FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00085818 21 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Angela M. NAME Date Received **ELECTRONICALLY FILED** 07/14/2025 NICKNAME LAST **SUFFIX** Lancelin CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Nicole R. NAME NICKNAME LAST **SUFFIX Bates CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 225-1300 **PHONE** REPORT TYPE January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/03/2026 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 245 Harris Family District Court Judge

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 21

13 C / OH NAME	Lancelin, Angela M.	The Honorable)	14 Filer ID (00085818	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this informatio	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	_	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		IIZED POLITICAL CONTRIBUTIONS(OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	(S)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 4,093.36
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LERIOD	AST DAY OF THE	\$ 17,686.05
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 1,417.99
17 AFFIDAVIT				
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		The Honor	able Angela M. Lance	elin
		Signature o	f Candidate or Officehol	der
AFFIX NOT	ΓARY STAMP / SEAL AB	OVE		
Sworn to and subsc	ribed before me, by the s	aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of office	er administering oath	Printed name of officer administering oath	Title of officer	r administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			C	3 of 21
18 FILER NAME19 Filer IDLancelin, Angela M. (The Honorable)00085818			(Ethics Commission Filers)	
	O SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.		SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 4,093.36
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11	· 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$ 4.80

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

l	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 1/15 Rpt: 4/21	Lancelin, Angela M. (The Honorable)	00085818
4	Date	5 Payee name	
	01/14/2025	Bellaire/Braeswood democats	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$25.00	5116 huisache st	
		Bellaire, TX 77401	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense membership
			membership
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		C.IIICO I.ICIO
H	Date	Payee name	
	02/24/2025	Christy's Donuts	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.48	1103 Gray Street	
	Ψ21.40	1100 Chay Check	
		Houston, TX 77019	
	DUDDOCE	<u> </u>	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description
l	OF	Food/Povorago Evpopeo	I Check if travel outside of Texas, Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food/Beverage Expense	
		Food/Beverage Expense	Check if Austin, TX, officeholder living expense
	EXPENDITURE Complete ONLY if direct	Candidate/Officeholder name Office sought	Check if Austin, TX, officeholder living expense staff breakfast meeting
	EXPENDITURE	Candidate/Officeholder name Office sought	Check if Austin, TX, officeholder living expense staff breakfast meeting
_	EXPENDITURE Complete ONLY if direct	Candidate/Officeholder name Office sought	Check if Austin, TX, officeholder living expense staff breakfast meeting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Check if Austin, TX, officeholder living expense staff breakfast meeting
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought H	Check if Austin, TX, officeholder living expense staff breakfast meeting
	Complete ONLY if direct expenditure to benefit C/OhDate 03/31/2025	Candidate/Officeholder name Office sought H Payee name Franks Pizza	Check if Austin, TX, officeholder living expense staff breakfast meeting
	Complete ONLY if direct expenditure to benefit C/OFDate 03/31/2025 Amount (\$)	Candidate/Officeholder name Office sought Payee name Franks Pizza Payee address; City; State; Zip Code	Check if Austin, TX, officeholder living expense staff breakfast meeting
	Complete ONLY if direct expenditure to benefit C/OFDate 03/31/2025 Amount (\$)	Candidate/Officeholder name Office sought Payee name Franks Pizza Payee address; City; State; Zip Code	Check if Austin, TX, officeholder living expense staff breakfast meeting
	Complete ONLY if direct expenditure to benefit C/Ol Date 03/31/2025 Amount (\$) \$42.00	Candidate/Officeholder name H Payee name Franks Pizza Payee address; City; State; Zip Code 417 Travis Street Houston , TX 77002	Check if Austin, TX, officeholder living expense staff breakfast meeting
	Complete ONLY if direct expenditure to benefit C/Of Date 03/31/2025 Amount (\$) \$42.00	Candidate/Officeholder name H Payee name Franks Pizza Payee address; City; State; Zip Code 417 Travis Street Houston , TX 77002	Check if Austin, TX, officeholder living expense staff breakfast meeting Office held Description Check if travel outside of Texas. Complete Schedule T.
	Complete ONLY if direct expenditure to benefit C/OFDate 03/31/2025 Amount (\$) \$42.00	Candidate/Officeholder name H Payee name Franks Pizza Payee address; City; State; Zip Code 417 Travis Street Houston , TX 77002 (a) Category (See Categories listed at the top of this schedule)	Check if Austin, TX, officeholder living expense Staff breakfast meeting Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OFDate 03/31/2025 Amount (\$) \$42.00	Candidate/Officeholder name H Payee name Franks Pizza Payee address; City; State; Zip Code 417 Travis Street Houston , TX 77002 (a) Category (See Categories listed at the top of this schedule)	Check if Austin, TX, officeholder living expense staff breakfast meeting Office held Description Check if travel outside of Texas. Complete Schedule T.
	Complete ONLY if direct expenditure to benefit C/OFDate 03/31/2025 Amount (\$) \$42.00 PURPOSE OF EXPENDITURE	Candidate/Officeholder name H Payee name Franks Pizza Payee address; City; State; Zip Code 417 Travis Street Houston , TX 77002 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Check if Austin, TX, officeholder living expense staff breakfast meeting Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff luncheon
	Complete ONLY if direct expenditure to benefit C/OFDate 03/31/2025 Amount (\$) \$42.00	Candidate/Officeholder name H Payee name Franks Pizza Payee address; City; State; Zip Code 417 Travis Street Houston , TX 77002 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office sought	Check if Austin, TX, officeholder living expense staff breakfast meeting Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff luncheon
	Complete ONLY if direct expenditure to benefit C/Ol Date 03/31/2025 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate/Officeholder name H Payee name Franks Pizza Payee address; City; State; Zip Code 417 Travis Street Houston , TX 77002 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office sought	Check if Austin, TX, officeholder living expense staff breakfast meeting Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff luncheon
	Complete ONLY if direct expenditure to benefit C/Ol Date 03/31/2025 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Candidate/Officeholder name H Payee name Franks Pizza Payee address; City; State; Zip Code 417 Travis Street Houston , TX 77002 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense Candidate/Officeholder name Office sought	Check if Austin, TX, officeholder living expense staff breakfast meeting Office held Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff luncheon

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/15 Rpt: 5/21	Lancelin, Angela M. (The Honorable) 00085818
4	Date	5 Payee name
	05/08/2025	Frenchy's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.16	3602 Scott Street
		houston, TX 77004
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LXI LINDITORE	Check if Austin, TX, officeholder living expense staff luncheon
		stan functieon
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	01/21/2025	Google Talkatone
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.32	525 Almanor Ste 200
		Sunnyvale, CA 94085
	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
		monthly fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/19/2025	Google Talkatone
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.32	525 Almanor Ste 200
		Sunnyvale, CA 94085
	PURPOSE	(3)
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		monthly subscription campaign number
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorale to belieff C/OI	'

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Credit Gara Fayment	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 3/15 Rpt: 6/21	Lancelin, Angela M. (The Honorable)		00085818	
4 Date	5 Payee name		•	
03/19/2025	Google Talkatone			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$4.32	525 Almanor Ste 200			
	Sunnyvale, CA 94085			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees		el outside of Texas. Com	
EXI ENDITORE		. —	in, TX, officeholder living	
		priorie subci	ription campaigr	I
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	laht.	Office he	ald.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		igni	Office ne	eiu
Date	Payee name			
05/21/2025	Google Talkatone			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$4.32	525 Almanor Ste 200			
	Sunnyvale, CA 94085			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Fees		el outside of Texas. Com in, TX, officeholder living	
			hone subscriptio	
		1 2 1 2 1	,	
Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>I</u> ıght	Office he	eld
expenditure to benefit C/O				
Date	Payee name			
06/20/2025	Google Talkatone			
Amount (\$)	Payee address; City; State; Zip Co	nde		
\$4.32	525 Almanor Ste 200			
, -				
	Sunnyvale, CA 94085			
PURPOSE	(-) -	(b) Description		
OF	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if trave	el outside of Texas. Com	plete Schedule T.
EXPENDITURE	1 003		in, TX, officeholder living	
		campaign pl	hone subscription	n
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office he	eld
expenditure to benefit C/O	H 			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica 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		
Ļ	T.1 01 11 -	<u> </u>	
1	Total pages Schedule F1:		ers)
	Sch: 4/15 Rpt: 7/21	Lancelin, Angela M. (The Honorable) 00085818	
4	Date	5 Payee name	
	06/13/2025	HEB	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$13.28	1701 w alabama	
		Houston TV 77000	
Ļ	DUDDOCE	Houston, TX 77098	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Jury Breakfast treats	
		Sury Brownlast trouts	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	Complete ONLY if direct expenditure to benefit C/OI		
	·		
	Date	Payee name	
	01/14/2025	Harris County Democratic Party	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.00	4619 Lyons Ave	
		Houston, TX 77020	
_	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 1. Check if Austin, TX, officeholder living expense	
		membership	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
\vdash	Date	Payee name	
	02/27/2025	Harris County Democratic Party	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.00	4619 Lyons Ave	
		Houston, TX 77020	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	LAFLINDITORL	Check if Austin, TX, officeholder living expense	
		membership	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	CAPETIUILUIE IO DEHEIII C/OI		

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/15 Rpt: 8/21	Lancelin, Angela M. (The Honorable) 00085818
4	Date	5 Payee name
	03/27/2025	Harris County Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.00	4619 Lyons Ave
		Houston, TX 77020
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense membership
		membership
9	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
L		
	Date	Payee name
	04/28/2025	Harris County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	4619 Lyons Ave
		Houston, TX 77020
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		membership
		membership
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	05/19/2025	Harris County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	4619 Lyons Ave
		Houston, TX 77020
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		membership
	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/15 Rpt: 9/21	Lancelin, Angela M. (The Honorable) 00085818
4	Date	5 Payee name
	05/27/2025	Harris County Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.00	4619 Lyons Ave
		Houston, TX 77020
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
		membersip
		e
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
—	Date	Power name
	06/27/2025	Payee name Harris County Democratic Party
		Harris County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	4619 Lyons Ave
		Houston, TX 77020
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		membership
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/14/2025	Houston black american democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	p.o. box 202116
		houston
		houston, TX 77252
	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.
	LAFENDITURE	Check if Austin, TX, officeholder living expense
		membership
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to belieff 6/01	•

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 7/15 Rpt: 10/21	2 FILER NAME Lancelin, Angela M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00085818
4	Date 02/26/2025	5 Payee name Houston black american democrats
6	Amount (\$) \$150.00	7 Payee address; City; State; Zip Code p.o. box 202116 houston houston, TX 77252
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense McGowen Sheppard Gospel luncheon fundraiser
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 01/14/2025	Payee name Mexican American Bar Association
	Amount (\$) \$75.00	Payee address; City; State; Zip Code p.o.box 303 houston, TX 77001
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense membership
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 01/14/2025	Payee name Meyerland Democratic Club
	Amount (\$) \$30.00	Payee address; City; State; Zip Code PO Box 310061
		houston, TX 77231
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense membership
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Consuling 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: 8/15 Rpt: 11/21	Lancelin, Angela M. (The Honorable) 00085818
4	Date	5 Payee name
	02/24/2025	Out for Education
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$123.89	P.O. Box 667010
		Houston, TX 77266
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFENDITORE	Candidate/Officeholder/Political Committee
		HBA-LGBTQ mardie gras fundraiser
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/17/2025	SAMs Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$197.89	13600 East Freewat
	Ψ137.03	10000 East 1100 wat
		Houston , TX 77015
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Jury supplies/snacks
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/18/2025	SAMs Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$198.66	13600 East Freewat
		Houston , TX 77015
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Jury supplies/snacks
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/15 Rpt: 12/21	Lancelin, Angela M. (The Honorable) 00085818
4	Date	5 Payee name
	06/02/2025	SAMs Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$119.89	13600 East Freewat
		Houston , TX 77015
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplies/snacks for jury
		Supplies/shacks for jury
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	Para a same
	Date	Payee name
	05/22/2025	Texas Gulf Coast Area Labor Federation
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2506 Sutherland
		Houston, TX 77023
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		เนานา ผิวอา
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 05/30/2025	Payee name Texas State Bar
	Amount (\$)	Payee address; City; State; Zip Code
	\$645.00	1414 Colorado Street
		Austin , TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		CLE AF
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/15 Rpt: 13/21	Lancelin, Angela M. (The Honorable) 00085818
4	Date	5 Payee name
	03/20/2025	antones
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$258.39	4520 San Felipe #200
		houston, TX 77027
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		family board luncheon
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/05/2025	area 5 democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.00	P.O. Box 608
		Pasadena, TX 77501
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	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
		annual Luncheon funraiser
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/14/2025	association of women attorneys
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	2450 Louisiana#400
		houston, TX 77002
	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
		membeship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria Legal Services The Instruction (Is Expense	Office Overl Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Transportation E Travel in District Travel Out of Dis			
Ļ		_		Juide explains i	now to com	piete tilis ioilii.	1_		(E.) E.		
1	Total pages Schedule F1: Sch: 11/15 Rpt: 14/21	2	Lancelin, Angela M. (The	Honorable)			3	Filer ID 00085818	(Ethics Commission Filers)		
4	Date	5	Payee name				_				
	04/25/2025		heath, sonja (Judge)								
6	Amount (\$)	7	Payee address; City;	State;	Zip Cod	e					
	\$22.00		201 Caroline St 15th Fl								
			Ste1530								
			Houston, TX 77002								
8	PURPOSE	(a)	Catagony		//	b) Description					
ľ	OF	(α)	Category (See Categories listed a	the top of this sche	edule)		outsi	ide of Texas, Com	inlete Schedule T.		
	EXPENDITURE		Event Expense			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
						Printing fees					
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	0	Office soug	ht		Office he	eld		
	Date		Payee name								
	03/26/2025		herald publishing								
_	Amount (\$)	_	Payee address; City;	Stato:	Zip Cod	Δ					
	\$585.00			Siale,	Zip Cou	C					
	φ303.00		3408 Audley								
			houston, TX 77098								
	PURPOSE	(a)	Category (See Categories listed a	the top of this sche	edule) (b) Description					
	OF EXPENDITURE		Advertising Expense			<u> </u>		ide of Texas. Com			
						Jewish Heral		, officeholder living			
						Jewisii Herai	u c	ampaign au	verusement		
		<u> </u>									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name	O	Office soug	nt		Office he	eld		
	Date		Payee name								
	01/27/2025		southwest democrats								
	Amount (\$)		Payee address; City;	State;	Zip Cod	e					
	\$10.00		p.o. box 2053								
	,										
			bellaire, TX 77402								
	PURPOSE	(a)	Category (See Categories listed a	the top of this sche	edule) (b) Description					
	OF EXPENDITURE		Fees			Check if travel	outs	ide of Texas. Com	plete Schedule T.		
	LAFENDITORE					—	ı, TX	, officeholder living	g expense		
						membership					
	Complete ONLY if direct		Candidate/Officeholder name	0	Office soug	ht	_	Office he	eld		
	expenditure to benefit C/OI	7									
Eci	me provided by Tayas F	thic	c Commission	MANN Othics S	toto ty uc				Version V// 1 0 f10d0fd		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/15 Rpt: 15/21	Lancelin, Angela M. (The Honorable) 00085818
4	Date	5 Payee name
	02/25/2025	southwest democrats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	p.o. box 2053
		bellaire, TX 77402
8	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. Check if Austin, TX, officeholder living expense
		membership
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/Oi	
	Date	Payee name
	03/25/2025	southwest democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	p.o. box 2053
		L. II. (v. T.V. 77400
		bellaire, TX 77402
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		membership
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name southwest democrats
	04/25/2025	
	Amount (\$) \$10.00	Payee address; City; State; Zip Code p.o. box 2053
	Ψ10.00	p.o. box 2000
		bellaire, TX 77402
	PURPOSE	las
	OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		membership
	Complete ONLY if direct	Condidate/Officeholder name Office county Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 13/15 Rpt: 16/21	Lancelin, Angela M. (The Honorable) 00085818
4	Date	5 Payee name
L	05/27/2025	southwest democrats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	p.o. box 2053
		bellaire, TX 77402
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
		membership
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/25/2025	southwest democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	p.o. box 2053
		bellaire, TX 77402
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		membership
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/21/2025	st marys of the purification
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	3006 rosedale
		houston, TX 77004
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Church marui gras iunuraisei
	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

	Credit Card Payment	The Instruction Guide explains how to complete th	nis form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 14/15 Rpt: 17/21	Lancelin, Angela M. (The Honorable)	00085818
4	Date	5 Payee name	<u> </u>
	06/25/2025	sunrise taquitos	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$39.72	5601 Memorial Dr	
		houston, TX 77007	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		stat	ff meeting
_	0 1: 01:14 7 1		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/13/2025	super glazed donuts	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.30	6902 market Street	
		houston, TX 77020	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF EXPENDITURE	1 Ood/Develage Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense y breakfast
			, 5.55mms.
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	03/17/2025	usps	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$122.00	11805 chimney rock	
	¥==1.00		
		houston , TX 77035	
	DUDDOCE	(6) 0	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Des	SCTIPTION Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 003	Check if Austin, TX, officeholder living expense
		mai	ulbox subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/15 Rpt: 18/21	Lancelin, Angela M. (The Honorable) 00085818
4	Date	5 Payee name
	03/27/2025	whataburger
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.35	3797 Southwest FREEWAY
		Houston , TX 77027
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign breakfast
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	01/06/2025	zydeco Dinner
	Amount (\$)	Payee address; City; State; Zip Code
	\$97.28	1119 pease st
		houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Staff luncheon
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/30/2025	zydeco Dinner
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.47	1119 pease st
		·
		houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Staff luncheon
		Stail function
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instruction Guide explains how to complete this form.					1 Total pages Schedule K: Sch: 1/2 Rpt: 19/21		
2	FILER NAME			3	Filer I	(Ethics Commission F	ilers)	
	Lancelin, An	Lancelin, Angela M. (The Honorable)			00085	5818		
4	Date	5	Name of person from whom amount is received			8 Amount (\$)		
	01/15/2025		Frost Bank				\$0.83	
		6	Address of person from whom amount is received; City; State; Zip Code					
			D. II. :					
		Ŀ	Bellaire, TX 77401					
		'		if politi	cal cont	ribution returned to filer		
			interest on campaign acct					
	Date		Name of person from whom amount is received			Amount (\$)		
	02/14/2025	ļ	Frost Bank				\$0.71	
			Address of person from whom amount is received; City; State; Zip Code					
			Bellaire, TX 77401					
		H		:£ a :4:	!	wile, skiese week, weekel to file.		
			Purpose for which amount is received	п рош	cai cont	ribution returned to filer		
						T		
	Date		Name of person from whom amount is received			Amount (\$)	ታ Ω	
	03/14/2025	ļ	Frost Bank				\$0.65	
			Address of person from whom amount is received; City; State; Zip Code					
			Bellaire, TX 77401					
		┢		if politi	cal cont	ribution returned to filer		
			interest on campaign acct					
	Date	H	Name of person from whom amount is received			Amount (\$)		
	04/14/2025		Frost Bank			(4)	\$0.68	
		ļ	Address of person from whom amount is received; City; State; Zip Code			•		
			Bellaire, TX 77401					
			Purpose for which amount is received	if politi	cal cont	ribution returned to filer		
			interest earned campaign acct					
	Date		Name of person from whom amount is received			Amount (\$)		
	04/14/2025		Frost Bank				\$0.68	
		ļ	Address of person from whom amount is received; City; State; Zip Code		•••••]		
		$ldsymbol{f eta}$	Bellaire, TX 77401					
			-	if politi	cal cont	ribution returned to filer		
			interest earned campaign acct					
I								

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: 2/2 Rpt: 20/21 2 FILER NAME Filer ID (Ethics Commission Filers) Lancelin, Angela M. (The Honorable) 00085818 8 Amount (\$) Date 5 Name of person from whom amount is received 05/14/2025 Frost Bank \$0.64 6 Address of person from whom amount is received; City; State; Zip Code Bellaire, TX 77401 Purpose for which amount is received Check if political contribution returned to filer interest earned campaign acct Amount (\$) Name of person from whom amount is received Date 06/13/2025 Frost Bank \$0.61 Address of person from whom amount is received; City; State; Zip Code Bellaire, TX 77401 Purpose for which amount is received Check if political contribution returned to filer interest earned campaign acct

	OUTSTAN	SCHEDULE L					
	The Instruction	on Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 21/21				
2	FILER NAME Lancelin, Angela	a M. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085818				
	LENDER INFORMATION	4 Name of lender smart financial credit union	•				
		5 Lender address; City; State; Zip Code					
		houston, TX 77072					
	GUARANTOR INFORMATION	6 Name of guarantor					
	X not applicable	7 Guarantor address; City; State; Zip Code					