia Duke (The Honorable)		00085955				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$1.00	02/11/2025						
7 PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code			
	Libor		1455 Market Street					
	Uber		Ste. 400					
			San Francisco, CA 94103	3				
8 PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Ride-sharing cost to atten	nd OH meetings				
X Political	Travel Out of District							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense				
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				
	\$1.00	02/11/2025						
PAYEE (a) Payee name			(b) Payee address;	City, State,	Zip Code			
			1455 Market Street					
	Uber		Ste. 400					
			San Francisco, CA 94103	3				
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	of this schedule)	Ride-sharing cost to attend OH meetings					
X Political	Travel Out of District							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$25.87	02/12/2025						
PAYEE	(a) Payee name	l	(b) Payee address;	City, State,	Zip Code			
			1455 Market Street					
	Uber		Ste. 400					
			San Francisco, CA 94103	3				
PURPOSE OF	(a) Category		(b) Description	•				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Ride-sharing cost to atten	nd OH meetings				
X Political	Travel Out of District			_				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	, officeholder living expense				
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held				
expenditure to benefit C/OH		5 5 5 110	- J					

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

l		The Inst	ruction Guide explains how	to complete th	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commis	sion Filers)
l	Sch: 11/41 Rpt: 51/85	Orr, Angelia Duke (The Honorable)			00085955		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid		
		\$21.89	02/12/2025					
7	PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code
l		Uber		1455 Mark	et Street			
l		Obei		Ste. 400				
L					isco, CA 94103			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cohodulo)	(b) Descripti				
l	EXPENDITURE	Travel Out of District	of this scriedule)	Ride-sharii	ng cost to atten	d OH meetings		
l	X Political							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	nse	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid		
		\$32.99	02/12/2025					
Г	PAYEE	(a) Payee name	I	(b) Payee ac	ddress;	City,	State,	Zip Code
				1455 Mark	et Street			
		Uber		Ste. 400				
				San Franci	isco, CA 94103			
Г	PURPOSE OF	(a) Category		(b) Description				
l	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Ride-sharing cost to attend OH meetings				
l	X Political	Traver out or District						
l	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	nse	
	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) C	Credit Card Issuer	r Paid		
l		\$5.00	02/12/2025					
l								
Г	PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code
		l		1455 Mark	et Street			
		Uber		Ste. 400				
				San Franci	isco, CA 94103			
	PURPOSE OF	(a) Category		(b) Descripti				
	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Ride-sharii	ng cost to atten	d OH meetings		
	X Political	Traver Out or District						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	nse	
Г	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
E	expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Candidate/Officenoider/Politica	-	ruction Guide explains how		HER (enter a category not listed above)			
1 Total pages Schedule F4:				3 Filer ID (Ethics Commission Filers)			
Sch: 12/41 Rpt: 52/85	Orr, Angelia Duke (The Honorable)		00085955			
4 CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid			
	\$24.18	02/12/2025					
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	Uber		1455 Market Street				
	Obei		Ste. 400				
			San Francisco, CA 94103				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this cahadula)	(b) Description				
EXPENDITORE	Travel Out of District	of this scriedule)	Ride-sharing cost to atten	d OH meetings			
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
			e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid			
	\$18.10	02/13/2025					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	1.00		1455 Market Street				
	Uber		Ste. 400				
			San Francisco, CA 94103				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Ride-sharing cost to attend OH meetings				
X Political	Traver out or Bistrict						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid			
	\$14.66	02/13/2025					
PAYEE	(a) Payee name	L	(b) Payee address;	City, State, 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 cost to atten	d OH meetings			
X Political	Travel Out of District						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense			
Complete ONLY if direct	Candidate/Officeholder	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 Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 13/41 Rpt: 53/85	Orr, Angelia Duke (The Honorable)		00085955			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$13.78	02/18/2025					
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	Uber		1455 Market Street Ste. 400 San Francisco, CA 94103	3			
8 PURPOSE OF	(a) Category	7 11: 1 1 1 1	(b) Description				
EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Ride-sharing cost to atter	nd OH meetings			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense			
9 Complete ONLY if direct	Candidate/Officeholder	name 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			
	\$28.74	02/25/2025					
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code			
	Uber						
DI IDDOCE OF	(a) Category		San Francisco, CA 94103 (b) Description	3			
PURPOSE OF EXPENDITURE	(See Categories listed at the top	of this schedule)	Ride-sharing cost to attend OH meetings				
X Political	Travel Out of District		Ride-sharing cost to attend OH meetings				
Non-Political		of Towns Committee Colombia	Chardelf Access TV	eff - b - b - b - b - b - c - c - c - c - c			
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	officeholder living expense Office held			
expenditure to benefit C/OH	Candidate/Officeriolder	marile Office	e sought	Office field			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$13.60	02/26/2025					
PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code			
	Libor		1455 Market Street				
	Uber		Ste. 400				
			San Francisco, CA 94103	3			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	ad OU manatinana			
<u> </u>	Travel Out of District		Ride-sharing cost to atter	iu OH meetings			
X Political							
Non-Political	(7)	of Texas. Complete Schedule T.		, officeholder living expense			
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 Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete th	is form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commis	sion Filers)	
	Sch: 14/41 Rpt: 54/85	Orr, Angelia Duke (The Honorable)			00085955			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid			
		\$16.87	02/28/2025						
7	PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code	
		Uber		1455 Mark	et Street				
		Obei		Ste. 400					
L					isco, CA 94103				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echodulo)	(b) Descripti					
		Travel Out of District	of this scriedule)	Ride-sharii	ng cost to atten	d OH meetings			
	x Political								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	K, officeholder living expense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issue	r Paid			
		\$1.00	02/28/2025						
Г	PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code	
				1455 Mark	et Street				
		Uber		Ste. 400					
				San Franci	isco, CA 94103				
	PURPOSE OF	(a) Category		(b) Description					
	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Ride-sharii	ng cost to atten	d OH meetings			
	X Political	Traver out or Bistrict							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	nse		
	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) C	Credit Card Issue	r Paid			
		\$13.00	02/28/2025						
	PAYEE	(a) Payee name	•	(b) Payee ad	ddress;	City,	State,	Zip Code	
		1.00		1455 Mark	et Street				
		Uber		Ste. 400					
				San Franc	isco, CA 94103				
	PURPOSE OF	(a) Category	-f.4b-ibdi-1->	(b) Descripti					
	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Ride-sharii	ng cost to atten	d OH meetings			
	X Political								
L	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	nse		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics	s Commiss	sion Filers)
Sch: 15/41 Rpt: 55/85	Orr, Angelia Duke (The Honorable)			00085955		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	Paid		
	\$1.00	02/28/2025					
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Uber		1455 Mark Ste. 400 San Franc	et Street isco, CA 94103			
8 PURPOSE OF	(a) Category		(b) Descript	ion			
EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Ride-shari	ng cost to atten	d OH meetings		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	nse	
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 Issuer	Paid		
	\$16.96	03/01/2025					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Lillano		1455 Mark	et Street			
	Uber		Ste. 400				
				isco, CA 94103			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Ride-sharing cost to attend OH meetings				
X Political	Travel Out of District						
Non-Political	`	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	nse	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH		T	T				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
	\$16.20	03/01/2025					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	l lle o r		1455 Mark	et Street			
	Uber		Ste. 400				
				isco, CA 94103			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodule)	(b) Descript				
l <u> </u>	Travel Out of District	of this scriedule)	Ride-shari	ng cost to atten	d OH meetings		
X Political							
Non-Political	(*) —	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	nse	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH	expenditure to benefit C/OH						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 (Eth	ics Commiss	sion Filers)			
	Sch: 16/41 Rpt: 56/85	Orr, Angelia Duke (The Honorable)		00085955					
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITED EXPENDITURES CHARGED TO A C CARD	\$					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	d Issuer Paid					
		\$17.07	03/05/2025							
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
l		Uber		1455 Market Street	•					
		Obei		Ste. 400						
				San Francisco, CA	94103					
8	PURPOSE OF	(a) Category	-# 4bib	(b) Description						
	EXPENDITURE	(See Categories listed at the top Travel Out of District	or this schedule)	Ride-sharing cost to	o attend OH meeting	S				
	X Political	Traver out or Bistrict								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living ex	pense				
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
е	expenditure to benefit C/OH									
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Care	d Issuer Paid					
		\$5.00	03/05/2025							
Н	PAYEE	YEE (a) Payee name (b) Payee address;			City,	State,	Zip Code			
				1455 Market Street						
		Uber		Ste. 400						
				San Francisco, CA	94103					
Г	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Ride-sharing cost to attend OH meetings						
	X Political	Travel Out of District								
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living ex	pense				
Г	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
е	expenditure to benefit C/OH									
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	d Issuer Paid					
		\$28.53	03/06/2025							
\vdash	PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code			
l				1455 Market Street			·			
l		Uber		Ste. 400						
l				San Francisco, CA	94103					
一	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Ride-sharing cost to	o attend OH meeting	S				
	X Political	Travel Out of District			_					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living ex	pense				
Т	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
e	expenditure to benefit C/OH									
⊢		I								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Candidate/Officeholder/Politica	· ·			THER (enter a category	not listed a	bove)	
		ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	s Commiss	sion Filers)	
Sch: 17/41 Rpt: 57/85	Orr, Angelia Duke (The Honorable)		00085955			
4 CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED				
ISSUER	see pi	revious	EXPENDITURES CHARGED TO A CREDIT	\$			
	·		CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$16.87	03/06/2025					
	φ10.07	03/00/2023					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	(a) r ayee name		1455 Market Street	Oity,	Otato,	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)	Ride-sharing cost to atten	d OH maatings			
LV Dolitical	Travel Out of District		Tride-stiating cost to atten	a Off fricetings			
X Political							
Non-Political	· · · ·	of Texas. Complete Schedule T.	<u>L</u>	officeholder living expe	nse		
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			
	\$15.90	03/12/2025					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			1455 Market Street				
	Uber		Ste. 400				
			San Francisco, CA 94103				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Ride-sharing cost to attend OH meetings				
X Political	Travel Out of District						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	nse		
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			
	\$19.49						
	Φ19.49	03/12/2025					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	(a) r ayee name		1455 Market Street	Oity,	Otato,	Zip Couc	
	Uber		Ste. 400				
PURPOSE OF	(a) Category		San Francisco, CA 94103 (b) Description				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Ride-sharing cost to atten	d OH meetings			
l <u> </u>	Travel Out of District		That sharing cost to atten	a Off meetings			
X Political			<u> </u>				
Non-Political	· · · ·	of Texas. Complete Schedule T.	—	officeholder living expe	nse		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
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 form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics C	Commiss	sion Filers)		
Sch: 18/41 Rpt: 58/85	Orr, Angelia Duke (The Honorable)		00085955				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid				
	\$1.00	03/17/2025						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Uber		1455 Market Street					
	Obei		Ste. 400					
			San Francisco, CA 94103					
8 PURPOSE OF	(a) Category	-# Abib	(b) Description					
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Ride-sharing cost to atten	d OH meetings				
X Political	Travor out or Biodilot							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	e			
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 Issuer	r Paid				
	\$16.87	03/18/2025						
PAYEE	AYEE (a) Payee name (b) Payee address;			City,	State,	Zip Code		
			1455 Market Street					
	Uber		Ste. 400					
			San Francisco, CA 94103					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Ride-sharing cost to attend OH meetings					
X Political	Traver out or District							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	e			
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 Issuer	r Paid				
	\$19.90	03/18/2025						
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	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 cost to atten	d OH meetings				
X Political	Travel Out of District							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	e			
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 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	s Commiss	sion Filers)				
Sch: 19/41 Rpt: 59/85	Orr, Angelia Duke (The Honorable)		00085955						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid						
	\$1.00	03/18/2025								
7 PAYEE	(a) Payee name		(b) Payee address;							
	Uber		1455 Market Street							
	Obci		Ste. 400							
	() -		San Francisco, CA 94103	3						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description							
l <u> </u>	Travel Out of District	or time concedency	Ride-sharing cost to atter	nd OH meetings						
X Political										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		(, officeholder living expe	nse					
9 Complete ONLY if direct				Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid						
	\$17.00	03/18/2025								
PAYEE	AYEE (a) Payee name (b) Payee address;			City,	State,	Zip Code				
			1455 Market Street							
	Uber		Ste. 400							
			San Francisco, CA 94103	3						
PURPOSE OF	(a) Category	7 11. 1 1 1 1	(b) Description							
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Ride-sharing cost to attend OH meetings							
X Political	Travor out or Biodilot									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expe	nse					
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	er Paid						
	\$16.87	03/19/2025								
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
			1455 Market Street							
	Uber		Ste. 400							
			San Francisco, CA 94103	3						
PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Ride-sharing cost to atter	nd OH meetings						
X Political	Traver Out of District									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expe	nse					
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 Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete th	is form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commis	sion Filers)
	Sch: 20/41 Rpt: 60/85	Orr, Angelia Duke (The Honorable)			00085955		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED VITURES ED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	Paid		
		\$12.00	03/19/2025					
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
		Uber		1455 Mark Ste. 400 San Franc	et Street isco, CA 94103			
8	PURPOSE OF	(a) Category		(b) Descript	ion			
	EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Ride-shari	ng cost to atten	d 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		
е	xpenditure to benefit C/OH			_				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	Paid		
		\$1.00	03/19/2025					
	PAYEE	(a) Payee name (b) Payee address;		ddress;	City,	State,	Zip Code	
		Uber 145		1455 Mark Ste. 400	ket Street isco, CA 94103			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Ride-sharing cost to attend OH meetings				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Chock if Austin TV	officeholder living expe	nco	
H	Complete ONLY if direct	Candidate/Officeholder		<u>L</u> e sought	Check if Adstiri, 17,	Office held	se	
e	xpenditure to benefit C/OH			g				
	PAYMENT	(a) Amount Charged \$16.21	(b) Date of Charge 03/20/2025	(c) Date(s)	Credit Card Issuer	[*] Paid		
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
		l lb o r		1455 Mark	et Street			
		Uber		Ste. 400				
L					isco, CA 94103			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript				
	X Political	Travel Out of District	of this soficulary	Ride-snari	ng cost to atten	a OH meetings		
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
∟.		inditate to benefit 6/011						

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	Commis	sion Filers)		
	Sch: 21/41 Rpt: 61/85	Orr, Angelia Duke (The Honorable)			00085955				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
		\$17.87	03/20/2025							
7	PAYEE	(a) Payee name		(b) Payee	·	City,	State,	Zip Code		
		Uber			rket Street					
		O D C I		Ste. 400						
Ļ	DUDDOOF 05	(a) Cataman			ncisco, CA 94103					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	otion Iring cost to atten	d O∐ mootings				
	Travel Out of District			Riue-Sila	ing cost to atten	u On meetings				
	X Political									
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exper	nse			
	9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held									
L _e	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid				
		\$16.87	03/20/2025							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
	l lless			1455 Ma	rket Street					
		Uber		Ste. 400						
L					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	ring cost to atten	d OH meetings				
	X Political									
	Non-Political	` ' =	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	nse			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	expenditure to benefit C/OH		T	1						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	r Paid				
		\$1.00	03/20/2025							
Г	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 (See Categories listed at the top	of this cohodule)	(b) Descrip						
1	EXPENDITURE	Travel Out of District	oi una scriedule)	Ride-sha	ring cost to atten	d OH meetings				
	X Political	Political The state of the								
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	nse			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	expenditure to benefit C/OH									
1										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics	Commis	sion Filers)		
	Sch: 22/41 Rpt: 62/85	Orr, Angelia Duke (The Honorable)			00085955				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$				
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	Paid				
		\$1.00	03/25/2025							
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) Descrip						
ľ	EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Ride-sharing cost to atten						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TX	officeholder living expe	nse			
9 Complete ONLY if direct			Office held							
е	xpenditure to benefit C/OH									
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	^r Paid				
		\$16.87	03/26/2025							
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code		
1455 Ma Uber Cts 400		rket Street								
		Obci		Ste. 400						
L	DUDDOCE OF	(a) Catagony		(b) Descrip	ncisco, CA 94103					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	` ′ .	uring cost to atten	d OH meetings				
	X Political	Travel Out of District		Triad dila	anig coot to attorn	a orr moonings				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin TX	officeholder living expe	nse			
H	Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Oricok ii Addini, 174,	Office held	130			
e	xpenditure to benefit C/OH			-						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	Paid				
		\$37.93	03/26/2025							
	PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code		
l		Uber		1455 Ma	rket Street					
l		Obei		Ste. 400						
L		(-) O-t			ncisco, CA 94103					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip		d OH maatings				
	X Political	Travel Out of District		Ride-sharing cost to attend OH meetings						
	Non-Political	(a) Chapte if translation	of Toyon, Complete Calcadala T		Charlett Access TV	officeholder living	200			
\vdash	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Office	e sought	Cneck if Austin, TX,	office held	ise			
l e	expenditure to benefit C/OH	- Carraidato/Omocriolido	Office	Jougin		Jilloo Holu				
一		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

1 Total pages Schedule F4: Sch: 23/41 Rpt: 63/85 Orr, Angelia Duke (The Honorable) 4 CREDIT CARD ISSUER Name of financial institution see previous Name of financial institution see previous See previous 1 Total OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD (a) Amount Charged \$1.00 03/26/2025 TABLE 1455 Market Street Ste. 400 San Francisco, CA 94103 8 PURPOSE OF EXPENDITURE X Political Non-Political City Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge (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 cost to attend OH meetings (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid	
Sch: 23/41 Rpt: 63/85 Orr, Angelia Duke (The Honorable) 4 CREDIT CARD ISSUER Name of financial institution See previous 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD (a) Amount Charged (b) Date of Charge \$1.00 03/26/2025 (c) Date(s) Credit Card Issuer Paid (a) Payee name Uber (a) Payee name Uber (a) Payee name Uber (b) Payee address; City, State, 1455 Market Street Ste. 400 San Francisco, CA 94103 8 PURPOSE OF EXPENDITURE X Political Non-Political Non-Political Non-Political CC) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office sought Office held PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid OTHER DATE OF TOTAL OF UNITEMIZED STOCK OF UNIT	Zip Code
See previous See previous EXPENDITURES CHARGED TO A CREDIT CARD	Zip Code
\$1.00 \$1.00 \$3/26/2025 (a) Payee name Uber (b) Payee address; City, State, 1455 Market Street Ste. 400 San Francisco, CA 94103 8 PURPOSE OF EXPENDITURE X Political Non-Political Non-Political Occupate ONLY if direct expenditure to benefit C/OH PAYMENT (a) Payee name (b) Payee address; City, State, 1455 Market Street Ste. 400 San Francisco, CA 94103 (b) Description Ride-sharing cost to attend OH meetings Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held	Zip Code
7 PAYEE (a) Payee name (b) Payee address; City, State. 1455 Market Street Ste. 400 San Francisco, CA 94103 8 PURPOSE OF EXPENDITURE X Political Non-Political Non-Political Cc) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office sought Office held PAYMENT (a) Amount Charged (b) Payee address; City, State. 1455 Market Street Ste. 400 San Francisco, CA 94103 (b) Description Ride-sharing cost to attend OH meetings Office sought Office held Office held	Zip Code
Uber B PURPOSE OF EXPENDITURE Non-Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid 1455 Market Street Ste. 400 San Francisco, CA 94103 (b) Description Ride-sharing cost to attend OH meetings (c) Candidate/Officeholder name Complete Schedule T. Check if Austin, TX, officeholder living expense (d) Category (b) Description Ride-sharing cost to attend OH meetings (e) Category (b) Description Ride-sharing cost to attend OH meetings (f) Taylot data So, Shy, States 1455 Market Street Ste. 400 San Francisco, CA 94103 (b) Description Ride-sharing cost to attend OH meetings (f) Taylot data So, Shy, States 1455 Market Street Ste. 400 San Francisco, CA 94103 (b) Description Ride-sharing cost to attend OH meetings (f) Taylot data So, Shy, States 1455 Market Street Ste. 400 San Francisco, CA 94103 (h) Description Ride-sharing cost to attend OH meetings (f) Taylot data So, Shy, States 1455 Market Street Ste. 400 San Francisco, CA 94103 (h) Description Ride-sharing cost to attend OH meetings (h) Description Ride-sharing cost to atten	Zip Code
Uber Ste. 400 San Francisco, CA 94103 8 PURPOSE OF EXPENDITURE X Political Non-Political Non-Political Cc) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Candidate/Officeholder name Candidate/Officeholder name Candidate/Officeholder name Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate/Officeholder name Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate/Officeholder name Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate/Officeholder name Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate/Officeholder name Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate/Officeholder name Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate/Officeholder name Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate/Officeholder name Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate/Officeholder name Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate/Officeholder name Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate/Officeholder name Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate/Officeholder name Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate/Officeholder name Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate/Officeholder name Complete Schedule T. Check if Austin, TX, officeholder living expense	
8 PURPOSE OF EXPENDITURE X Political Category (See Categories listed at the top of this schedule) Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid	
8 PURPOSE OF EXPENDITURE X Political	
EXPENDITURE X Political	
Travel Out of District X Political	
X Political Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid	
expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid	
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid	
\$28.64 03/27/2025	
920.04 03/2//2023	
PAYEE (a) Payee name (b) Payee address; City, State	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) Travel Out of District Ride-sharing cost 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	
expenditure to benefit C/OH	
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid	
\$20.35 03/27/2025	
PAYEE (a) Payee name (b) Payee address; City, State.	Zip Code
1455 Market Street	Zip Code
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 cost 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 expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics C	Commiss	ion Filers)				
Sch: 24/41 Rpt: 64/85	Orr, Angelia Duke (The Honorable)		00085955						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid						
	\$32.51	04/02/2025								
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	Uber		1455 Market Street							
	Obei		Ste. 400							
			San Francisco, CA 94103							
8 PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	EXPENDITURE (See Categories listed at the top of this schedule) Travel Out of District		Ride-sharing cost to atten	d OH meetings						
X Political										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	e					
9 Complete ONLY if direct Candidate/Officeholder name Of			e sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid						
	\$6.38	04/03/2025								
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code				
	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 cost to attend OH meetings							
X Political	Travel Out of District									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	e					
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 Issuer	r Paid						
	\$18.22	04/03/2025								
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	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 cost to atten	d OH meetings						
X Political	Travel Out of District									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	e					
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 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 C	Commiss	ion Filers)				
Sch: 25/41 Rpt: 65/85	Orr, Angelia Duke (The Honorable)		00085955						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid						
	\$1.00	04/13/2025								
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	Uber		1455 Market Street							
	Obei		Ste. 400							
			San Francisco, CA 94103							
8 PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Ride-sharing cost to atten	d OH meetings						
X Political										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	e					
Complete ONLY if direct			e sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid						
	\$14.54	04/14/2025								
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code				
	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 cost to attend OH meetings							
X Political	Travel Out of District									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	e					
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 Issuer	r Paid						
	\$15.25	04/14/2025								
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	Uber		1455 Market Street							
	Obei		Ste. 400							
			San Francisco, CA 94103							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description							
EXPENDITURE	Travel Out of District	of this scriedule)	Ride-sharing cost to atten	d OH meetings						
X Political										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	officeholder living expense	e					
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
Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commis	sion Filers)	
	Sch: 26/41 Rpt: 66/85	Orr, Angelia Duke (The Honorable)			00085955			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
		\$22.18	04/15/2025						
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		Uber		1455 Ma	rket Street				
		Obei		Ste. 400					
L				San Fran	cisco, CA 94103				
8	PURPOSE OF	(a) Category		(b) Description					
l	EXPENDITURE (See Categories listed at the top of this schedule) Travel Out of District		Ride-sha	ring cost to atten	d OH meetings	i			
l	X Political	Traver out or District							
	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, T.			Check if Austin, TX,	officeholder living exp	ense			
9 Complete ONLY if direct Candidate/Officeholder name Off			name Office	e sought	_	Office held			
е	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
		\$17.87	04/15/2025						
PAYEE (a) Payee name			(b) Payee	address;	City,	State,	Zip Code		
(4) - 5,500 - 1			rket Street	<i>,</i>		·			
		Uber		Ste. 400					
					cisco, CA 94103				
Н	PURPOSE OF	(a) Category		(b) Descrip					
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Ride-sharing cost to attend OH meetings					
	X Political	Travel Out of District							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
е	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
		\$16.87	04/16/2025						
H	PAYEE	(a) Payee name	l	(b) Payee	address;	City,	State,	Zip Code	
l				1455 Ma	rket Street	,		·	
l		Uber		Ste. 400					
					cisco, CA 94103				
一	PURPOSE OF	(a) Category		(b) Descrip					
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Ride-sha	ring cost to atten	d OH meetings	;		
1	X Political	Travel Out of District							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	L	Check if Austin, TX,	officeholder living exp	ense		
Г	Complete ONLY if direct	Candidate/Officeholder	·	e sought	<u> </u>	Office held			
е	xpenditure to benefit C/OH								
\vdash		I .							

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 Commis	sion Filers)	
l	Sch: 27/41 Rpt: 67/85	Orr, Angelia Duke (The Honorable)			00085955			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES ED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid			
		\$29.37	04/16/2025						
7	PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code	
l		Uber		1455 Mark	et Street				
l		Obei		Ste. 400					
L					isco, CA 94103				
8	PURPOSE OF	(a) Category	-# Al-i	(b) Descripti					
l	EXPENDITURE (See Categories listed at the top of this schedule) Travel Out of District		Ride-sharii	ng cost to atten	d OH meetings				
	X Political	Travel Out of District							
l	Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,			officeholder living expe	nse			
9	9 Complete ONLY if direct Candidate/Officeholder name Offi			e sought		Office held			
expenditure to benefit C/OH									
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid			
		\$1.00	04/22/2025						
r	PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code	
				1455 Mark	et Street				
		Uber		Ste. 400					
l				San Francisco, CA 94103					
Г	PURPOSE OF	(a) Category		(b) Descripti	on				
l	EXPENDITURE	(See Categories listed at the top	of this schedule)	Ride-sharing cost to attend OH meetings					
l	X Political	Travel Out of District							
l	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living expe	nse		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held			
€	expenditure to benefit C/OH								
Г	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C	Credit Card Issuer	r Paid			
l		\$23.59	04/23/2025						
l									
Г	PAYEE	(a) Payee name		(b) Payee ac	ddress;	City,	State,	Zip Code	
				1455 Mark	et Street				
		Uber		Ste. 400					
				San Franci	isco, CA 94103				
Г	PURPOSE OF	(a) Category		(b) Descripti	on				
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Ride-sharii	ng cost to atten	d OH meetings			
	X Political	Travel Out of District							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	nse		
Г	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
E	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: 28/41 Rpt: 68/85	Orr, Angelia Duke (The Honorable)		00085955					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CREE CARD	\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid					
	\$25.90	04/23/2025							
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Cod	el				
	Uber		1455 Market Street						
	Oper		Ste. 400						
			San Francisco, CA 941	.03					
8 PURPOSE OF	(a) Category	(d): 1 11 X	(b) Description						
EXPENDITURE	Travel Out of District			end OH meetings					
X Political Traver Out of District									
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin,	TX, officeholder living expense	_				
9 Complete ONLY if direct Candidate/Officeholder name Officeholder			e sought	Office held	_				
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid					
	\$4.00	04/23/2025							
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Cod	Je				
			1455 Market Street						
	Uber		Ste. 400						
			San Francisco, CA 941	.03					
PURPOSE OF	(a) Category		(b) Description		_				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Ride-sharing cost to attend OH meetings						
X Political	Travel Out of District								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid					
	\$19.20	04/24/2025							
PAYEE	(a) Payee name	l	(b) Payee address;	City, State, Zip Cod	de				
			1455 Market Street						
	Uber		Ste. 400						
			San Francisco, CA 941	.03					
PURPOSE OF	(a) Category		(b) Description		_				
EXPENDITURE	(See Categories listed at the top	of this schedule)	Ride-sharing cost to at	end OH meetings					
X Political	Travel Out of District								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	e sought	Office held					
expenditure to benefit C/OH									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

		The Insti	ruction Guide explains how	to complete	this form.	(* ** ** ******************************		,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics	Commis	sion Filers)
	Sch: 29/41 Rpt: 69/85	Orr, Angelia Duke (The Honorable)			00085955		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$25.37	04/24/2025					
7	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Uber		1455 Market Street Ste. 400 San Francisco, CA 94103				
8	PURPOSE OF	(a) Category		(b) Descrip		'		
	EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)		ring cost to atten	d OH meetings		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exper	nse	
9 Complete ONLY if direct Candidate/Officeholder name Office sought				Office held				
е	xpenditure to benefit C/OH			_				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$16.18	05/02/2025					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Uber 1455 Market Street		rket Street				
		Obei		Ste. 400				
					icisco, CA 94103			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip		d OU mootings		
	_	Travel Out of District	,	Ride-sharing cost to attend OH meetings				
	X Political							
	Non-Political	1	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exper	nse	
е	Complete ONLY if direct complete to benefit C/OH	Candidate/Officeholder	name Office	esought		Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
		\$4.00	05/03/2025					
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Uber		1455 Ma	rket Street			
		Obei		Ste. 400				
					icisco, CA 94103			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip		d OU moetings		
	X Political	Travel Out of District	/	Riue-Sna	ring cost to atten	u On meetings		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exper	nse	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	xpenditure 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 C	Commiss	ion Filers)				
Sch: 30/41 Rpt: 70/85	Orr, Angelia Duke (The Honorable)		00085955						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid						
	\$24.80	05/03/2025								
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	Uber		1455 Market Street							
	Obei		Ste. 400							
			San Francisco, CA 94103							
8 PURPOSE OF	(a) Category	7 11: 1 1 1 1 1	(b) Description							
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Ride-sharing cost to atten	d OH meetings						
X Political										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	e					
9 Complete ONLY if direct Candidate/Officeholder name Off			e sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid						
	\$24.22	05/04/2025								
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code				
	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 cost to attend OH meetings							
X Political	Travel Out of District									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	e					
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 Issuer	r Paid						
	\$4.00	05/19/2025								
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	(a) r ay so mame		1455 Market Street	J.,	o totto,	p				
	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 cost to atten	d OH meetings						
X Political	Travel Out of District		Tride sharing cost to atten	a Orr meetings						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	officeholder living expense	<u> </u>					
Complete ONLY if direct	Candidate/Officeholder	·	e sought	Office held	-					
expenditure to benefit C/OH			<u> </u>	-						
, a sale to a short 0, 011	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 th	is form.					
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics	Commiss	sion Filers)		
Sch: 31/41 Rpt: 71/85	Orr, Angelia Duke (The Honorable)			00085955				
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	Paid				
	\$25.37	05/20/2025							
7 PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code		
	Uber		1455 Mark Ste. 400	et Street					
		San Francisco, CA 94103							
8 PURPOSE OF									
EXPENDITURE X Political	(See Categories listed at the top of this schedule) Travel Out of District Ride-sharing cost to attend			d OH meetings					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	, officeholder living expense				
9 Complete ONLY if direct Candidate/Officeholder name Office sought				Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issuer	⁻ Paid				
	\$41.61	05/21/2025							
PAYEE	(a) Payee name (b) Payee address;		ddress;	City,	State,	Zip Code			
	l lib a n		1455 Market Street						
	Uber		Ste. 400						
			San Franc	isco, CA 94103					
PURPOSE OF	(a) Category (See Categories listed at the top	of this colored (Is)	(b) Descripti						
EXPENDITURE	Travel Out of District	or this schedule)	Ride-sharing cost to attend OH meetings						
X Political									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	TX, officeholder living expense				
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 Issuer	Paid				
	\$34.72	05/23/2025							
PAYEE	(a) Payee name	l	(b) Payee a	ddress;	City,	State,	Zip Code		
			1455 Mark	et Street					
	Uber		Ste. 400						
			San Franc	isco, CA 94103					
PURPOSE OF	(a) Category		(b) Descripti	ion					
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Ride-shari	ng cost to atten	d OH meetings				
X Political									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	nse			
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 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: 32/41 Rpt: 72/85	Orr, Angelia Duke (The Honorable)		00085955					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid					
	\$31.29	05/23/2025							
7 PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code					
	Uber		1455 Market Street Ste. 400 San Francisco, CA 94103	3					
8 PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	See Categories listed at the top of this schedule) Travel Out of District Ride-sharing cost to attend							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense					
9 Complete ONLY if direct Candidate/Officeholder name Office sou			e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid					
	\$4.00	05/23/2025							
PAYEE (a) Payee name			(b) Payee address;	City, State, Zip Code					
	Libor		1455 Market Street						
	Uber		Ste. 400						
			San Francisco, CA 94103	3					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	ad OLL magatings					
X Political	Travel Out of District	,	Ride-sharing cost to attend OH meetings						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense						
Complete ONLY if direct	Candidate/Officeholder	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	er Paid					
	\$26.56	05/25/2025							
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code					
			1455 Market Street						
	Uber		Ste. 400						
			San Francisco, CA 94103	3					
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Ride-sharing cost to atter	nd OH meetings					
X Political									
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					
	,-								

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 C	Commiss	sion Filers)				
Sch: 33/41 Rpt: 73/85	Orr, Angelia Duke (The Honorable)		00085955						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$						
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid						
	\$24.22	05/26/2025								
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	Uber		1455 Market Street							
	Obei		Ste. 400							
			San Francisco, CA 94103							
8 PURPOSE OF	(a) Category	7 11: 1 1 1 1	(b) Description							
EXPENDITURE	(See Categories listed at the top Travel Out of District	of this schedule)	Ride-sharing cost to attend OH meetings							
X Political										
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	e					
9 Complete ONLY if direct	Candidate/Officeholder	e sought	Office held							
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid						
	\$4.00	05/30/2025								
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	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 cost to attend OH meetings							
X Political	Travel Out of District									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	e					
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 Issuer	r Paid						
	\$27.65	05/30/2025								
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code				
	(4) 1 4) 11 11 11		1455 Market Street	,	,					
	Uber		Ste. 400							
			Ste. 400 San Francisco, CA 94103							
PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top	of this schedule)	Ride-sharing cost to atten	d OH meetings						
X Political	Travel Out of District		and one of the attent	J						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense	e					
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 Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commis	ssion Filers)				
Sch: 34/41 Rpt: 74/85	Orr, Angelia Duke (The Honorable)		00085955					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
	\$25.37	05/31/2025							
7 PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code				
	Uber		1455 Market Street Ste. 400 San Francisco, CA 94103						
8 PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE X Political	(See Categories listed at the top Travel Out of District	of this schedule)	Ride-sharing cost to atten	nd OH meetings					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense					
9 Complete ONLY if direct	Candidate/Officeholder	name 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					
	\$29.37	06/24/2025							
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code				
	Uber 1455 Market Street Ste. 400								
			San Francisco, CA 94103						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	(b) Description Ride-sharing cost to attend OH meetings						
X Political	Traver Out of District								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid					
	\$4.00	06/25/2025							
PAYEE	(a) Payee name		(b) Payee address;	City, State,	Zip Code				
	Uber		1455 Market Street						
	Obei		Ste. 400						
			San Francisco, CA 94103	3					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	ad Old magatinasa					
X Political	Travel Out of District	or this sorroughly	Ride-sharing cost to atten	id OH meetings					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense					
Complete ONLY if direct	Candidate/Officeholder	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 Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,	
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
	Sch: 35/41 Rpt: 75/85	Orr, Angelia Duke (The Honorable)			00085955			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	r Paid			
		\$12.97	06/25/2025						
7	PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code	
		Uber		1455 Ma Ste. 400	rket Street				
					ncisco, CA 94103				
8	PURPOSE OF	(a) Category		(b) Descri					
	EXPENDITURE (See Categories listed at the top of this schedule) Ride-sharing cost to atte					d OH meetings	;		
	X Political	Travel Out of District							
	Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX				officeholder living exp	ense		
9	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)) Credit Card Issuer	r Paid			
		\$21.86	06/25/2025						
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
			1455 Ma	rket Street					
		Uber		Ste. 400					
L					ncisco, CA 94103				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip	•	d OLL montings			
	—	Travel Out of District	,	Riue-sna	aring cost to atten	a OH meetings	i		
	X Political				_				
┡	Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	Check if Austin, TX,	officeholder living exp	ense		
 	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Office	e sougni		Office field			
F	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)) Credit Card Issuer	r Paid			
		\$75.39	03/19/2025		,				
		Ψ13.53	03/19/2023						
H	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
				1000 E 4	11st Street				
		Spectrum		Ste. 920					
L				Austin, T					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip					
		Fees	or and someonic)	WIFI and Austin	d internet for politi	ıcaı apartment ı	maıntaın	ed in	
	X Political			,					
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		X Check if Austin, TX,		ense		
_	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
\vdash^{ϵ}	expenditure to benefit C/OH								
1									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

		The Inst	ruction Guide explains how	to complete	this form.	(,	,	
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)			
	Sch: 36/41 Rpt: 76/85	Orr, Angelia Duke ((The Honorable)			00085955			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
		\$75.39	04/19/2025						
7	PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code	
		Spectrum 1000 E 41st Street Ste. 920 Austin, TX 78751							
8	PURPOSE OF								
	EXPENDITURE X Political	Fees Auctin				ical apartment	maintain	ed in	
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	ı	X Check if Austin, TX,	officeholder living exp	ense		
9 Complete ONLY if direct Candidate/Officeholder name Office sought						Office held			
Ε	expenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
		\$75.39	05/19/2025						
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		Spectrum		1000 E 4	1st Street				
		Spectrum		Ste. 920					
L	DUDDOOT 05	(a) Cataman		Austin, T					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip		ical anartment	maintain	ed in	
	X Political	Fees		WIFI and internet for political apartment maintained in Austin					
	Non-Political	(-) 🗆 a	(T. 0. 1. 0. 1. T.			((,),),),)			
⊢	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	X Check if Austin, TX,	Office held	ense		
Ι ε	expenditure to benefit C/OH	Garialdate/Giliceriolder	Tidine Onio	o sought		Office field			
H	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
		\$90.46	06/19/2025						
		400.10	00/10/2020						
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
		Con a atminis		1000 E 4	1st Street				
		Spectrum		Ste. 920					
L				Austin, T					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip				ad in	
		Fees	,	Austin	internet for politi	ıcaı aparımeni	maintain	ea m	
	X Political								
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	2 2211224	X Check if Austin, TX,		oense		
_ ا	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
۴	Appenditure to benefit G/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: 37/41 Rpt: 77/85 Orr, Angelia Duke (The Honorable) 4 CREDIT CARD ISSUER Name of financial institution See previous (a) Amount Charged \$58.46 7 PAYEE (a) Payee name 3 Filer ID (Ethic 00085955) 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (c) Date(s) Credit Card Issuer Paid	State,	Zip Code
4 CREDIT CARD ISSUER Name of financial institution see previous See previous (a) Amount Charged (b) Date of Charge \$5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD (c) Date(s) Credit Card Issuer Paid	State,	Zip Code
See previous EXPENDITURES CHARGED TO A CREDIT CARD 6 PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid \$58.46 05/24/2025	State,	Zip Code
\$58.46 05/24/2025	State,	Zip Code
	State,	Zip Code
7 PAYEE (a) Payee name (b) Payee address; City,	State,	Zip Code
Phoebe's Diner 408 West 11th Street		
Austin, TX 78701		
8 PURPOSE OF (a) Category (b) Description EXPENDITURE (See Categories listed at the top of this schedule)		
Food/Beverage Expense		
X Political S T		
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expe	ense	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OH		
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid		
\$55.46 06/04/2025		
PAYEE (a) Payee name (b) Payee address; City,	State,	Zip Code
Jorge's Mexican Restaurant 4225 Franklin Avenue		
Waco, TX 76710		
PURPOSE OF (a) Category (b) Description		
EXPENDITURE (See Categories listed at the top of this schedule) Food/Beverage Expense OH lunch meeting		
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 sought Office held		
expenditure to benefit C/OH		
PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid \$73.60 06/12/2025		
PAYEE (a) Payee name (b) Payee address; City,	State,	Zip Code
17725 Foothill Boulevard		
Uber Eats		
Fontana, CA 92335		
PURPOSE OF (a) Category (b) Description EXPENDITURE (See Categories listed at the top of this schedule) OH Junch monting		
Food/Beverage Expense		
X Political		
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expe	ense	
Complete ONLY if direct candidate/Officeholder name 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

The Insti		to complete this form.	OTTIEN (enter a cate	g,	5040)		
2 FILER NAME			3 Filer ID (E	3 Filer ID (Ethics Commission Filers)			
Orr, Angelia Duke (The Honorable)		00085955				
	_	EXPENDITURES	\$				
(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid				
\$11.87	06/27/2025						
(a) Payee name American Express		(b) Payee address; PO Box 6031	City,	State,	Zip Code		
		+	•				
	of this schedule)	1 ' '					
Fees	, , , , , , , , , , , , , , , , , , ,	interest expense					
X Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T Check if Austin T							
(*)	·			expense			
Candidate/Officeholder	name Offic	e sought	Office held				
(a) Amount Charged	(b) Data of Charge	(a) Data(a) Cradit Card los	wor Doid				
\$50.40	03/06/2025	(c) Date(s) Cledit Card iss	uei Palu				
(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
The Grove		800 W 6th Street #100 Austin, TX 78701					
		(b) Description OH dinner meeting					
(c) Check if travel outside	of Texas Complete Schedule T	Check if Austin	TX_officeholder_living	eynense			
	•		Office held	сиреное			
		· ·					
(a) Amount Charged \$9.19	(b) Date of Charge 03/22/2025	(c) Date(s) Credit Card Iss	uer Paid				
(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code		
Dairy Queen		311 N Avenue G					
		Clifton, TX 76634					
(a) Category	(1)	(b) Description					
	•	OH lunch meeting					
(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense			
Candidate/Officeholder	name Offic	e sought	Office held				
	2 FILER NAME Orr, Angelia Duke (Name of final see pi (a) Amount Charged \$11.87 (a) Payee name American Express (a) Category (See Categories listed at the top Fees (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$50.40 (a) Payee name The Grove (a) Category (See Categories listed at the top Food/Beverage Expell (c) Check if travel outside Candidate/Officeholder (a) Amount Charged \$9.19 (a) Amount Charged \$9.19 (a) Payee name Dairy Queen (a) Category (See Categories listed at the top Food/Beverage Expell (c) Check if travel outside Candidate/Officeholder	PILER NAME Orr, Angelia Duke (The Honorable) Name of financial institution see previous (a) Amount Charged \$11.87 (b) Date of Charge 06/27/2025 (a) Payee name American Express (a) Category (See Categories listed at the top of this schedule) Fees (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office (a) Amount Charged \$50.40 (b) Date of Charge \$50.40 O3/06/2025 (a) Payee name The Grove (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office (a) Amount Charged \$9.19 O3/22/2025 (a) Payee name Dairy Queen (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Dairy Queen	Orr, Angelia Duke (The Honorable) Name of financial institution see previous (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Iss (ARD O6/27/2025) (a) Payee name (b) Payee address; PO Box 6031 Carol Stream, IL 60197 (a) Category (See Categories listed at the top of this schedule) To Check if travel outside of Texas. Complete Schedule To Check if Austin, TX 78701 (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Iss (b) Payee address; R00 W 6th Street #100 Austin, TX 78701 (a) Category (c) Check if travel outside of Texas. Complete Schedule To Check if Austin, TX 78701 (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Iss (b) Payee address; R00 W 6th Street H100 Austin, TX 78701 (a) Category (c) Check if travel outside of Texas. Complete Schedule To Check if Austin, TX 78701 (b) Description (c) Check if travel outside of Texas. Complete Schedule To Check if Austin, TX 78701 (c) Check if travel outside of Texas. Complete Schedule To Check if Austin, TX 78701 (a) Category (c) Check if Travel outside of Texas. Complete Schedule To Check if Austin, TX 78701 (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Iss (c) Categories Issed at the top of this schedule) To Check if Austin, TX 76634 (a) Payee name (b) Payee address; R11 N Avenue G Clifton, TX 76634 (a) Category (see Categories Issed at the top of this schedule) Clifton, TX 76634 (b) Description OH lunch meeting C) Check if travel outside of Texas. Complete Schedule To Check if Austin, TX 76634 (c) Check if travel outside of Texas. Complete Schedule To Check if Austin, TX 76634	The Instruction Guide explains how to complete this form. 2 FILER NAME Orr, Angelia Duke (The Honorable) Name of financial institution see previous (a) Amount Charged \$11.87 (b) Date of Charge \$11.87 (c) Date(s) Credit Card Issuer Paid (b) Payee address; City, PO Box 6031 Carol Stream, IL 60197 (a) Category (See Categories listed at the top of this schedule) Fees (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name (b) Payee address; City, PO Box 6031 Carol Stream, IL 60197 (b) Description Interest expense (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office sought Office held (a) Amount Charged \$50.40 (b) Date of Charge \$50.40 (c) Date(s) Credit Card Issuer Paid (d) Payee address; City, 800 W 6th Street #100 Austin, TX 78701 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (c) Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office sought Office held Office held (d) Amount Charged \$9.19 Office Schedule T. Check if Austin, TX, officeholder living, OH dinner meeting Check if Austin, TX, officeholder living, OH dinner meeting (b) Payee address; City, 311 N Avenue G Clifton, TX 76634 (b) Description OH lunch meeting Check if austin, TX, officeholder living, OH lunch meeting City, Check if Insure outside of Texas. Complete Schedule T. Candidate/Officeholder name Office Sought Office held Clifton, TX 76634 (b) Description OH lunch meeting	The Instruction Guide explains how to complete this form. 2 FILER NAME Orr, Angelia Duke (The Honorable) Name of financial institution see previous (a) Amount Charged \$11.87 (b) Date of Charge \$11.87 (c) Date(s) Credit Card Issuer Paid (a) Payee name American Express (a) Category (see Categories listed at the top of this schedule) Fees (c) Check if Iravel outside of Texas. Complete Schedule T. Candidate/Officeholder name (b) Payee address; City, State, PO Box 6031 Carol Stream, IL 60197 (b) Description Interest expense (c) Check if Iravel outside of Texas. Complete Schedule T. Candidate/Officeholder name (b) Date of Charge S50.40 (c) Date(s) Credit Card Issuer Paid (d) Payee address; City, State, PO Box 6031 Carol Stream, IL 60197 (b) Description Interest expense (c) Check if Iravel outside of Texas. Complete Schedule T. Candidate/Officeholder name (b) Date of Charge S50.40 (c) Date(s) Credit Card Issuer Paid (d) Payee address; City, State, 800 W 6th Street #100 Austin, TX 78701 (a) Category (b) Description (c) Check if Iravel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office sought Office hold (a) Amount Charged S9.19 (b) Date of Charge S9.19 (c) Date(s) Credit Card Issuer Paid Office held (d) Amount Charged S9.19 (d) Date of Charge S9.19		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete this form.						
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	sion Filers)			
Sch: 39/41 Rpt: 79/85	Orr, Angelia Duke (The Honorable)		00085955					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid					
	\$325.00	04/28/2025							
7 PAYEE	(a) Payee name American Express		(b) Payee address; PO Box 6031	City,	State,	Zip Code			
			Carol Stream, IL 60197						
8 PURPOSE OF	(a) Category	-# Abib	(b) Description						
EXPENDITURE	(See Categories listed at the top	of this scriedule)	Annual membership fee						
X Political									
Non-Political	\ \frac{1}{2} \ \box \qq \qquad \qua	of Texas. Complete Schedule T.		officeholder living expens	se				
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH		T	1						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid					
	\$176.43	05/22/2025							
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code			
	Total Wine		1201 Barbara Jordan Bou	levard					
	Total Wille		Ste. 900						
	(a) Oatawari		Austin, TX 78723						
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Gift for committee chairma	an					
X Political	Gift/Awards/Memorial	s Expense	Gilt for committee chairman						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expens	se				
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 Issuer	r Paid					
	\$10.49	06/01/2025							
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code			
			17725 Foothill Boulevard						
	Uber Eats								
			Fontana, CA 92335						
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description						
EXPENDITURE	Food/Beverage Exper	· ·	OH lunch meeting						
X Political									
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	<u> </u>	officeholder living expens	se				
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
expenditure to benefit C/OH	<u> </u>								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Candidate/Officeholder/Politica	-			THER (enter a catego	ry not listed at	bove)	
		ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 40/41 Rpt: 80/85	Orr, Angelia Duke (The Honorable)		00085955			
4 CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZED				
ISSUER	see pi	revious	EXPENDITURES CHARGED TO A CREDIT	\$			
			CARD				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid			
	\$26.92	06/01/2025					
	Ψ20.52	00/01/2023					
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
			17725 Foothill Boulevard	- 9,	,		
	Uber Eats		27720 T OOUTINI BOUIOVATA				
			Fontana, CA 92335				
8 PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top		OH office meal				
X Political	Food/Beverage Expe	nse					
Non-Political	(a) Charaltiffaranal antaida	of Towns Committee Coloradula T	Observity Asserting TV	-#:			
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	e sought	officeholder living exp	ense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Onc	e sought	Office field			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Doid			
PATMENT			(c) Date(s) Credit Card Issue	i Paiu			
	\$57.43	06/25/2025					
DAVEE	() =						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Uber Eats		17725 Foothill Boulevard				
			5 OA 00005				
DUDDOOF OF	(a) Catagony		Fontana, CA 92335				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description OH lunch meeting				
l <u> </u>	Food/Beverage Expe		OH lutter meeting				
X Political							
Non-Political	(1)	of Texas. Complete Schedule T.		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) Credit Card Issue	r Paid			
	\$29.00	06/23/2025					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Amariaan Everaga		PO Box 6031				
	American Express						
			Carol Stream, IL 60197				
PURPOSE OF	(a) Category	of this cohodule)	(b) Description				
EXPENDITURE	(See Categories listed at the top	oi uns scriedule)	Credit card fee				
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Printing Expense

	Candidate/Officerolder/Folitica	3	ruction Guide explains how	-	TILK (enter a category	ioi iisieu a	bove)			
1	Total pages Schedule F4:		·	·	3 Filer ID (Ethics	Commiss	sion Filers)			
	Sch: 41/41 Rpt: 81/85	Orr, Angelia Duke (The Honorable)		00085955					
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
		\$1.00	03/07/2025							
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
		Uber		ł						
8										
	EXPENDITURE X Political	Travel Out of District			d OH meetings					
	Non-Political	-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX,			officeholder living exper	ise				
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held					
е	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid					
		\$140.56	05/14/2025	06/30/2025						
	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code			
		Yeti		7601 Southwest Parkway						
L				Austin, TX 78735						
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this echodulo)	(b) Description						
		Gift/Awards/Memorial		Committee chairman gift						
	X Political		•							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exper	ise				
е	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder		e sought	Office held					
	PAYMENT	(a) Amount Charged \$17.87	(b) Date of Charge 01/12/2025	(c) Date(s) Credit Card Issue 02/23/2025	r Paid					
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
		Libor		1455 Market Street						
		Uber		Ste. 400						
L				San Francisco, CA 94103	 					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description						
		Travel Out of District	of this scriedule)	Ride-sharing cost to atten	d OH meetings					
I	X Political									
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exper	ise				
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held					

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Services The Instruction Guide explain		Wages/Contract Labor omplete this form.		OTHER (enter a category not listed above)		
1	Total pages Schedule G:	2 FILER NAM	IE .			3	Filer ID (Ethics Commission Filers)		
	Sch: 1/3 Rpt: 82/85	Orr, Angel	ia Duke (The Honorable)				00085955		
4	Date	5 Payee name	e						
	01/23/2025	American	Express						
6	Amount (\$)	7 Payee addr	ess; City; Sta	te; Zip C	ode				
	\$662.44	PO Box 60	031						
	Reimbursement from								
	x political contributions intended	Carol Stream	am, IL 60197						
8	PURPOSE	(a) Category (See Categories listed at the top of this s	schedule)	(b) Description	С	check if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Credit Car	d Payment			С	check if Austin, TX, officeholder living expense		
					Credit card payn Sched F4 of prio		It for items properly reported on eport		
9		Candidate/Office	eholder name		Office sought		Office held		
	expenditure to benefit C/OH								
		1							
	Date	Payee name							
	02/23/2025	American							
	Amount (\$)	Payee addr		te; Zip C	ode				
	\$864.38	PO Box 60	031						
	Reimbursement from political contributions intended	Carol Stre	am, IL 60197						
	PURPOSE	Category (See Categories listed at the top of this s	schedule)	Description	С	check if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Credit Car	d Payment			С	check if Austin, TX, officeholder living expense		
					Credit card payment for items properly reported on Sched F4 of this report				
		Candidate/Office	eholder name		Office sought		Office held		
	expenditure to benefit C/OH								
		<u> </u>							
	Date	Payee name							
	03/23/2025	American	·						
	Amount (\$)	Payee addr		te; Zip C	ode				
	\$351.89	PO Box 60)31						
	X Reimbursement from political contributions intended	Carol Stre	am, IL 60197						
	PURPOSE	Category (See Categories listed at the top of this	schedule)	Description	_	check if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE	Credit Car	d Payment			_	check if Austin, TX, officeholder living expense		
					Credit card payn Sched F4 of this		nt for items properly reported on cort		
		Candidate/Office	eholder name		Office sought		Office held		
	expenditure to benefit C/OH								

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/\	xpense Vages/Contract Labor		Travel in Dis Travel Out o	
			The Instruction Guide explains	how to co	omplete this form.			
1	Total pages Schedule G:	2 FILER NAME	Ξ			3 I	iler ID	(Ethics Commission Filers)
	Sch: 2/3 Rpt: 83/85	Orr, Angelia	a Duke (The Honorable)			(0008595	55
4	Date	5 Payee name						
	04/23/2025	American E						
6	Amount (\$)	7 Payee addre	ess; City; State;	Zip Co	ode			
	\$547.25	PO Box 60	31					
	Reimbursement from							
	X political contributions intended	Carol Strea	ım, IL 60197					
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	edule)	(b) Description	Che	ck if travel o	outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Credit Card	l Payment			Che	eck if Austin,	TX, officeholder living expense
	EXPENDITURE		•		Credit card paym	nent	for items	s properly reported on
					Sched F4 of this	repo	ort	
9	Complete ONLY if direct	L Candidate/Office	holder name		Office sought			Office held
	expenditure to benefit							
	C/OH							
	Date	Payee name						
	05/23/2025	American E						
	Amount (\$)	Payee addre	•	Zip Co	nde			
	\$673.64	PO Box 60	•	Zip 00	, ac			
	X Reimbursement from political contributions							
	intended	Carol Strea	ım, IL 60197					
	PURPOSE OF	1	ee Categories listed at the top of this scho	edule)	Description	=		outside of Texas. Complete Schedule T.
	EXPENDITURE	Credit Card	l Payment		L	_		TX, officeholder living expense
					Credit card paym Sched F4 of this			s properly reported on
					Scried F4 of this	терс	,, t	
	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held
	expenditure to benefit C/OH							
		1						
	Date	Payee name						
	06/23/2025	American E	Express					
	Amount (\$)	Payee addre	ess; City; State;	Zip Co	ode			
	\$571.25	PO Box 60	31					
	Reimbursement from							
	X political contributions intended	Carol Strea	ım, IL 60197					
	PURPOSE	Category (S	ee Categories listed at the top of this sch	edule)	Description	_		outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Credit Card	l Payment			Che	ck if Austin,	TX, officeholder living expense
	LXI LINDITORL							s properly reported on
					Sched F4 of this	repo	ort	
		Candidate/Office	holder name		Office sought			Office held
	expenditure to benefit C/OH							
	GOTT							

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/3 Rpt: 84/85 Orr, Angelia Duke (The Honorable) 00085955 Date Payee name 06/30/2025 American Express 6 Amount (\$) Payee address; City; State; Zip Code \$140.56 PO Box 6031 Reimbursement from political contributions intended Х Carol Stream, IL 60197 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Credit Card Payment **EXPENDITURE** Credit card payment for items properly reported on Sched F4 of this report Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 85/85 2 FILER NAME Filer ID (Ethics Commission Filers) Orr, Angelia Duke (The Honorable) 00085955 8 Amount (\$) 5 Name of person from whom amount is received 04/07/2025 Venmo \$441.66 6 Address of person from whom amount is received; City; State; Zip Code New York, NY 10014 Purpose for which amount is received Check if political contribution returned to filer Committee chairman gift reimbursement from other Members