

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00081896	2 Total pages filed: 25	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Angela L.	MI	OFFICE USE ONLY
	NICKNAME Angie	LAST Graves-Harrington	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 1200 Rothwell St. Houston, TX 77002			Date Hand-delivered or Date Postmarked
				Receipt # Amount
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Darryl D.	MI	
	NICKNAME	LAST Harrington	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1200 Rothwell St. Houston, TX 77002			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(713)	240-5035		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year 02/25/2018	THROUGH	Month Day Year 06/30/2018	
10 ELECTION	ELECTION DATE Month Day Year 11/06/2018		ELECTION TYPE	
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Family District Court Judge District 246	

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

2 of 25

13 C / OH NAME Graves-Harrington, Angela L. (Mrs.) **14 Filer ID** (Ethics Commission Filers)
00081896

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
<input type="checkbox"/> GENERAL	Texans for Fairness and Justice
<input checked="" type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS PO Box 6514 Houston, TX 77265
	COMMITTEE CAMPAIGN TREASURER NAME Mireskandari, Amir
	COMMITTEE CAMPAIGN TREASURER ADDRESS PO Box 6514 Houston, TX 77265

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,800.88
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 684.26
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,521.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,286.71
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,705.86

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mrs. Angela L. Graves-Harrington

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - JC/OH

18 FILER NAME Graves-Harrington, Angela L. (Mrs.)	19 Filer ID (Ethics Commission Filers) 00081896
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20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 3,055.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 745.88
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4. <input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$ 196.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 3,325.79
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 196.00
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/7 Rpt: 4/25
2 FILER NAME Graves-Harrington, Angela L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00081896
4 Date 06/22/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Henisha	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Houston, TX 77036	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Law Office of HD Anderson		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/29/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bumbaugh, Kathryn	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Houston, TX 77009	
Contributor's Principal Occupation Office Manager		Contributor's Job Title Fractional Office Manager
Contributor's employer/law firm Self employed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/29/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig, James	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77042	
Contributor's Principal Occupation NA		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/7 Rpt: 5/25
2 FILER NAME Graves-Harrington, Angela L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00081896
4 Date 02/26/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) English, Baldwyn <hr/> 6 Contributor address; City; State; Zip Code Tallahassee, FL 32317	7 Amount of Contribution (\$) \$25.00
8 Contributor's Principal Occupation Regulatory Affairs		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Florida Public Service Commission		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/28/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Mary <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$20.00
Contributor's Principal Occupation Litigation Support		Contributor's Job Title
Contributor's employer/law firm BP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/27/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frierson, Toya <hr/> Contributor address; City; State; Zip Code Houston, TX 77077	Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation Teacher		Contributor's Job Title
Contributor's employer/law firm Alief ISD		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/7 Rpt: 6/25
2 FILER NAME Graves-Harrington, Angela L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00081896
4 Date 06/27/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hersh, Caren <hr/> 6 Contributor address; City; State; Zip Code Bellaire, TX 77401	7 Amount of Contribution (\$) \$30.00
8 Contributor's Principal Occupation NA		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/30/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hersh, Caren <hr/> Contributor address; City; State; Zip Code Bellaire, TX 77401	Amount of Contribution (\$) \$20.00
Contributor's Principal Occupation NA		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/25/2018	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: c00027342) International Brotherhood of Electrical Workers Political Action Committee <hr/> Contributor address; City; State; Zip Code Washington, DC 20001	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/7 Rpt: 7/25
2 FILER NAME Graves-Harrington, Angela L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00081896
4 Date 02/26/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Tia	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Horn Lake, MS 38637	
8 Contributor's Principal Occupation Physical Therapist		9 Contributor's Job Title
10 Contributor's employer/law firm LHC Group		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 05/09/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McFarlane, Ashlee	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Houston, TX 77002	
Contributor's Principal Occupation Attorney		Contributor's Job Title
Contributor's employer/law firm Gerger Khalil & Hennessy		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 05/14/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNamara, Brian	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Kingwood, TX 77339	
Contributor's Principal Occupation Attorney		Contributor's Job Title
Contributor's employer/law firm McNamara Law Office PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 5/7 Rpt: 8/25
2 FILER NAME Graves-Harrington, Angela L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00081896
4 Date 06/29/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myles, Anita	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Spring, TX 77373		
8 Contributor's Principal Occupation Professional Cake Designer		9 Contributor's Job Title
10 Contributor's employer/law firm Heavenly Sweet Treats		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 03/02/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Steven	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Atlanta, GA 30324		
Contributor's Principal Occupation Attorney		Contributor's Job Title
Contributor's employer/law firm City of Atlanta		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/26/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeves, Travis	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Carlsbad, CA 92011		
Contributor's Principal Occupation United States Marine Corp		Contributor's Job Title Marine
Contributor's employer/law firm United States Marine Corp.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 6/7 Rpt: 9/25
2 FILER NAME Graves-Harrington, Angela L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00081896
4 Date 02/27/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scanion, Thomas	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Katy, TX 77450	
8 Contributor's Principal Occupation Retired		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 06/27/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Destiny	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Humble, TX 77396	
Contributor's Principal Occupation Student		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 06/30/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vu, Hong	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77068	
Contributor's Principal Occupation Scientist		Contributor's Job Title
Contributor's employer/law firm Environmental Resources Management		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 7/7 Rpt: 10/25
2 FILER NAME Graves-Harrington, Angela L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00081896
4 Date 03/06/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis-Atiase, Syreeta <hr/> 6 Contributor address; City; State; Zip Code Charlotte, NC 28269	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation Marketing		9 Contributor's Job Title
10 Contributor's employer/law firm Compass		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 11/25	
2 FILER NAME Graves-Harrington, Angela L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00081896	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 03/02/2018	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Fairness and Justice	8 Amount of contribution (\$) \$745.88	9 In-kind contribution description Direct mail
	7 Contributor address; City; State; Zip Code Houston, TX 77265	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

LOANS (JUDICIAL)

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): Sch: 1/4 Rpt: 12/25
2 FILER NAME Graves-Harrington, Angela L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00081896
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 03/12/2018	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Angela	9 Loan Amount (\$) \$49.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Houston, TX 77077	10 Interest Rate
		11 Maturity Date 03/12/2018
12 Lender's Principal Occupation Attorney		13 Lender's Job Title Attorney
14 Lender's Employer/Law Firm Law Office of Angela L. Harrington		15 Law Firm of lender's spouse (if any) Darryl Harrington
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input checked="" type="checkbox"/> None		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is child, law firm of parent(s) (if any)		

LOANS (JUDICIAL)

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): Sch: 2/4 Rpt: 13/25
2 FILER NAME Graves-Harrington, Angela L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00081896
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 04/12/2018	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Angela	9 Loan Amount (\$) \$49.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Houston, TX 77077	10 Interest Rate
		11 Maturity Date 04/12/2018
12 Lender's Principal Occupation Attorney		13 Lender's Job Title Attorney
14 Lender's Employer/Law Firm Law Office of Angela L. Harrington		15 Law Firm of lender's spouse (if any) Darryl Harrington
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input checked="" type="checkbox"/> None		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	
	21 Guarantor address; City; State; Zip Code	
22 Amount Guaranteed (\$)		
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is child, law firm of parent(s) (if any)		

LOANS (JUDICIAL)

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): Sch: 3/4 Rpt: 14/25
2 FILER NAME Graves-Harrington, Angela L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00081896
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 05/12/2018	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Angela	9 Loan Amount (\$) \$49.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Houston, TX 77077	10 Interest Rate
		11 Maturity Date 05/12/2018
12 Lender's Principal Occupation Attorney		13 Lender's Job Title Attorney
14 Lender's Employer/Law Firm Law Office of Angela L. Harrington		15 Law Firm of lender's spouse (if any) Darryl Harrington
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input checked="" type="checkbox"/> None		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	
	21 Guarantor address; City; State; Zip Code	
22 Amount Guaranteed (\$)		
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is child, law firm of parent(s) (if any)		

LOANS (JUDICIAL)

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): Sch: 4/4 Rpt: 15/25
2 FILER NAME Graves-Harrington, Angela L. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00081896
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 06/12/2018	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Angela	9 Loan Amount (\$) \$49.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Houston, TX 77077	10 Interest Rate
		11 Maturity Date 06/12/2018
12 Lender's Principal Occupation Attorney		13 Lender's Job Title Attorney
14 Lender's Employer/Law Firm Law Office of Angela L. Harrington		15 Law Firm of lender's spouse (if any) Darryl Harrington
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input checked="" type="checkbox"/> None		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is child, law firm of parent(s) (if any)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/7 Rpt: 16/25	2 FILER NAME Graves-Harrington, Angela L. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00081896
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4 Date 03/18/2018	5 Payee name Adkism, Tonya
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6 Amount (\$) \$75.00	7 Payee address; City; State; Zip Code PO Box 66470 Houston, TX 77266
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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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Run Sister Run PAC
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/26/2018	Payee name Amazon Marketplace
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Amount (\$) \$52.13	Payee address; City; State; Zip Code PO Box 81226 Seattle, WA 81226
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Labels and printer cartridges
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/27/2018	Payee name Costco Warehouse
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Amount (\$) \$144.88	Payee address; City; State; Zip Code 1150 Bunker Hill Rd, Houston Houston, TX 77055
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food and drinks for Easter Egg Hunt
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 2/7 Rpt: 17/25	2	FILER NAME Graves-Harrington, Angela L. (Mrs.)	3	Filer ID (Ethics Commission Filers) 00081896	
4	Date 04/30/2018	5	Payee name Facebook			
6	Amount (\$) \$4.14	7	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsored ad			
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 03/31/2018		Payee name Facebook			
	Amount (\$) \$5.16		Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsored ad			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 06/04/2018		Payee name Foster, Erica			
	Amount (\$) \$450.00		Payee address; City; State; Zip Code 1910 Overbrook Missouri City, MO 77459			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign consulting			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 3/7 Rpt: 18/25	2	FILER NAME Graves-Harrington, Angela L. (Mrs.)	3	Filer ID (Ethics Commission Filers) 00081896	
4	Date 04/20/2018	5	Payee name Harris County Tejano Democrats			
6	Amount (\$) \$50.00	7	Payee address; City; State; Zip Code 3213 Houston Avenue Houston, TX 77009			
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cinco de Mayo event			
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 03/02/2018		Payee name Herron, Chelsea			
	Amount (\$) \$184.00		Payee address; City; State; Zip Code 2616 S Loop West Houston, TX 77054			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign work			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 03/26/2018		Payee name Kroger			
	Amount (\$) \$71.22		Payee address; City; State; Zip Code 1520 Eldridge Parkway Houston, TX 77077			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Easter eggs and candy for Easter Egg Hunt			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 4/7 Rpt: 19/25	2	FILER NAME Graves-Harrington, Angela L. (Mrs.)	3	Filer ID (Ethics Commission Filers) 00081896
4	Date 06/13/2018	5	Payee name Print and Sign		
6	Amount (\$) \$300.00	7	Payee address; City; State; Zip Code 7350 Harwin Drive Suite 316-A Houston, TX 77036		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push cards printed by union printer.		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 06/25/2018	Payee name RPC Global Printing			
	Amount (\$) \$150.00	Payee address; City; State; Zip Code 4300 Noble Street Houston, TX 77020			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Letterhead printed by union printer		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 03/02/2018	Payee name RPC Global Printing			
	Amount (\$) \$800.00	Payee address; City; State; Zip Code 4300 Noble Street Houston, TX 77020			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push cards - Union Printing		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | 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: 5/7 Rpt: 20/25	2 FILER NAME Graves-Harrington, Angela L. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00081896
4 Date 02/25/2018	5 Payee name Shanks, Terrance	
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 9111 Lakes of 610 1621 Houston, TX 77054	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to the Texas Coalition of Black Democrats PAC
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/02/2018	Payee name The Divine 9 Educational and Charitable Foundation	
Amount (\$) \$100.00	Payee address; City; State; Zip Code PO Box 300427 Houston, TX 77054	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/10/2018	Payee name The Victory Fund	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 1225 I St NW Washington, DC 20005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | 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: 6/7 Rpt: 21/25	2 FILER NAME Graves-Harrington, Angela L. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00081896
4 Date 06/29/2018	5 Payee name Wells Fargo	
6 Amount (\$) \$10.00	7 Payee address; City; State; Zip Code 2005 Taylor Street Houston, TX 77006	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Account Monthly Service Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/31/2018	Payee name Wells Fargo	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 2005 Taylor Street Houston, TX 77006	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Account Service Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/30/2018	Payee name Wells Fargo	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 2005 Taylor Street Houston, TX 77006	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Account Service Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/7 Rpt: 22/25	2 FILER NAME Graves-Harrington, Angela L. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00081896
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4 Date 03/30/2018	5 Payee name Wells Fargo
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6 Amount (\$) \$10.00	7 Payee address; City; State; Zip Code 2005 Taylor Street Houston, TX 77006
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Account Service Fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/27/2018	Payee name West, Aaron
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Amount (\$) \$15.00	Payee address; City; State; Zip Code 132 Chambord Drive Maumelle, AR 72113
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Redesign push card
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/2 Rpt: 23/25	2 FILER NAME Graves-Harrington, Angela L. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00081896
4 Date 03/12/2018	5 Payee name Campaign Partner	
6 Amount (\$) \$49.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 118 Still River, MA 01467	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 04/12/2018	Payee name CampaignPartner.com/Data Ecology LLC	
Amount (\$) \$49.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 118 Still River, MA 01467	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 05/12/2018	Payee name CampaignPartner.com/Data Ecology LLC	
Amount (\$) \$49.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 118 Still River, MA 01467	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 2/2 Rpt: 24/25	2 FILER NAME Graves-Harrington, Angela L. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00081896
4 Date 06/12/2018	5 Payee name CampaignPartner.com/Data Ecology LLC	
6 Amount (\$) \$49.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 118 Still River, MA 01467	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L:
Sch: 1/1 Rpt: 25/25

2 FILER NAME
Graves-Harrington, Angela L. (Mrs.)

3 Filer ID (Ethics Commission Filers)
00081896

LENDER INFORMATION

4 Name of lender
Harrington, Angela

5 Lender address; City; State; Zip Code

Houston, TX 77077

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code