

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

<b>The JC/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00081896	<b>2</b> Total pages filed:  14	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Angela L.	MI	<b>OFFICE USE ONLY</b>  Date Received <b>ELECTRONICALLY FILED</b> 01/15/2019
	NICKNAME Angie	LAST Graves-Harrington	SUFFIX	
<b>4</b> 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	
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Darryl D.	MI	
	NICKNAME	LAST Harrington	SUFFIX	
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1200 Rothwell St.  Houston, TX 77002			
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 240-5035	EXTENSION	
<b>8</b> REPORT TYPE	<input checked="" 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 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)			
<b>9</b> PERIOD COVERED	Month    Day    Year 10/28/2018	THROUGH	Month    Day    Year 12/31/2018	
<b>10</b> 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	
<b>11</b> OFFICE	OFFICE HELD (if any) District Judge District 246 Harris		<b>12</b> OFFICE SOUGHT (if known)	

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

2 of 14

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

**15 NOTICE FROM POLITICAL COMMITTEE(S)**  
 Additional Pages

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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,260.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 1,419.08
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,587.37
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,607.86

**17 AFFADAVIT**

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

<b>18 FILER NAME</b> Graves-Harrington, Angela L. (Mrs.)	<b>19 Filer ID</b> (Ethics Commission Filers) 00081896
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<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 4,260.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4. <input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$ 98.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,321.08
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	\$ 98.00
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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 1/5 Rpt: 4/14
<b>2</b> FILER NAME Graves-Harrington, Angela L. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081896
<b>4</b> Date 10/29/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buthod, Charles	<b>7</b> Amount of Contribution (\$)  \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77002	
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Baker Botts LLP		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/03/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Croom, Marcus	Amount of Contribution (\$)  \$25.00
	Contributor address; City; State; Zip Code  Oak Park, IL 60304	
Contributor's Principal Occupation Teacher		Contributor's Job Title Teacher
Contributor's employer/law firm Catalyst Circle Rock		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/03/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fortson, Alicia	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Houston, TX 77002	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Law Offices of A. G. Fortson, P.C.		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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 2/5 Rpt: 5/14
<b>2</b> FILER NAME Graves-Harrington, Angela L. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081896
<b>4</b> Date 12/07/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldsberry, Shari <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77002	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Goldsberry & Associates		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/05/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Yolanda <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76410	Amount of Contribution (\$)  \$25.00
Contributor's Principal Occupation Assistant Principal		Contributor's Job Title Assistant Principal
Contributor's employer/law firm Arlington ISD		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/28/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Allison <hr/> Contributor address; City; State; Zip Code  Houston, TX 77008	Amount of Contribution (\$)  \$250.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Lockwood & Jones, 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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 3/5 Rpt: 6/14
<b>2</b> FILER NAME Graves-Harrington, Angela L. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081896
<b>4</b> Date 11/05/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Shelley <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77091	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Contributor's Principal Occupation Teacher		<b>9</b> Contributor's Job Title Teacher
<b>10</b> Contributor's employer/law firm Spring ISD		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/07/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kellogg, Candice <hr/> Contributor address; City; State; Zip Code  Springdale, AR 72762	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation unemployed		Contributor's Job Title unemployed
Contributor's employer/law firm unemployed		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/02/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Jerris <hr/> Contributor address; City; State; Zip Code  Waldorf, MD 20603	Amount of Contribution (\$)  \$25.00
Contributor's Principal Occupation Inventory Control Manager		Contributor's Job Title Inventory Control Manager
Contributor's employer/law firm Mgm Resorts Int.		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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 4/5 Rpt: 7/14
<b>2</b> FILER NAME Graves-Harrington, Angela L. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081896
<b>4</b> Date 11/26/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Umeka <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77007	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm The Lewis Law Group		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/06/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Sofia <hr/> Contributor address; City; State; Zip Code  Houston, TX 77092	Amount of Contribution (\$)  \$25.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Norton Rose Fulbright		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/08/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nixon, Thomas <hr/> Contributor address; City; State; Zip Code  Houston, TX 77056	Amount of Contribution (\$)  \$1,000.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Nixon & Associates PC		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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 5/5 Rpt: 8/14
<b>2</b> FILER NAME Graves-Harrington, Angela L. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081896
<b>4</b> Date 12/26/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sprott, Oliver <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77002	<b>7</b> Amount of Contribution (\$)  \$1,500.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney
<b>10</b> Contributor's employer/law firm Oliver Sprott Attorney at Law		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/02/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Tanesha <hr/> Contributor address; City; State; Zip Code  Atlanta, GA 30331	Amount of Contribution (\$)  \$50.00
Contributor's Principal Occupation Entrepreneur		Contributor's Job Title Entrepreneur
Contributor's employer/law firm Travel Revolution		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/05/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez Harrison, Connie <hr/> Contributor address; City; State; Zip Code  Houston, TX 77057	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Law Office of Connie Vasquez Harrison		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		



# LOANS (JUDICIAL)

# SCHEDULE E(J)

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J): Sch: 1/1 Rpt: 9/14
<b>2</b> FILER NAME Graves-Harrington, Angela L. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081896
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 98.00
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Lender's Principal Occupation		<b>13</b> Lender's Job Title
<b>14</b> Lender's Employer/Law Firm		<b>15</b> Law Firm of lender's spouse (if any)
<b>16</b> If lender is child, law firm of parent(s) (if any)		
<b>17</b> Description of Collateral <input type="checkbox"/> None		<b>18</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>19</b> GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>20</b> Name of guarantor	<b>22</b> Amount Guaranteed (\$)
	<b>21</b> Guarantor address; City; State; Zip Code	
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)
<b>27</b> 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.

<b>1</b> Total pages Schedule F1: Sch: 1/3 Rpt: 10/14	<b>2</b> FILER NAME Graves-Harrington, Angela L. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00081896
<b>4</b> Date 11/30/2018	<b>5</b> Payee name Bayou Blue Democrats	
<b>6</b> Amount (\$) \$50.00	<b>7</b> Payee address; City; State; Zip Code 5000 Westheimer  Houston, TX 77098	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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 Bayou Blue Democrats
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/08/2018	Payee name Family Bar of Fort Bend	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 20501 Katy Freeway Suite 126 Katy, TX 77450	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ticket for Holiday Party
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/13/2018	Payee name Finch Law Firm	
Amount (\$) \$17.50	Payee address; City; State; Zip Code 2616 S Loop West Suite 420 Houston, TX 77054	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas for travel to College for New Judges in Austin
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                        | 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.

<b>1</b>	Total pages Schedule F1: Sch: 2/3 Rpt: 11/14	<b>2</b>	FILER NAME Graves-Harrington, Angela L. (Mrs.)	<b>3</b>	Filer ID (Ethics Commission Filers) 00081896	
<b>4</b>	Date 12/06/2018	<b>5</b>	Payee name Foster, Erica			
<b>6</b>	Amount (\$) \$850.00	<b>7</b>	Payee address; City; State; Zip Code 9711 Linkmeadow #1 Houston, TX 77025			
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense General Election campaign consulting	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	
	Date 12/28/2018		Payee name LB Marketing Solutions			
	Amount (\$) \$214.65		Payee address; City; State; Zip Code 5500 E. Sam Houston Pkwy N Ste 102 Houston, TX 77015			
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b>	Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Glasses for investiture reception	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	
	Date 12/13/2018		Payee name Shannon B. Baldwin & Associates			
	Amount (\$) \$149.79		Payee address; City; State; Zip Code 1776 Yorktown Street  Houston, TX 77056			
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b>	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 1/4 cost of rental car for trip to College for New Judges in Austin, TX	
	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	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.

<b>1</b> Total pages Schedule F1: Sch: 3/3 Rpt: 12/14	<b>2</b> FILER NAME Graves-Harrington, Angela L. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00081896
<b>4</b> Date 12/13/2018	<b>5</b> Payee name Shannon B. Baldwin & Associates	
<b>6</b> Amount (\$) \$29.14	<b>7</b> Payee address; City; State; Zip Code 1776 Yorktown Street  Houston, TX 77056	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 1/4 cost of parking for College for New Judges in Austin, Texas
<b>9</b> Complete <u>ONLY</u> 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.

<b>1</b> Total pages Schedule G: Sch: 1/1 Rpt: 13/14	<b>2</b> FILER NAME Graves-Harrington, Angela L. (Mrs.)	<b>3</b> Filer ID (Ethics Commission Filers) 00081896
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<b>4</b> Date 11/12/2018	<b>5</b> Payee name CampaignPartner.com/Data Ecology LLC
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<b>6</b> Amount (\$) \$49.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code PO Box 118  Still River, MA 01467
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</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
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/12/2018	Payee name CampaignPartner.com/Data Ecology LLC
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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
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<b>PURPOSE OF EXPENDITURE</b>	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
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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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# OUTSTANDING LOANS

## SCHEDULE L

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule L: Sch: 1/1 Rpt: 14/14
<b>2</b> FILER NAME Graves-Harrington, Angela L. (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081896
LENDER INFORMATION	<b>4</b> Name of lender Graves-Harrington, Angela	
	<b>5</b> Lender address; City; State; Zip Code  Houston, TX 77002	
GUARANTOR INFORMATION	<b>6</b> Name of guarantor	
	<input checked="" type="checkbox"/> not applicable <b>7</b> Guarantor address; City; State; Zip Code	