FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00081896 37 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Angela L. NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 NICKNAME LAST **SUFFIX** Angie **Graves-Harrington** CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; 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** Mr. Darryl D. NAME NICKNAME LAST **SUFFIX** Harrington **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); STATE: ZIP CODE APT / SUITE #; CITY; **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 240-5035 **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

GO TO PAGE 2

Family District Court Judge District 246 Harris

Family District Court Judge District 246

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 37

13 C / OH NAME	Graves-Harrington, A	ngela L. (The Honorable)	14 Filer ID 00081896	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.			
Additional Pages	COMMITTEE TYPE COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURE	ER NAME	
		COMMITTEE CAMPAIGN TREASURE	ER ADDRESS	
	1 TOTAL LINUTENA	ZED DOLITICAL CONTRIBUTIONICO	FUED THAN DIEDOES LOANS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OT ES OF LOANS, OR CONTRIBUTIONS		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES	S OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$ 0.00			
	4. TOTAL POLIT	CAL EXPENDITURES		\$ 14,692.91
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS RIOD	OF THE LAST DAY OF THE	\$ 77,111.20
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING TING PERIOD	LOANS AS OF THE LAST DAY	\$ 7,500.00
17 AFFIDAVIT				
			nder penalty of perjury, that the ac d includes all information required tion Code.	
		The H	onorable Angela L. Graves-H	larrington
			Signature of Candidate or Officeho	older
AFFIX NO	TARY STAMP / SEAL AB	DVE		
		aid		day
of	, 20, to co	ertify which, witness my hand and seal o	of office.	
Signature of office	er administering oath	Printed name of officer administer	ing oath Title of office	er administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

	3 of 37							
l	18 FILER NAME Graves-Harrington, Angela L. (The Honorable) 19 Filer ID (Ethics Commission Filers) 00081896							
l	HEDULI ME OF	SUBTOTAL AMOUNT						
1.		\$						
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	\$ 14,692.91				
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$				
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$				
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 1/33 Rpt: 4/37	Graves-Harrington, Angela L. (The Honorable) 00081896
4	Date	5 Payee name
	06/28/2025	Amazon Marketplace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$149.08	PO Box 81226
		Seattle, WA 81226
8	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 Office supplies
		Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Dougo nama
		Payee name
	06/26/2025	Amazon Marketplace
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.61	PO Box 81226
		Seattle, WA 81226
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Black linen tablecloths for court events
		Black linen tablecious for court events
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	05/28/2025	Payee name Amazon Marketplace
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$71.38	PO Box 81226
		Seattle, WA 81226
	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
		Items for Family Reunification Month Celebration
		Romo for Family Real modulon World's Gelebration
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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		Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 2/33 Rpt: 5/37	Graves-Harrington, Angela L. (The Honorable)	00081896
4	Date	5 Payee name	
	05/29/2025	Amazon Marketplace	
6	Amount (\$) \$111.52	7 Payee address; City; State; Zip Code PO Box 81226	
		Seattle, WA 81226	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense
			Items for Family Reunification Month Celebration
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/30/2025	Amazon Marketplace	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$102.84	PO Box 81226	
		Seattle, WA 81226	
	PURPOSE OF	, , ,	Description
	EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Items for Family Reunification Month Celebration
			none io i anny i commonte in color and in
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/30/2025	Amazon Marketplace	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$83.64	PO Box 81226	
		Seattle, WA 81226	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
	TVI FIADLIONE		Check if Austin, TX, officeholder living expense
			Items for Family Reunification Month Celebration
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	C.1100 11010

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

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

	Credit Card Payment	The Instruction Guide explains how to complete	this form.
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/33 Rpt: 6/37	Graves-Harrington, Angela L. (The Honorable)	00081896
4	Date	Payee name	
	06/02/2025	Amazon Marketplace	
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$80.43	PO Box 81226	
		Seattle, WA 81226	
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) D	Description
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	📙	Check if Austin, TX, officeholder living expense
		lt ⁱ	tems for Family Reunification Month Celebration
_			-
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/03/2025	Amazon Marketplace	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$49.32	PO Box 81226	
		Seattle, WA 81226	
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) D	Description
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
		<u>L</u>	Check if Austin, TX, officeholder living expense tems for Family Reunification Month Celebration
			ionis for raining recuminedation within delegration
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	emec cought	Cines note
	Date	Payee name	
	03/05/2025	Area 5 Democrats	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$125.00	3800 Spencer Hwy	
	Ψ123.00	Suite L	
		Pasadena, TX 77504	
	PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	Description Charlet travel cutside of Taylor Complete Schoolule T
	EXPENDITURE	Sponsorship	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		A	Annual brunch fundraiser
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	Ç	
_			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 4/33 Rpt: 7/37	Graves-Harrington, Angela L. (The Honorable) 00081896			
4	Date	5 Payee name			
	05/13/2025	Baytown Area Democrats			
6	Amount (\$) \$35.00	7 Payee address; City; State; Zip Code PO Box 890381			
		Houston, TX 77062			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Dues Check if travel outside of Texas. Complete Schedule T.			
	2/11/21/01/12	Check if Austin, TX, officeholder living expense			
		Annual Dues			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	01/29/2025	Baytown Area Democrats			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$10.00	PO Box 890381			
		Houston, TX 77062			
	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			
		Monthly sustaining member contribution			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	02/26/2025	Baytown Area Democrats			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$10.00	PO Box 890381			
	,				
		Houston, TX 77062			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Contributions/Donations Made By			
	LAFLINDITORL	Candidate/Officeholder/Political Committee			
		Monthly sustaining member 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 Event Expense

Fees
Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/33 Rpt: 8/37	Graves-Harrington, Angela L. (The Honorable) 00081896
4	Date	5 Payee name
	03/26/2025	Baytown Area Democrats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	PO Box 890381
		Houston, TX 77062
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LXI LINDITORE	Candidate/Officeholder/Political Committee
		Monthly sustaining member contribution
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/30/2025	Baytown Area Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	PO Box 890381
	Ψ10.00	1 O BOX 030301
		Houston, TX 77062
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	-	Candidate/Officeholder/Political Committee
		Monthly sustaining member contribution
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/28/2025	Baytown Area Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	PO Box 890381
	·	
		Houston, TX 77062
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Monthly sustaining member contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 6/33 Rpt: 9/37	Graves-Harrington, Angela L. (The Honorable) 00081896
4	Date	5 Payee name
	06/25/2025	Baytown Area Democrats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	PO Box 890381
		Houston, TX 77062
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Worlding Sustaining member contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
	Date	Payee name
	05/19/2025	Budget Rent a Car
_	Amount (\$)	Payee address; City; State; Zip Code
	\$219.30	9636 Natural Bridge Rd
	7=20.00	ooo naana inago na
		St. Louis, MO 63134
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Rental car Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Car rental for court observation of NCJFCJ judges
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/06/2025	CEFCO
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.70	6261 Central Pointe Parkway
		Temple, TX 76504
	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Gas for travel to Austin for CC meeting
	Complete ONLY if alice of	Condidate/Officeholder name Office cought
	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
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 (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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/33 Rpt: 10/37	Graves-Harrington, Angela L. (The Honorable) 00081896
4	Date	5 Payee name
	06/20/2025	CampaignPartner.com/Data Ecology LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$38.00	PO Box 118
		Still River, MA 01467
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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Website
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/16/2025	CampaignPartner.com/Data Ecology LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	PO Box 118
		Still River, MA 01467
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Domain name purchase
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	
	Date	Payee name
	05/27/2025	CampaignPartner.com/Data Ecology LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.12	PO Box 118
		Still River, MA 01467
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Website
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 8/33 Rpt: 11/37	Graves-Harrington, Angela L. (The Honorable) 00081896
4	Date	5 Payee name
	05/27/2025	CampaignPartner.com/Data Ecology LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$45.00	PO Box 118
		Still River, MA 01467
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 3 domain registrations
		3 domain registrations
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
		Payee name
	05/27/2025	CampaignPartner.com/Data Ecology LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.05	PO Box 118
		Still River, MA 01467
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Website
	Compulate ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	05/19/2025	CampaignPartner.com/Data Ecology LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.10	PO Box 118
		Still River, MA 01467
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Website
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	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 Candidate/Officeholder/Politica Credit Card Payment	Fee Foo - Giftv Committee Leg	ent Expense es od/Beverage Expense //Awards/Memorials Expense pal Services de Instruction Guide explain:	Office Overhe Polling Expen Printing Expen Salaries/Wag	nse es/Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense
1	Total pages Schedule F1:	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)
-	Sch: 9/33 Rpt: 12/37		gton, Angela L. (The H	lonorable)		ľ	00081896	(Lance commedien inche)
4	Date	5 Payee name						
	04/21/2025	CampaignPart	ner.com/Data Ecology	LLC				
6	Amount (\$) \$7.95	7 Payee address;PO Box 118Still River, MA		te; Zip Code				
8	PURPOSE OF EXPENDITURE	(a) Category (See Conference of See Conference o	tategories listed at the top of this so	chedule) (b		ı, TX,	ide of Texas. Comp , officeholder living nance fee	
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeh	nolder name	Office sough	t		Office he	ld
	Date	Payee name						
	03/19/2025	CampaignPart	ner.com/Data Ecology	LLC				
	Amount (\$)	Payee address;	City; Stat	te; Zip Code				
	\$7.95	PO Box 118 Still River, MA	01467					
	PURPOSE OF EXPENDITURE	(a) Category (See Category Fees	ategories listed at the top of this so	chedule) (b	ш		ide of Texas. Comp	
					Check if Austin		, officeholder living nance fee	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeh	nolder name	Office sough	t		Office he	·ld
	Date 02/19/2025	Payee name CampaignPart	ner.com/Data Ecology	LLC				
	Amount (\$) \$7.95	Payee address; PO Box 118	City; Stat	te; Zip Code				
		Still River, MA	01467					
	PURPOSE OF EXPENDITURE	(a) Category (See Ca Fees	ategories listed at the top of this so	chedule) (b		ı, TX,	ide of Texas. Comp , officeholder living nance	
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Salaries/Wages/Contract Labor Travel Out of District 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: 10/33 Rpt: 13/37 Graves-Harrington, Angela L. (The Honorable) 00081896 4 Date Payee name 01/18/2025 CampaignPartner.com/Data Ecology LLC 6 Amount (\$) Payee address; City; State; Zip Code \$7.95 PO Box 118 Still River, MA 01467 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. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Monthly maintenance Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/09/2025 Chick-fil-a (Humble) Amount (\$) Payee address; City; State; Zip Code \$100.00 9525 N Sam Houston Frwy Humble, TX 77396 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Breakfast for jury Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/11/2025 Costco Humble Warehouse Amount (\$) Payee address: City: State; Zip Code \$119.52 21802 Townsen Blvd. Humble, TX 77338 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Items for courtroom Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 11/33 Rpt: 14/37	Graves-Harrington, Angela L. (The Honorable) 00081896
4	Date	5 Payee name
	05/06/2025	Doubletree Hotel Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$181.65	6505 North Interstate 35
		Austin, TX 78752
8	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
		Hotel stay for CC meeting
		Floter stay for GC infecting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
L		
	Date	Payee name
	02/15/2025	Eddie V's
	Amount (\$)	Payee address; City; State; Zip Code
	\$145.00	509 Broadway
		Nashville, TX 37203
	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
		Dinner @ TAFLS conference
		Diffici & 174 LO conficience
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	5 .	
	Date	Payee name
	06/18/2025	Exxonmobil
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.63	4804 Houston
		Houston, TX 77389
	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
		Gas for drive to San Antonio for State Bar of Texas Annual Meeting
	0 1 0 0 0 0 0 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 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	Credit Card Payment The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1: Sch: 12/33 Rpt: 15/37	2 FILER NAME Graves-Harrington, Angela L. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081896							
4	Date 03/05/2025	5 Payee name Exxonmobil								
6	Amount (\$) \$44.53	7 Payee address; City; State; Zip Code 4804 Houston Houston, TX 77389								
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Gas for travel to Austin for CC							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held							
	Date 05/16/2025	Payee name Freddy's								
	Amount (\$) \$49.42	Payee address; City; State; Zip Code 3320 Green Mount Crossing Dr								
	PURPOSE OF EXPENDITURE	Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch while observing St. Louis courts							
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held							
	Date 06/03/2025	Payee name Gloria's								
	Amount (\$) \$115.00	Payee address; City; State; Zip Code 2616 Louisiana								
		Houston, TX 77006								
	PURPOSE OF EXPENDITURE	Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dinner after Family Reunification Proclamation presentation							
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held							

SCHEDULE F1

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

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

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: 13/33 Rpt: 16/37	Graves-Harrington, Angela L. (The Honorable) 00081896
4	Date	5 Payee name
	05/23/2025	Graces on Kirby
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$90.00	3111 Kirby Drive
		Houston, TX 77098
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	ZA ZABITORZ	Check if Austin, TX, officeholder living expense
		Planning lunch with keynote speaker for Family Reunification Day event
_	Complete ONLY if direct	
9	Complete ONLY if direct expenditure to benefit C/OH	
_	Date	Davies same
	04/14/2025	Payee name
		Grammarly
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	548 Market Street
		#35410
		San Francisco, CA 94104
	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 Subscription
		Casconpacti
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/13/2025	Grammarly
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	548 Market Street
		#35410
		San Francisco, CA 94104
	PURPOSE	I no
	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
		Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	7

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 14/33 Rpt: 17/37	Graves-Harrington, Angela L. (The Honorable) 00081896
4	Date	5 Payee name
	04/20/2025	H-E-B
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$248.04	9710 Katy Fwy
		Houston, TX 77055
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 Re-up of snacks, drinks, coffee, and other perishable
		and non-perishable items for courtroom
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	04/28/2025	H-E-B
	Amount (\$)	Payee address; City; State; Zip Code
	\$18.36	9710 Katy Fwy
		Houston, TX 77055
	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
		Creamer
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/19/2025	Hampton Inn O'Fallon
	Amount (\$)	Payee address; City; State; Zip Code
	\$117.53	430 Regency Park
		O'Fallon, IL 62269
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Hotel stay - Court observation
		Hotel stay - Court observation
	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 Comn

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica						OTHER (enter a category not listed above)			
	Credit Card Payment	The Instruction Guide explains ho	w to com	olete this form.						
1	Total pages Schedule F1:	FILER NAME			3	Filer ID	(Ethics Commission	Filers)		
	Sch: 15/33 Rpt: 18/37	Graves-Harrington, Angela L. (The Hond	orable)			00081896				
4	Date	Payee name			•					
	01/12/2025	Harris County Democratic Party								
6	Amount (\$)	Payee address; City; State;	Zip Code	9						
	\$10.00	4619 Lyons Avenue								
		Houston, TX 77020								
8	PURPOSE	Category (See Categories listed at the top of this schedu	(t	Description						
•	OF	Contributions/Donations Made By	ile)		outs	ide of Texas. Com	plete Schedule T.			
	EXPENDITURE	Candidate/Officeholder/Political Committ	ee	Check if Austin	, TX	, officeholder living	g expense			
				Sustaining m	em	iber contribu	ıtion			
9	Complete ONLY if direct expenditure to benefit C/O	andidate/Officeholder name Offi	ce sough	nt		Office h	eld			
	experialiture to beriefit C/O									
	Date	Payee name								
	02/12/2025	Harris County Democratic Party								
	Amount (\$)	Payee address; City; State;	Zip Code	9						
	\$10.00	4619 Lyons Avenue								
		Houston, TX 77020								
	PURPOSE	Category (See Categories listed at the top of this schedu	ıle) (k) Description						
	OF EXPENDITURE	Contributions/Donations Made By		=			nplete Schedule T.			
		Candidate/Officeholder/Political Committee			Check if Austin, TX, officeholder living expense Sustaining membership contribution					
				Sustaining in	CII	ibership con	andation			
	Complete ONLY if direct	andidate/Officeholder name Offi	ce sough	nt		Office h	eld			
	expenditure to benefit C/O		oo ooug.	•		000	o.u			
	Date	Payee name								
	03/13/2025	Harris County Democratic Party								
	Amount (\$)		Zip Code	`						
	\$10.00	4619 Lyons Avenue	zip Coue	-						
	Ψ10.00	+013 Lyons Avenue								
		Houston, TX 77020								
	DUDDOCE		l a							
	PURPOSE OF	Category (See Categories listed at the top of this schedu	ile) (t	DescriptionCheck if travel	outs	ide of Texas. Com	nplete Schedule T.			
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committ	ee	<u></u>		, officeholder living	•			
				Sustaining m	em	bership con	tribution			
	Complete ONLY if direct	andidate/Officeholder name Offi	ce sough	nt		Office h	eld			
	expenditure to benefit C/O									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe 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						OTHER (enter a category not listed above)			
	Credit Card Payment	The Instruction Guide explains how to co	mpl	ete this form.						
1	Total pages Schedule F1:	FILER NAME			3	Filer ID	(Ethics Commission	n Filers)		
	Sch: 16/33 Rpt: 19/37	Graves-Harrington, Angela L. (The Honorable)			00081896				
4	Date	Payee name								
	04/13/2025	Harris County Democratic Party								
6	Amount (\$)	Payee address; City; State; Zip Co	ode							
	\$10.00	4619 Lyons Avenue								
		Houston, TX 77020								
8	PURPOSE	Category (See Categories listed at the top of this schedule)	(b)	Description						
•	OF	Contributions/Donations Made By	(~)	`	outsi	de of Texas. Com	plete Schedule T.			
	EXPENDITURE	Candidate/Officeholder/Political Committee		Check if Austin,	TX,	officeholder living	g expense			
				Sustaining me	em	bership con	tribution			
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght			Office h	eld			
	expenditure to benefit C/OI									
	Date	Payee name								
	05/13/2025	Harris County Democratic Party								
	Amount (\$)	Payee address; City; State; Zip Co	ode							
	\$10.00	4619 Lyons Avenue								
		Houston, TX 77020								
	PURPOSE	Category (See Categories listed at the top of this schedule)	(b)	Description						
	OF EXPENDITURE	Contributions/Donations Made By					plete Schedule T.			
		Candidate/Officeholder/Political Committee		Check if Austin, TX, officeholder living expense Sustaining membership contribution						
				Sustaining me	em	bership con	uibuuoii			
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht			Office he	ald			
	expenditure to benefit C/OI	Sandidate/Officerolder frame Office Soci	igiit			Office fit	siu			
	Data	Para a comp								
	Date 05/30/2025	Payee name Harris County Democratic Party								
	Amount (\$)	Payee address; City; State; Zip Co	oae							
	\$100.00	4619 Lyons Avenue								
		Houston, TX 77020								
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel of	outci	do of Toyas Com	plete Schedule T.			
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee				officeholder living	•			
		Carlaidate/Oniceriolaen/ Onitical Committee		Sustaining me						
				•		•				
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght			Office he	eld			
	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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 17/33 Rpt: 20/37	2 FILER NAME Graves-Harrington, Angela L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081896
4	Date 06/10/2025	5 Payee name Harris County Democratic Party
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 4619 Lyons Avenue
8	PURPOSE OF EXPENDITURE	Houston, TX 77020 (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 Sustaining Membership Fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 04/28/2025	Payee name Hilton Americas Houston
	Amount (\$) \$25.00	Payee address; City; State; Zip Code 1600 Lamar Houston, TX 77002
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking for Council on Recovery Luncheon
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 02/08/2025	Payee name Hilton Garden Inn
	Amount (\$) \$317.19	Payee address; City; State; Zip Code 301 W 17th Street
		Austin, TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Hotel stay for CC hearing in Austin
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filer)	lers)
	Sch: 18/33 Rpt: 21/37	Graves-Harrington, Angela L. (The Honorable) 00081896	
4	Date	5 Payee name	
	05/14/2025	Houston Bar Association	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$468.00	1111 Bagby Street	
		Suite 200	
		Houston, TX 77002	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Sponsorship Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Sponsorship for HBA Intern Luncheon	
		Sponsorship for FIBA filterin Euroneon	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	П	
	Date	Payee name	
	02/25/2025	Houston Black American Democrats	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$150.00	PO Box 202116	
		Houston, TX 77220	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Table sponsorship Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Annual luncheon	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	06/17/2025	Houston Lawyers Association	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$20.00	PO Box 300009	
L		Houston, TX 77230	
	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	
		Ticket fee for Juneteenth Celebration	
	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 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: 19/33 Rpt: 22/37	Graves-Harrington, Angela L. (The Honorable) 00081896
4	Date	5 Payee name
	05/03/2025	Houston Lawyers Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	PO Box 300009
		Houston, TX 77230
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.
	EXI ENDITORE	X Check if Austin, TX, officeholder living expense
		Membership Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Data	
	Date 06/17/2025	Payee name
		Houston Lawyers Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$105.40	PO Box 300009
		Houston, TX 77230
	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
		Gala sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/03/2025	Houston Lawyers Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$70.00	PO Box 300009
		Houston, TX 77230
	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 Fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experioralie to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

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

l	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 20/33 Rpt: 23/37	2 FILER NAME Graves-Harrington, Angela L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081896
4	Date 04/15/2025	5 Payee name Houston Lawyers Association
6	Amount (\$) \$220.00	7 Payee address; City; State; Zip Code PO Box 300009 Houston, TX 77230
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Sponsorship (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense HLA gala
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 04/18/2025	Payee name Houston Lawyers Association
	Amount (\$) \$190.00	Payee address; City; State; Zip Code PO Box 300009 Houston, TX 77230
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Sponsorship (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense HLA gala (1st payment)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 06/20/2025	Payee name JW Marriott Hill Country
	Amount (\$) \$317.92	Payee address; City; State; Zip Code 23808 Resort Pkwy
		San Antonio, TX 78261-2018
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense State Bar of Texas Annual Meeting
	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
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: 21/33 Rpt: 24/37	Graves-Harrington, Angela L. (The Honorable) 00081896
4	Date	5 Payee name
	01/15/2025	Market Scratch Kitchen Bar
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$44.00	1500 Rivery Blvd.
		Ste 1100
		Georgetown, TX 78628
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description 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
		Dinner at Child Welfare conference
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit G/OI	
	Date	Payee name
	06/16/2025	Market Scratch Kitchen Bar
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.99	1500 Rivery Blvd.
		Ste 1100
		Georgetown, TX 78628
	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
		Dinner at Child Welfare Conference
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/16/2025	Market Scratch Kitchen Bar
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.00	1500 Rivery Blvd.
		Ste 1100
		Georgetown, TX 78628
	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
		Meal at Child Welfare Conference
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 22/33 Rpt: 25/37	Graves-Harrington, Angela L. (The Honorable) 00081896
4	Date	5 Payee name
	01/15/2025	McCormick & Schmidt
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$44.32	1201 Fanin Street
		Ste 121
		Houston , TX 77002-6929
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense MLK Day celebration
		WER Bay coloniation
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit Grot	'
	Date	Payee name
	06/03/2025	Michael's
	Amount (\$)	Payee address; City; State; Zip Code
	\$8.65	14287 E Sam Houston Pkwy.
		Houston, TX 77044
	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 Items for Family Reunification Month event
		items for Farming Real microard World Feverit
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/02/2025	Michael's
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.84	14287 E Sam Houston Pkwy.
		Houston, TX 77044
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Frames for Posters for Fall Reunification Event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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		mmittee	Legal Services	•		Vages	/Contract Labor		OTHER (enter a	strict a category not listed abo	ve)
L				The Instruction C	uide explains	now to co	mpie	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAMI	E					3	Filer ID	(Ethics Commission	n Filers)
	Sch: 23/33 Rpt: 26/37		Graves-Ha	rrington, Angela	L. (The Ho	onorable))			00081896		
4	Date	5	Payee name	!								
	02/14/2025			ning Catering								
┢	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	nde					
ľ	\$47.28	ľ		venue North	Sidio	, Zip CC	uc					
	Ψ41.20		1233 UII A	venue Month								
l												
			Nashville, 7	TX 37208-2601								
8	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sch	iedule)	(b)	Description				
	OF EXPENDITURE			rage Expense				므			plete Schedule T.	
	EXI ENDITORE							_		, officeholder living	g expense	
								Meal @ TAFI	LS	conference		
9	Complete ONLY if direct		Candidate/Off	iceholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/O	Н										
F	Date		Payee name	·								
	06/11/2025		-	ouncil of Juveni	e and Famil	v Court	Judo	ges				
H	Amount (\$)	H	Payee addre			; Zip Co						
	\$695.00		•	econd Street	Sidio	, Zip 00	uc					
	φ095.00			econd Street								
			Suite 1500									
			Reno, NV 8	39507								
	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sch	iedule)	(b)	Description				
	OF EXPENDITURE		Fees					=			plete Schedule T.	
	EXI ENDITORE							ш		, officeholder living		
								Registration i	ee	NCJECJ Ar	nnual Conferenc	e
L												
l	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	iceholder name	(Office sou	ght			Office h	eld	
L	experialitate to benefit 6/01											
	Date		Payee name	!								
	04/17/2025		National Co	ouncil of Juveni	e and Famil	y Court	Jud	ges				
H	Amount (\$)		Payee addre	ess; City;	State	; Zip Co	de					
	\$195.00		•	econd Street								
	, , , , , , , , , , , , , , , , , , , ,		Suite 1500									
				20507								
			Reno, NV 8	39507								
	PURPOSE OF	(a)	Category (S	ee Categories listed at	the top of this sch	iedule)	(b)	Description				
	EXPENDITURE		Due					므			plete Schedule T.	
l								Annual dues	, IX,	, officeholder living	g expense	
								Ailiuai uues				
\vdash	Operation Of the Control of the Cont	L_	O			D. 66				6‴ '	-1-1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Jandidate/Off	iceholder name	(Office sou	gnt			Office h	eid	
L	portantare to borront 0/01	•										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/33 Rpt: 27/37	Graves-Harrington, Angela L. (The Honorable) 00081896
4	Date	5 Payee name
	05/22/2025	Robinett, James
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,000.00	50 Spring Lane
		Manvel, TX 77578
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 Campaign social media and photography
		Campaigh social media and photography
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	Candidate/Onicerolder name Onice sought Onice neid
_	Date	Dougo nama
	01/28/2025	Payee name Schedulista
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.00	1419 S Jackson Street
		#111
		Seattle, WA 98144
	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 service fee
		Monthly Service ree
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	02/28/2025	Schedulista
-	Amount (\$)	Payee address; City; State; Zip Code
	\$19.00	1419 S Jackson Street
	Ψ13.00	#111
		Seattle, WA 98144
	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
		Monthly service fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 25/33 Rpt: 28/37	2 FILER NAME Graves-Harrington, Angela L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081896	
4	Date 03/28/2025	5 Payee name Schedulista	_
6	Amount (\$) \$19.00	7 Payee address; City; State; Zip Code 1419 S Jackson Street #111 Seattle, WA 98144	
8	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 Monthly service fee	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 04/30/2025	Payee name Schedulista	
	Amount (\$) \$19.00	Payee address; City; State; Zip Code 1419 S Jackson Street #111 Seattle, WA 98144	
	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 Monthly service fee	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date 05/30/2025	Payee name Schedulista	_
	Amount (\$) \$19.00	Payee address; City; State; Zip Code 1419 S Jackson Street #111 Seattle, WA 98144	
	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 Monthly service fee	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	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: 26/33 Rpt: 29/37	Graves-Harrington, Angela L. (The Honorable) 00081896
4	Date	5 Payee name
	06/30/2025	Schedulista
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.00	1419 S Jackson Street
		#111
		Seattle, WA 98144
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 Monthly service fee
		Worlding Service rec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/15/2025	Shell Service Station
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.71	10711 N Sam Houston Pkwy
		Houston, TX 77396
	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 Gas for travel for Georgetown, TX for Child Welfare
		conference
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/17/2025	Sheraton Austin Georgetown Hotel & Conference Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$299.20	1101 Woodlawn Avenue
		Georgetown, TX 78628
	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.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Child welfare conference
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		
ı		

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/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Fi	ilers)
-	Sch: 27/33 Rpt: 30/37	Graves-Harrington, Angela L. (The Honorable) 00081896	icisj
4	Date	5 Payee name	
	02/06/2025	Southwest Airlines	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$486.21	P.O. Box 36647-1CR	
		Dallas, TX 75235	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Travel to Nashville for Annual TAFLS Conferen	ice
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH	
	Date	Payee name	
	05/16/2025	Southwest Airlines	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$321.87	P.O. Box 36647-1CR	
		Dallas, TX 75235	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		NCJFCJ judicial court tour and observation	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	04/21/2025	Texas Board of Legal Specialization	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	505 E Huntland Drive	
		Suite 400, LB 28	
		Austin, TX 78752	
	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.	
	LA LIBITORE	Check if Austin, TX, officeholder living expense	
		Annual dues and filing fee for CW Board Certifi exam	cation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	DH	

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

Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TI Jahor OTHER (enter a category not listed above)

Solicitation/Fundraising Expense

Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -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: 28/33 Rpt: 31/37 Graves-Harrington, Angela L. (The Honorable) 00081896 4 Date Payee name 04/21/2025 Texas Board of Legal Specialization 6 Amount (\$) Payee address; City; State; Zip Code \$250.00 505 E Huntland Drive Suite 400, LB 28 Austin, TX 78752 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. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Application fee for Judicial Administration Exam Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/24/2025 Texas Center for the Judiciary Amount (\$) Payee address; City; State; Zip Code \$75.00 1210 San Antonio Suite 800 Austin, TX 78701 **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 Registration fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/27/2025 Texas Center for the Judiciary Amount (\$) Payee address: City: State; Zip Code \$40.00 1210 San Antonio Suite 800 Austin, TX 78701 **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 Donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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: Sch: 29/33 Rpt: 32/37	2 FILER NAME Graves-Harrington, Angela L. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00081896
Ļ	<u> </u>	
4	Date 06/02/2025	5 Payee name Texas Center for the Judiciary
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$350.00	1210 San Antonio
		Suite 800
		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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Registration fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/20/2025	Tiffs Treats
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	8310 1 North Capital of TX I10
		Austin, TX 78731
	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 fee for delivery service
		7 umaa memberenip ree ier denvery eerviee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	02/13/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.96	1455 Market Street
		Suite 400
		San Francisco , CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Uber Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense TAFLS - Ride from airport to hotel
		TAPES - Nide from disport to note:
-	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 -

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: 30/33 Rpt: 33/37	Graves-Harrington, Angela L. (The Honorable) 00081896
4	Date	5 Payee name
	02/14/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.90	1455 Market Street
		Suite 400
		San Francisco , CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Uber Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		TAFLS - Ride from dinner to hotel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
	Date	Payee name
	02/16/2025	Uber
_	Amount (\$)	Payee address; City; State; Zip Code
	\$28.21	1455 Market Street
	φ20.21	
		Suite 400
		San Francisco , CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Uber Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense TAFLS - Ride from hotel to airport
		TAPES - Nide from noter to disport
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/14/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.37	1455 Market Street
	, -	Suite 400
		San Francisco , CA 94103
	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	Uber Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		TAFLS - Ride from hotel to restaurant
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
L		

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				
_	Total pages Cabadula 54:	<u> </u>	rc)		
1	Total pages Schedule F1: Sch: 31/33 Rpt: 34/37	2 FILER NAME Graves-Harrington, Angela L. (The Honorable) 3 Filer ID (Ethics Commission Filer 00081896	5)		
4	Date	5 Payee name			
	04/07/2025	Uber			
6	Amount (\$) \$37.47	7 Payee address; City; State; Zip Code 1455 Market Street Suite 400 San Francisco , CA 94103			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Uber Check if travel outside of Texas. Complete Schedule T.			
	EAR ENDITORE	Check if Austin, TX, officeholder living expense NCJ Conference - Airport to hotel			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H			
	Date	Payee name			
	05/16/2025	Uber			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$36.43	1455 Market Street			
		Suite 400			
		San Francisco , CA 94103			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Uber Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense NCJFCJ St. Louis - airport to hotel			
		Nest es st. Eduis - airport to noter			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
	Date	Payee name			
	06/13/2025	Uber			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$11.80	1455 Market Street			
		Suite 400			
L		San Francisco , CA 94103			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Uber Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Ride from courthouse to HBA summer intern			
		luncheon			
	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 -

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 (out or contract) and 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: 32/33 Rpt: 35/37	Graves-Harrington, Angela L. (The Honorable) 00081896
4	Date	5 Payee name
	06/16/2025	United Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$348.97	233 Wacker Drive
		Chicago, IL 60606
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Plane ticket for travel to National Judicial College
		retreat
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/23/2025	United Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$351.97	233 Wacker Drive
	Ψ001.01	200 Washer Brive
		Chicago, IL 60606
	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 Judicial Convening - Dallas
		Staticial Convening - Dalias
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/05/2025	Walgreens
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.70	7440 FM 1960
		Humble, TX 77396
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	-	Check if Austin, TX, officeholder living expense Photo prints
		Εποίο μπίος
	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 Co

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	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: 33/33 Rpt: 36/37	Graves-Harrington, Angela L. (The Honorable) 00081896	
4	Date	5 Payee name	
	06/03/2025	Walgreens	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$13.93	7440 FM 1960	
		Humble, TX 77396	
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	
		Items for Family Reunification Month event	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Г	Date	Payee name	_
	06/01/2025	Walgreens	
H	Amount (\$)	Payee address; City; State; Zip Code	_
	\$2.15	9710 Katy Fwy	
		Houston, TX 77055	
	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	
		Items for Fall Reunification Event	
		Rents for Fair Neurinoador Event	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
F	Date	Payee name	_
	04/09/2025	Westin Irving Convention Center	
H	Amount (\$)	Payee address; City; State; Zip Code	_
	\$428.90	400 W Las Colinas Blvd	
		Irving, TX 75039	
	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 Hotel stay for TCJ Regional Conference	
		Hotel Stay for TC3 Regional Conference	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/Ol	o	
<u> </u>			

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 37/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Graves-Harrington, Angela L. (The Honorable) 00081896 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Southwest Airlines 5 Contribution / Expenditure reported on: X Schedule F1 Schedule A2 Schedule B Schedule D Schedule B(J) Schedule C2 Schedule COH-UC Schedule F2 Schedule F4 Schedule G Schedule H 6 Dates of Travel 7 Name of person(s) traveling Graves-Harrington, Angela (Judge) Departure city or name of departure location 02/13/2024 Houston 9 Destination city or name of destination location 02/16/2025 Nashville 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) **TAFLS Annual Conference** Commercial Airplane