JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to co	mplete this form.	1 Filer ID (Ethics Commiss 00081810	sion Filers)	2 Total pages fil	ed: 7
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	h	JSE ONLY
OFFICEHOLDER	The Honorable	Meagan E.				
NAME	The Honorable	Meagar E.			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	07/17/2023	
		Hassan				
4 CANDIDATE /	ADDRESS / PO BOX; A	PT / SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING	1520 Rutland St.					
ADDRESS					Receipt #	Amount
Change of Address	Houston, TX 77008					
	$\square OUSION, 1 \land 77000$				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER	Mr.	Drew				
NAME	IVII.	DIEW				
	NICKNAME	LAST			SUFFIX	
		Willey				
6 CAMPAIGN	STREET ADDRESS (NO F	PO BOX PLEASE):	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER	1520 Rutland Street	0 20/11 22/102/1	7	,	0	
ADDRESS	1520 Rulland Street					
(Residence or Business)						
. ,	Houston, TX 77008					
7 CAMPAIGN	AREA CODE PH	ONE NUMBER	EXTENSION			
TREASURER PHONE	(713) 739-9455					
THOME						
8 REPORT						
TYPE	January 15	30th day before	e election	Runoff	15th day after car	
		_			appointment (offic	
	X July 15	8th day before		Exceeded modified	Final Report (Atta	ich C/OH-FR)
9 PERIOD	Month Day Yea	r		Month Day	Year	
COVERED	01/01/2023	TH	HROUGH	06/30/202	3	
10 ELECTION	ELECTION DATE	1		ELECTION TYPE		
	Month Day Yea	r XF	Primary		Other	
	03/05/2024		linary			
	03/03/2024		Seneral	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	Court Of Appeals, Justi	re Place 6 District	14	Court Of Appeals		District 14
	Tour or Appeals, Justi			Court Or Appear		
	GO TO PAGE 2					
Forms provided by Te	exas Ethics Commission	www.et	hics.state.tx.us		Versio	on V3.5.1.a18ea2ca

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 17

L

13 C / OH NAME	Hassan, Meagan E. (The Honorable)	14 Filer ID 00081810	(Ethics Com	nission 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. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURE	R NAME		
		COMMITTEE CAMPAIGN TREASURE	R ADDRESS		
16 CONTRIBUTION TOTALS	OR GUARANTE	ZED POLITICAL CONTRIBUTIONS(OT ES OF LOANS, OR CONTRIBUTIONS I		\$	0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES	0 0 E L OANS)	\$	11,205.00
EXPENDITURE	· · · · · · · · · · · · · · · · · · ·	ZED POLITICAL EXPENDITURES		\$	0.00
TOTALS	4. TOTAL POLIT			\$	4,355.40
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS RIOD	OF THE LAST DAY OF THE	\$	11,154.86
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING I TING PERIOD	LOANS AS OF THE LAST DAY	\$	0.00
17 AFFIDAVIT			nder penalty of perjury, that the ad i includes all information required ion Code.		
		т	he Honorable Meagan E. Has	ssan	
		S	Signature of Candidate or Officeho	older	
AFFIX NO	TARY STAMP / SEAL AB	DVE			
		aid			_day
of	, 20, to ca	ertify which, witness my hand and seal o	f office.		
Signature of offic	cer administering oath	Printed name of officer administeri	ing oath Title of office	er administerii	ng oath
- orms provided by Te	xas Ethics Commissior	www.ethics.state.tx.us		Version V3	.5.1.a18ea2ca

FORM JC/OH COVER SHEET PG 3

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				OVER SHEET PG	5 3 of 17
FIL	ER NAM	ΛE	19 Filer ID	(Ethics Commission File	rs)
Ha	lssan, N	Neagan E. (The Honorable)	00081810		
	HEDULI	SUBTOTAL AMOU	NT		
1.	Х	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 11,2	205.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 4,3	355.40
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	

SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SUBTOTALS - JC/OH

18

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9.

10.

11.

12.

TO FILER

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 1/8 Rpt: 4/17		
2 FILER NAME Hassan, Meagan E. (2 FILER NAME Hassan, Meagan E. (The Honorable)			3 Filer ID (Ethics Commission F 00081810	ilers)
06/28/2023 Alix,	Date 5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)	\$25.00	
Seab	rook, TX 77586				
8 Contributor's Principal C	occupation		9 Contributor's Job Title	·	
IT Project Manager			IT Project Manager		
10 Contributor's employer/la CenterPoint	aw firm		11 Law firm of contributor's sp	bouse (if any)	
12 If contributor is a child, la	aw firm of parent(s) (if a	any)	•		
06/28/2023 Alix,			Amount of Contribution (\$)	\$99.00	
Contributor's Principal C	rook, TX 77586		Contributor's Job Title		
Retired			Retired		
Contributor's employer/la N/A	aw firm		Law firm of contributor's sp	oouse (if any)	
If contributor is a child, la	aw firm of parent(s) (if a	any)			
06/27/2023 Andro	ame of contributor ews Myers ibutor address; City; S	out-of-state PAC (ID#:		Amount of Contribution (\$)	\$500.00
Hous	ton, TX 77056				
Contributor's Principal C			Contributor's Job Title	I	
Contributor's employer/law firm		Law firm of contributor's sp	oouse (if any)		
If contributor is a child, la	aw firm of parent(s) (if a	any)			
Forms provided by Teyas			s state ty us	Version V/2 5.1.	40

The Instruc	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 2/8 Rpt: 5/17	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Hassan, Mea	lgan E. (The Honorable)		00081810
	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/28/2023	Bender, Andrew		\$2,024.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77002		
8 Contributor's P	Principal Occupation	9 Contributor's Job Title	
Attorney		Attorney	
10 Contributor's e		11 Law firm of contributor's sp	bouse (if any)
Andrews Mye			
12 If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/27/2023	Bracewell PAC		\$2,500.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77002		
Contributor's P	rincipal Occupation	Contributor's Job Title	
O sustribute also		l finne af a suddih i taula an	
Contributor's e	mployer/law firm	Law firm of contributor's sp	bouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
	· · · · · · · · · · · · · · · · · · ·		
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/28/2023	Clark, Zachary	,	\$250.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77027		
	Principal Occupation	Contributor's Job Title	
Attorney Attorney			
Contributor's employer/law firm Law firm of contributor's		Law firm of contributor's sp	bouse (if any)
-	er Greenberg PLLC		
If contributor is	a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V3.5.1.a18ea2ca

The Instruct	ion Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 3/8 Rpt: 6/17	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Hassan, Meag	an E. (The Honorable)		00081810
	Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
06/28/2023	Hayes, Julia		\$50.00
6	Contributor address; City; State; Zip Code		
	Houston, TX 77018		
8 Contributor's Pri	ncipal Occupation	9 Contributor's Job Title	
Attorney		Attorney	
10 Contributor's em		11 Law firm of contributor's sp	ouse (if any)
Hayes & Wilso			
	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/01/2023	Hunton Andrews Kurth Texas PAC		\$2,500.00
""	Contributor address; City; State; Zip Code		
	Houston, TX 77002		
Contributor's Pri	ncipal Occupation	Contributor's Job Title	
Contributorio ora	ale a fler frae		
Contributor's em	ployenaw inni	Law firm of contributor's sp	iouse (ii any)
If contributor is a	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/23/2023	Johnson, Jill		\$49.00
"	Contributor address; City; State; Zip Code		
	Simonton, TX 77476		
	ncipal Occupation	Contributor's Job Title	_
Transaction Coordinator Transaction Coordinato			
Contributor's employer/law firm Law firm of contributor's s Cardinal Financial		ouse (if any)	
	a child, law firm of parent(s) (if any)		
	/ Texas Ethics Commission www.ethic	s state tx us	Version V3 5 1 a18ea2ca

The Instruc	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 4/8 Rpt: 7/17	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Hassan, Mea	agan E. (The Honorable)		00081810
	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/21/2023	Kherkher, Steven		\$1,000.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77098		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	•
Attorney		Attorney	
10 Contributor's e		11 Law firm of contributor's sp	oouse (if any)
Kherkher Ga			
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/28/2023	Kytka, Alexander	,	\$100.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77006		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
	mployer/law firm	Law firm of contributor's sp	bouse (if any)
-	ociates, PLLC		
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/28/2023	Landers, Jonathan		\$200.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77002		
Contributor's F	Principal Occupation	Contributor's Job Title	
Lawyer	Lawyer Lawyer		
Contributor's employer/law firm Law firm of contributor's sp		bouse (if any)	
	nders Attorney at Law		
If contributor is	a child, law firm of parent(s) (if any)		
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The Instruc	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 5/8 Rpt: 8/17	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Hassan, Mea	igan E. (The Honorable)		00081810
	5 Full name of contributor out-of-state PAC (ID#:))	7 Amount of Contribution (\$)
06/29/2023	Lemanski, Andrew		\$49.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77055		
8 Contributor's F	rincipal Occupation	9 Contributor's Job Title	
Attorney		Attorney	
10 Contributor's e	mployer/law firm	11 Law firm of contributor's sp	pouse (if any)
	emanski & Associates		
12 If contributor is	a child, law firm of parent(s) (if any)	I	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/21/2023	Lyons, Kody		\$49.00
	Contributor address; City; State; Zip Code		1
	Houston, TX 77006		
	rincipal Occupation	Contributor's Job Title	
Lawyer		Lawyer	
Contributor's e Lyons Legal	mployer/law firm	Law firm of contributor's sp	bouse (if any)
	s a child, law firm of parent(s) (if any)		
	a child, law intri of parent(s) (if any)		
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
06/28/2023	Full name of contributor out-of-state PAC (ID#: McKinney, Patrice)	\$250.00
00/20/2020	Contributor address; City; State; Zip Code		
	Houston, TX 77007		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney	Attorney Attorney		
Contributor's employer/law firm Law firm of contributor's sp		oouse (if any)	
Lanier Law Firm			
If contributor is	a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V3.5.1.a18ea2ca

The Instrue	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 6/8 Rpt: 9/17	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Hassan, Mea	Hassan, Meagan E. (The Honorable)		00081810
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
06/21/2023	Milasincic, Adam		\$250.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77077		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
Attorney		Attorney	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
Ammons Lav	<i>N</i> Firm LLP		
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/28/2023	Milner, Deborah		\$250.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77008		
Contributor's E	Principal Occupation	Contributor's Job Title	
Lawyer		Lawyer	
-	employer/law firm	Law firm of contributor's sp	pouse (if any)
	O'Neil & Gray LLP		
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
06/28/2023	Nwabara, Obioha		\$200.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77056		
	Principal Occupation	Contributor's Job Title	
_	Strategic Advisor Strategic Advisor		
	Contributor's employer/law firm Law firm of contributor's sp Sempra Infrastructure		oouse (if any)
	s a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V3.5.1.a18ea2ca

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 7/8 Rpt: 10/17	
2 FILER NAME	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Hassan, Mea	agan E. (The Honorable)			00081810
4 Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
06/28/2023	Perry, Brent			\$500.00
	6 Contributor address; City; Sta	ite; Zip Code		1
	Houston, TX 77010			
	Principal Occupation		9 Contributor's Job Title	
Attorney			Attorney	
10 Contributor's e			11 Law firm of contributor's sp	oouse (if any)
Burford Perry				
12 If contributor is	s a child, law firm of parent(s) (if ar	ıy)		
Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/28/2023	Stam, Charles			\$250.00
	Contributor address; City; Sta	te; Zip Code		
	Houston, TX 77006			
Contributor's F	Principal Occupation		Contributor's Job Title	
Attorney			Attorney	
	employer/law firm		Law firm of contributor's sp	bouse (if any)
Hinojosa Lav				
If contributor is	s a child, law firm of parent(s) (if ar	ıy)		
Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
06/28/2023	Svetlik, Frank			\$10.00
	Contributor address; City; Sta			
	Houston, TX 77024			
	Principal Occupation		Contributor's Job Title	
Lawyer Lawyer				
Contributor's employer/law firm Law firm of contributor's sp		bouse (if any)		
Frank Svetlik Law Firm				
If contributor is	s a child, law firm of parent(s) (if ar	ıy)		
Forms provided	by Texas Ethics Commission		s.state.tx.us	Version V3.5.1.a18ea2ca

	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 8/8 Rpt: 11/17	
2	2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	Hassan, Mea	agan E. (The Honorable)			00081810
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
	06/27/2023	Thomas, Cheri			\$100.00
		6 Contributor address; City; S	State; Zip Code		
		Houston, TX 77079			
8	Contributor's F	I Principal Occupation		9 Contributor's Job Title	
	Attorney			Attorney	
		employer/law firm		11 Law firm of contributor's sp	oouse (if any)
	Lewis Thoma				
		s a child, law firm of parent(s) (if	anv)		
)/		

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)	
	Sch: 1/6 Rpt: 12/17	Hassan, Meagan E. (The Honorable)	00081810	
4	Date 06/25/2023	Payee name Arne's		
6	Amount (\$) \$105.84	Payee address; City; State; Zip Code 2830 Hicks St Houston, TX 77007		
8	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense for fundraiser	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	06/28/2023	Bashay, Kiera		
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 4334 Mallow St Houston, TX 77051		
	PURPOSE OF EXPENDITURE	b) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if trave Check if Austi	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense tainment for fundraiser	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	
	Date	Payee name		
	05/24/2023	Bhargav, Yajat		
	Amount (\$) \$150.00	Payee address;City;State;Zip Code4812 Wedgewood		
		Bellaire, TX 77401		
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense ature collection at HCDP event	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Co Credit Card Payment			Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME 3					Filer ID (Ethics Commission Filers)				
	Sch: 2/6 Rpt: 13/17		Hassan, Meagan E. (The Honora	00081810								
4	Date	5	Payee name									
	06/01/2023		Constant Contact									
6	Amount (\$)	7 Payee address; City; State; Zip Code										
	\$55.97		1601 Trapelo Road									
		Suite 329										
		Waltham, MA 02451										
8	PURPOSE	(a)	Category (See Categories listed at the top of	this schedule)	thedule) (b) Description							
	OF EXPENDITURE		Solicitation/Fundraising Expense					de of Texas. Complete Schedule T.				
						Email/fundrai		fficeholder living expense				
						Emaintanara		g platerin				
9	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held											
	Date		Payee name									
	06/27/2023		Costco									
Amount (\$)Payee address;City;State;Zip Code\$64.953836 Richmond Ave												
	Houston, TX 77027											
	PURPOSE OF EXPENDITURE	(a)						ide of Texas. Complete Schedule T. , officeholder living expense I draiser				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought						Office held				
	Date		Payee name									
	06/01/2023		Harris County Democratic Party									
	Amount (\$)		Payee address; City; State; Zip Code									
\$600.00 4619 Lyons Ave												
Houston, TX 77020												
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Food/Beverage Expense	this schedule)	(b)	Check if Austin	, тх,	de of Texas. Complete Schedule T. officeholder living expense CDP Precinct Chairs at CEC meeting				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught			Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						Travel in District Travel Out of Distr	uipment & Related Expense			
1	Total pages Schedule F1:	2 F	ILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 3/6 Rpt: 14/17		lassan, Meagan E. (The Honorable	00081810							
4	Date	5 F	Payee name								
	06/28/2023	N	Mancillas, Claudia								
6	Amount (\$)	7 F	7 Payee address; City; State; Zip Code								
	\$250.00	1	141 Treasure Drive								
		F	louston, TX 77076								
8	PURPOSE	(a) (Category (See Categories listed at the top of this	s schedule)	(k) Description					
	OF EXPENDITURE		Salaries/Wages/Contract Labor	,		Check if travel	outsi	de of Texas. Compl	ete Schedule T.		
	EXPENDITORE							officeholder living e	expense		
						Fundraiser e	ven	it work			
_					<u> </u>						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		undidate/Officeholder name	Office	sough	it		Office hel	d		
	Date	F	Payee name								
	06/09/2023	N	Iancillas, Claudia								
Amount (\$) Payee address; City; State; Zip Code											
	\$100.00	1	41 Treasure Drive								
		F	louston, TX 77076								
	PURPOSE OF		category (See Categories listed at the top of this	s schedule)	(t) Description					
	EXPENDITURE		Salaries/Wages/Contract Labor					de of Texas. Compl			
						Petition signa		-			
	Complete ONLY if direct	L Ca	ndidate/Officeholder name	Office	sough	ıt		Office hel	d		
	expenditure to benefit C/OI	Η			U						
╞	Date	F	ayee name								
	06/27/2023		Office Max								
	Amount (\$)	F	Payee address; City; Si	tate; Zip	Code)					
	\$160.66	1	401 North Loop								
Houston, TX 77008											
	PURPOSE	(a) (Category (See Categories listed at the top of this	s schedule)	(k	Description					
	OF EXPENDITURE	E	Event Expense					de of Texas. Compl			
								officeholder living e			
						Paper/office	sup	iplies for fund	raiser		
			nalidata (Office halds	0.45				Office has	al		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Indidate/Officeholder name	Office	e sough	IL		Office hel	u		

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services 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)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 4/6 Rpt: 15/17		Hassan, Meagan E. (The Honorabl			00081810					
4	Date	5	Payee name								
	06/30/2023		Raise the Money, Inc.								
6	Amount (\$)	7	7 Payee address; City; State; Zip Code								
	\$273.69		P.O. Box 26466								
		Little Rock, AR 72221									
8	PURPOSE OF	(a)	Category (See Categories listed at the top of the	is schedule)	(b)	Description					
	EXPENDITURE		Fees					de of Texas. Complete Schedule T.			
						Credit card p		officeholder living expense			
						Credit card p	100				
9	9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held Office held										
	Date		Payee name								
	06/28/2023		Rec Room Theater								
	Amount (\$) Payee address; City; State; Zip Code										
	\$500.00 100 Jackson St										
			Houston, TX 77002								
	PURPOSE	(a)	Category (See Categories listed at the top of the	is schedule)	(b)	Description					
OF Event Expense Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense											
	Facility rental for fundraiser										
	Complete ONLY if direct		Candidate/Officeholder name	Office	sought			Office held			
	expenditure to benefit C/OF										
	Date		Payee name								
	06/06/2023		Southern Brazoria County Democra	ats							
	Amount (\$)		Payee address; City; S	tate; Zip	Code						
	\$250.00		55 Pin Oak Court								
	Lake Jackson, TX 77566-5928										
	PURPOSE OF	(a)	Category (See Categories listed at the top of the	is schedule)	(b)	Description					
	EXPENDITURE		Advertising Expense					de of Texas. Complete Schedule T. , officeholder living expense			
								vertising for the Pot Roast With a			
						Purpose Fun					
_	Complete ONLY if direct	Ļ	Candidate/Officeholder name	Office	sought			Office held			
	expenditure to benefit C/OI			Unice	Sought						
-											

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			It Expense //Beverage Expense Awards/Memorials Ex Il Services Instruction Guid		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.			Travel in District Travel Out of District	uipment & Related Expense		
1	Total pages Schedule F1:	2					• • • • • •	3	Filer ID	(Ethics Commission Filers)		
-	Sch: 5/6 Rpt: 16/17	-	Hassan, Meagan E. (The Honorable)							()		
4	Date 05/08/2023	5	Payee name Squarespace									
6	Amount (\$)	7	7 Payee address; City; State; Zip Code									
	\$276.00		225 Varick St									
			12th Floor									
			New York, NY	10014								
8	PURPOSE	(a)					(b) Description					
0	OF EXPENDITURE	(a)	Category (See Ca Office Overhea			edule)	Check if travel		de of Texas. Comp officeholder living e			
							Website host	ting				
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held								d				
	Date		Payee name									
	06/27/2023 Tacos a Go Go											
Amount (\$) Payee address; City; State; Zip Code												
	\$549.15 2912 White Oak Drive											
			Houston, TX 77	2007								
	PURPOSE OF EXPENDITURE	(a)	 (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outsi Check if Austin, TX, Food for fundrais 					officeholder living				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought H							Office hel	d		
	Date		Payee name									
	06/28/2023		The Green Roo	om Bar at Rec	Room Th	eater						
	Amount (\$)		Payee address;	City;	State;	; Zip Coo	le					
	\$377.32		100 Jackson S	İ								
	Houston, TX 77002											
	PURPOSE OF EXPENDITURE	(a)	Category (See Ca Event Expense		top of this sch	edule)		ı, TX,	de of Texas. Compl officeholder living e aiser			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeh	older name	C	Office sou	ht		Office hel	d		

EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense By - Gift/Awards/Memorials Expense			Loan Repa Office Over Polling Exp Printing Exp Salaries/Wa	ment/Reimbursement head/Rental Expense ense jense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2 FIL	ER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 6/6 Rpt: 17/17		ssan, Meagan E	00081810						
4	Date	5 Pay	vee name							
	06/02/2023	UP	S Store							
6	6 Amount (\$) \$375.00 Houston, TX 77008 7 Payee address; City; State; Zip Code 44 West 19th St									
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Fee for campaign mailbox (12 months)								expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		lidate/Officeholde	r name C	Office soug	ht		Office he	eld	
	Date	Pay	vee name							
	06/28/2023	Wa	Ilmart							
	Amount (\$) \$66.82	11: Ho	L Yale St uston, TX 77007	7	Zip Coo					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Event Expense					, TX,	side of Texas. Complete Schedule T. <, officeholder living expense plies		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		lidate/Officeholde	r name C	Office soug	ht		Office he	eld	