FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00082057 57 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Margaret A. The Honorable NAME Date Received **ELECTRONICALLY FILED** 01/16/2024 NICKNAME LAST **SUFFIX** Meg Poissant CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Lester NAME NICKNAME LAST **SUFFIX** Marks **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 882-6830 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx| appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2023 12/31/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court Of Appeals, Justice Place 8 District 14

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 57

13 C / OH NAME	Poissant, Margaret A	. (The Honorable)	14 Filer ID (00082057	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expend These expenditures may have been made withou d officeholders are required to report this informati	t the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDR	ESS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS(OTHER THATES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	NS)	\$ 98,600.00
EXPENDITURE TOTALS		\$ 0.00		
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 26,622.18
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 87,380.08
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required to	
		The Honor	able Margaret A. Pois	sant
			of Candidate or Officehol	
AFFIX NOT	TARY STAMP / SEAL AB	OVE		
Sworn to and subso	ribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	er administering oath	Printed name of officer administering oath	Title of officer	r administering oath

SUBTOTALS - JC/OH

FORM **JC/OH** COVER SHEET PG 3

				JVLN .	3 of 57
	ER NAM		19 Filer ID	(Ethics C	ommission Filers)
	issant,	00082057	_		
	ME OF	SUE	STOTAL AMOUNT		
1.	X	\$	95,005.00		
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	3,595.00
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	26,622.18
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	
				•	

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 1/29 Rpt: 4/57
2	FILER NAME Poissant, Ma	argaret A. (The Honorable)			1	Filer ID (Ethics Commission Filers) 00082057
4	09/12/2023 Adler, Jim 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$5,000.00		
		Houston, TX 77027				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's e Jim Adler La	employer/law firm w		11 Law firm of contributor's sp	oouse	e (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/10/2023	Ammons, Rob Contributor address; City;	State; Zip Code			\$2,500.00
		Houston, TX 77006				
		Principal Occupation		Contributor's Job Title		
_	Lawyer	employer/law firm		Lawyer Law firm of contributor's sp	201101	a (if one)
	Ammons Lav			Law littl of contributors sp	Jouse	e (II aliy)
_		s a child, law firm of parent(s) (i	anv)			
	ii ooniinaatoi ii	o a orma, raw mm or parometor (y)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	ī	Amount of Contribution (\$)
	09/13/2023	Ammons, Rob				\$1,000.00
		Contributor address; City; Houston, TX 77006	State; Zip Code			
	Contributor's F	I Principal Occupation		Contributor's Job Title		
	Lawyer			Lawyer		
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse	e (if any)
	Ammons Lav	w Firm				
	If contributor is	s a child, law firm of parent(s) (i	any)	•		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	ow to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 2/29 Rpt: 5/57
2	FILER NAME Poissant, Ma	argaret A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00082057
4	Date 11/21/2023	_ `		7	Amount of Contribution (\$) \$500.00	
		Houston, TX 77056		·		
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	10 Contributor's employer/law firm 11 Law firm of contributor's sp			oous	se (if any)	
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date 07/29/2023	Full name of contributor Anspon, Catherine Contributor address; City;	out-of-state PAC (ID#:			Amount of Contribution (\$) \$100.00
		Houston, TX 77055				
	Contributor's F	Principal Occupation		Contributor's Job Title Editor		
	Contributor's e	employer/law firm agazine s a child, law firm of parent(s) (i	f any)	Law firm of contributor's sp	oous	se (if any)
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)
	09/06/2023	Arnold, Kurt Contributor address; City; Houston, TX 77007				\$5,000.00
		Principal Occupation		Contributor's Job Title	•	
	Attorney			Attorney		
	Arnold & Itki	employer/law firm n		Law firm of contributor's sp	oous	se (If any)
		s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 3/29 Rpt: 6/57
2	FILER NAME Poissant, Ma	argaret A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00082057
4	Date 09/26/2023	5 Full name of contributor Aziz, Muhammad6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$5,000.00
		Houston, TX 77002				
8		Principal Occupation		9 Contributor's Job Title		
	Law Partner			Law Partner		
10		employer/law firm atkins Nichols Agosto Aziz &	Stoaner	11 Law firm of contributor's sp	ous	se (if any)
12		s a child, law firm of parent(s) (if				
			,,			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	11/06/2023	Baker Botts Amicus Fun	—			\$5,000.00
		Contributor address; City; § Houston, TX 77052	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Contributor 3 i	inicipal Occupation		Continuator 3 dob Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	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 (\$)
	08/24/2023	Ballard, Brooks				\$300.00
		Contributor address; City; 9 Houston, TX 77002			•	
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	President			President		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Engel Volker	rs Houston				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 4/29 Rpt: 7/57
2	FILER NAME Poissant, Ma	argaret A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00082057
4	Date 09/12/2023	5 Full name of contributorBarrow, Hunter6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$500.00
		Houston, TX 77056				
8		Principal Occupation		9 Contributor's Job Title		
L	Shareholder Shareholder					
10	Andrews My	employer/law firm ers, PC		11 Law firm of contributor's sp	oous	se (If any)
12	If contributor is	s a child, law firm of parent(s) (if	any)	I .		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/13/2023	Beck Redden LLP Contributor address; City;	State; Zip Code			\$1,000.00
		Houston, TX 77010		T		
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	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 (\$)
	12/05/2023	Blackburn, Roxann				\$250.00
		Contributor address; City; Houston., TX 77025				
	Contributor's F	rincipal Occupation		Contributor's Job Title	<u> </u>	
	retired			retired		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	retired					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL (CONTRIBUTIO	DNS		SCHEDULE A	\(J)1
	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 5/29 Rpt: 8/57	
2	FILER NAME Poissant, Ma	argaret A. (The Honorable)			3	Filer ID (Ethics Commissio 00082057	n Filers)
4	12/05/2023 Boesel, Minnette 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$200.00		
		Houston, TX 77019					
8		Principal Occupation		9 Contributor's Job Title			
	President			President			
10	Contributor's 6 Heritage So	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)	
12		s a child, law firm of parent(s) (if a	anv)				
	- ii donandator ii	o a orma, iaw iiiii or paroni(o) (ii c	,				
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Π	Amount of Contribution (\$)	
	08/22/2023	Bracewell PAC				(1,	\$2,500.00
		Contributor address; City; Si	tate; Zip Code				
	Cantuila staula I	Houston, TX 77002		Contributorio Joh Titlo			
	Contributors	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)	
	If contributor is	s a child, law firm of parent(s) (if a	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	09/13/2023	Bradley Arant Boult Cumr	mings Texas PAC				\$1,000.00
		Contributor address; City; Si Houston, TX 77002	tate; Zip Code				
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>		
		o.par Goodpario					
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)	
	If contributor is	s a child, law firm of parent(s) (if a	any)				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 6/29 Rpt: 9/57
2	FILER NAME Poissant, Ma	argaret A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00082057
4	11/14/2023 Bradley Arant Boult Cummings Texas PAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,000.00		
		Houston, TX 77002				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
10	10 Contributor's employer/law firm 11 Law firm of contributor's sp			oous	se (if any)	
12	! If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	08/28/2023	Brom, Roxanna Contributor address; City; s	—		•	\$1,000.00
		Gonzales, TX 78629				
		Principal Occupation		Contributor's Job Title		
	retired			retired		
	retired	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	09/08/2023	Causey, John		·		\$1,000.00
		Contributor address; City; S	State; Zip Code		•	
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Attorney	molpai Gecapation		Attorney		
_		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Hope & Cau			·		
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 7/29 Rpt: 10/57
2	FILER NAME Poissant, Ma	argaret A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00082057
4	Date 11/09/2023	11/09/2023 Chandler, Troy 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,000.00	
		Houston, TX 77401				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney					
10	Contributor's of Chandler Mo	employer/law firm cNulty		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	D and of state BAC (ID)()	\	Т	Amount of Contribution (\$)
	08/04/2023	Chaney, Jereann Contributor address; City;	out-of-state PAC (ID#:			\$250.00
	Contributor's I	Houston, TX 77098 Principal Occupation		Contributor's Job Title		
	retired			retired		
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (if any)
		s a child, law firm of parent(s) (i	f any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	09/07/2023	Cweren, Brian				\$1,000.00
		Contributor address; City;	State; Zip Code			
	Contributorio	Houston, TX 77098		Contributorio Joh Titlo		
	Managing M	Principal Occupation ember		Contributor's Job Title Managing Member		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		Law Firm, PLLC				(,)
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 8/29 Rpt: 11/57
2	FILER NAME Poissant, Ma	argaret A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00082057
4	09/08/2023 Feldman, Cris 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$500.00		
		Houston, TX 77098-178	9			
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's 6 Feldman & F	employer/law firm Feldman PC		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (if	any)	1		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	10/17/2023	Fiddler, G. Scott Contributor address; City;	State; Zip Code			\$250.00
		Houston, TX 77002				
		Principal Occupation		Contributor's Job Title		
	Lawyer	omployor/low firm		Lawyer	2011	on (if any)
	Jackson Wa	employer/law firm lker LLP		Law firm of contributor's sp	Jou	se (II aliy)
		s a child, law firm of parent(s) (if	any)			
L	Data	I Full record of controllers			_	Assessment of Occationalism (d)
	Date 11/09/2023	Full name of contributor Garcia, Roland	out-of-state PAC (ID#:)		Amount of Contribution (\$) \$500.00
	11/03/2020	Contributor address; City; : Houston, TX 77042	State; Zip Code			φοσο.σσ
	Contributor's I	I Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Greenberg T	raurig, LLP				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL CON	NTRIBUTIC	DNS	SCHEDULE	A(J)1
	The Instru	ction Guide explains how to c	complete this fo	orm.	1 Total pages Schedule A(J Sch: 9/29 Rpt: 12/57)1:
2	FILER NAME Poissant, Ma	argaret A. (The Honorable)			3 Filer ID (Ethics Commis 00082057	sion Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 7		7 Amount of Contribution (\$	\$1,500.00		
8	Contributor's I	l Principal Occupation		9 Contributor's Job Title		
Ū	Trial lawyer	Timospai Goodpailott		Trial lawyer		
10	10 Contributor's employer/law firm 11 Law firm of contributor's sp Gibbs & Bruns LLP			pouse (if any)		
12	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor 0	out-of-state PAC (ID#:_		Amount of Contribution (\$)
	09/19/2023	Gibson, Jason Contributor address; City; State; Z Houston, TX 77098	čip Code			\$2,500.00
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)	
	The Gibson	Law Firm				
	If contributor is	s a child, law firm of parent(s) (if any)				
	Date	Full name of contributor o	out-of-state PAC (ID#:_		Amount of Contribution (\$)
	08/11/2023	Gould, Andrew Contributor address; City; State; Z Houston, TX 77096	Zip Code			\$500.00
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)	
	Arnold & Itki	n LLP				
	If contributor is	s a child, law firm of parent(s) (if any)				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 10/29 Rpt: 13/57
2	FILER NAME Poissant, Ma	argaret A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00082057
4	Date 11/09/2023	11/09/2023 Hardin, Rusty 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,500.00	
		Houston, TX 77005				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10		employer/law firm n & Associates		11 Law firm of contributor's sp	oous	e (if any)
12	-	s a child, law firm of parent(s) (if	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/05/2023	Harris, Warren Contributor address; City;	State; Zip Code			\$500.00
		Houston, TX 77019				
	Contributor's F	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	e (if any)
	Bracewell LL			Porter Hedges		
	If contributor is	s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	09/05/2023	Hataway-Cone', Misty				\$500.00
		Contributor address; City; S Houston, TX 77008	State; Zip Code			
	Contributor's F	I Principal Occupation		Contributor's Job Title		
	Attorney			Managing Partner		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	Hataway-Co	ne' PLLC				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains ho	w to complete this 1	orm.	1	otal pages Schedule A(J)1 ch: 11/29 Rpt: 14/57	:
2	FILER NAME Poissant, Ma	argaret A. (The Honorable)			1	iler ID (Ethics Commission 0082057	on Filers)
4	Date 11/09/2023	Full name of contributor Hataway-Cone', Misty Contributor address; City; 9	out-of-state PAC (ID#:_		7 A	mount of Contribution (\$)	\$1,000.00
		Houston, TX 77008					
8		Principal Occupation		9 Contributor's Job Title			
	Attorney			Attorney			
10	LO Contributor's employer/law firm Cone' PLLC 11 Law firm of contributor's sp				ouse	(if any)	
12	If contributor is	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	А	mount of Contribution (\$)	
	07/13/2023	Haynes and Boone PAC Contributor address; City; \$					\$2,500.00
		Dallas, TX 75219					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's sp	ouse	(if any)	
	If contributor is	s a child, law firm of parent(s) (if	any)	<u> </u>			
	Date	Full name of contributor	out-of-state PAC (ID#:)	А	mount of Contribution (\$)	
	09/29/2023 Hicks Thomas LLP Contributor address; City; State; Zip Code					\$500.00	
		Houston, TX 77002					
	Contributor's I	Principal Occupation		Contributor's Job Title	•		
	Contributor's e	employer/law firm		Law firm of contributor's sp	ouse	(if any)	
	If contributor is	s a child, law firm of parent(s) (if	any)	l			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 12/29 Rpt: 15/57
2	FILER NAME Poissant, Ma	argaret A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00082057
4	Date 08/05/2023	Horowitz, Daniel 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,000.00	
		Houston, TX 77002				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10		employer/law firm		11 Law firm of contributor's sp		e (if any)
	Daniel D. Horowitz, III PC Associate Judge - 311					
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 (\$)
	09/13/2023 Howell, Pam Contributor address; City; State; Zip Code				\$100.00	
	Houston, TX 77002					
	Legal Assist	Principal Occupation		Contributor's Job Title Legal Assistant		
		employer/law firm		Law firm of contributor's sp	20110	eo (if any)
		ngton & Sutcliffe LLP		Law IIIII of Contributor 5 3	Jous	e (ii aiiy)
H		s a child, law firm of parent(s) (if	any)	<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/05/2023	Hunt, Benjamin	_			\$100.00
Contributor address; City; State; Zip Code						
	Contributor's I	Houston, TX 77008-241 Principal Occupation		Contributor's Job Title		
	Paralegal	morpai Occupation		Paralegal		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	McLemore Law Firm, PC					
	If contributor is	s a child, law firm of parent(s) (if	any)			

MONET	ARY POLITICAL CO	ONTRIBUTIO	ONS		SCHEDULE A	A(J)1
The Instru	ction Guide explains how to	o complete this f	orm.	•	ges Schedule A(J)1 d/29 Rpt: 16/57	:
2 FILER NAME	argaret A. (The Honorable)			3 Filer ID 000820	(Ethics Commission	on Filers)
4 Date	5 Full name of contributor	out-of-state PAC (ID#:_)	7 Amount	of Contribution (\$)	* 0 = 00 00
09/19/2023	Hunton Andrews Kurth Texa					\$2,500.00
	6 Contributor address; City; State	e; Zip Code				
	Houston, TX 77002					
8 Contributor's I	Principal Occupation		9 Contributor's Job Title			
10 Contributor's e	10 Contributor's employer/law firm 11 Law firm of contributor's sp			ouse (if any)		
12 If contributor is	s a child, law firm of parent(s) (if any)	<u> </u>			
Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount	of Contribution (\$)	
09/13/2023						\$1,000.00
Contributor address; City; State; Zip Code					, ,	
	Houston, TX 77002					
Contributor's I	Principal Occupation		Contributor's Job Title			
Contributor's	employer/law firm		Law firm of contributor's sp	ouse (if any)		
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 (\$)	
11/30/2023	Irelan, Bradford	_				\$500.00
	Contributor address; City; State	e; Zip Code				
	Houston, TX 77004					
Attorney	Principal Occupation		Contributor's Job Title Attorney			
	employer/law firm		Law firm of contributor's sp	ouse (if any)		
Irelan McDa			Eaw little of contributor 3 3p	ouse (ii arry)		
	s a child, law firm of parent(s) (if any	')	<u> </u>			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 14/29 Rpt: 17/57
2	FILER NAME Poissant, Ma	argaret A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00082057
4	Date 09/06/2023	5 Full name of contributor Itkin, Jason	Jason ibutor address; City; State; Zip Code		7	Amount of Contribution (\$) \$5,000.00
		Houston, TX 77007				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's e Arnold & Itki	employer/law firm n		11 Law firm of contributor's sp	oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if	f any)	<u>I</u>		
	Doto	L Full name of contributor	——————————————————————————————————————	,	_	Amount of Contribution (Φ)
	Date Full name of contributor out-of-state PAC (ID#:) 11/07/2023 Jadick, Maria Cristina Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$50.00		
		Houston, TX 77055				
	Contributor's I	Principal Occupation		Contributor's Job Title	•	
	Contempora	ry Artist		Contemporary Artist		
	Contributor's 6	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	f any)	<u>I</u>		
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	08/18/2023	Jones, Adrienne				\$150.00
Contributor address; City; State; Zip Code Houston, TX 77042						
	Contributor's F	Principal Occupation		Contributor's Job Title	<u> </u>	
	writer	molpai Godapation		writer		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	self employed					
	If contributor is	s a child, law firm of parent(s) (if	f any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 15/29 Rpt: 18/57
2	FILER NAME Poissant, Ma	argaret A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00082057
4	Date 12/04/2023	5 Full name of contributor Kallinen, Randall6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$250.00
		Houston, TX 77012				
8		Principal Occupation		9 Contributor's Job Title		
	Lawyer			Lawyer		
10	Contributor's (Kallinen Law	employer/law firm / PLLC		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (if	any)	<u>I</u>		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	09/14/2023 Kantorczyk, Judith & David Contributor address; City; State; Zip Code Houston, TX 77056				\$250.00	
	retired	Principal Occupation		Contributor's Job Title retired		
_		employer/law firm		Law firm of contributor's sp	חחופ	se (if any)
	retired	mpiejeman iiiii			, , ,	(ii dii))
	If contributor is	s a child, law firm of parent(s) (if	any)	I		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	09/12/2023 Kapoor, Poonam Contributor address; City; State; Zip Code				-	\$250.00
	Contributor's I	Houston, TX 77007 Principal Occupation		Contributor's Job Title		
	Realtor	-ппсіраї Оссираціон		Realtor		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Ashoka Lion					
	If contributor is	s a child, law firm of parent(s) (if	any)	1		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 16/29 Rpt: 19/57
2	FILER NAME Poissant, Ma	argaret A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00082057
4	Date 11/16/2023	5 Full name of contributor Keegan, Kathleen6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$250.00
		Houston, TX 77002				
8		Principal Occupation		9 Contributor's Job Title		
_	retired			retired		
10	retired	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (i	f any)	<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	08/08/2023 Keegan, Kathleen Contributor address; City; State; Zip Code Houston, TX 77002 Contributor's Principal Occupation Contributor's Job Title				\$500.00	
L						
	retired	-Tiricipal Occupation		retired		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor i	s a child, law firm of parent(s) (i	f any)	I .		
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
	09/05/2023	Kherkher, Steven Contributor address; City;	Stato: 7 in Codo			\$1,000.00
		Houston, TX 77098	State, Zip Gode			
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Kherkher Ga	arcia LLP				
	If contributor i	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 17/29 Rpt: 20/57
2	FILER NAME Poissant, Ma	argaret A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00082057
4	Date 09/05/2023	5 Full name of contributor Kim, John6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$1,000.00
		Houston, TX 77006				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
	Lawer			Lawer		
10	Contributor's (The Kim Lav	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if	· anu)			
12	in contributor i	s a criliu, iaw ilitii or parerii(s) (ii	arry)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	09/12/2023 Kretzer, Seth			\$250.00		
	Contributor address; City; State; Zip Code			-		
	Contributor address, Oily, State, 21p Code					
		Houston, TX 77019				
	Contributor's Principal Occupation Contributor's Job Title			<u> </u>		
	attorney	тори обобранот		attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
		f Seth Kretzer				
	If contributor i	s a child, law firm of parent(s) (if	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/05/2023	Krey, Karen				\$50.00
		Contributor address; City;	State; Zip Code		1	
		Houston, TX 77056				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	retired			retired		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
retired						
	If contributor i	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	DNS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this f	orm.	1	Total pages Schedule A(J)1: Sch: 18/29 Rpt: 21/57
2	FILER NAME Poissant, Ma	argaret A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00082057
4	Date 09/13/2023	5 Full name of contributor Locke Lord LLP6 Contributor address; City;	Locke Lord LLP Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,000.00
		Dallas, TX 75201				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	LO Contributor's employer/law firm 11 Law firm of contributor's sp				oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/19/2023	Lubel, Lance Contributor address; City;	State; Zip Code		•	\$2,500.00
		Houston, TX 77057				
		Principal Occupation		Contributor's Job Title		
	Lawyer			Lawyer		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Lubel Voyles					
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/13/2023	Marks, Lester	_			\$2,000.00
Contributor address; City; State; Zip Code Houston, TX 77005					•	
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Art Collector			Art colletor		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Self					,
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 19/29 Rpt: 22/57
2	FILER NAME Poissant, Ma	argaret A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00082057
4	Date 08/24/2023	Massey, Poppi (Ms.) 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$) \$1,000.00
		Houston, TX 77019				
8		Principal Occupation		9 Contributor's Job Title		
	Not employe			Not employed		
10	O Contributor's employer/law firm Not employed 11 Law firm of contributor's sp				ous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	12/05/2023 Mayer, Benjamin Contributor address; City; State; Zip Code				\$100.00	
	Houston, TX 77024					
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Cloud Sales	Lead		Cloud Sales Lead		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
	AVEVA Soft					
	If contributor is	s a child, law firm of parent(s) (if	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/05/2023	McWhorter, Christina	_			\$200.00
		Contributor address; City; S Houston, TX 77006	State; Zip Code		•	
	Contributor's I	rincipal Occupation		Contributor's Job Title	<u> </u>	
	Artist			Artist		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	self-employe	ed				
	If contributor is	s a child, law firm of parent(s) (if	any)			

ı ıv	MONET	ARY POLITICAL C	ONTRIBUTIO	DNS	SCHEDULE A(J)1
Т	he Instru	ction Guide explains how	to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 20/29 Rpt: 23/57
	ILER NAME oissant, Ma	argaret A. (The Honorable)			3 Filer ID (Ethics Commission Filers) 00082057
4 D	ate 2/04/2023	Mod, Anna 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$100.00	
		Arlington, VA 22203			
		Principal Occupation		9 Contributor's Job Title	
	irector			Director	
	ontributor's e Lyan	employer/law firm		11 Law firm of contributor's sp	oouse (if any)
		s a child, law firm of parent(s) (if a	nv)		
		, , , , , , , , , , , , , , , , , , , ,	,,		
D	ate	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09	09/13/2023 Moore, Daryl		·	\$500.00	
	Contributor address; City; State; Zip Code				
		Houston, TX 77010			
С	Contributor's Principal Occupation Contributor's Job Title			Contributor's Job Title	
A ⁻	ttorney			Attorney	
С	ontributor's e	employer/law firm		Law firm of contributor's sp	oouse (if any)
A	ZA Law				
lf	contributor is	s a child, law firm of parent(s) (if a	ny)		
D	ate	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
08	8/08/2023	Nicholson, Warren			\$1,000.00
		Contributor address; City; St	ate; Zip Code		1
		Houston, TX 77004			
С	ontributor's F	Principal Occupation		Contributor's Job Title	
	etired			retired	
		employer/law firm		Law firm of contributor's sp	oouse (if any)
	etired				
			ny)		
	contributor is	s a child, law firm of parent(s) (if a	,,		
	contributor is	s a chiid, law tirm of parent(s) (if a			
	contributor is	s a cniid, iaw firm of parent(s) (if a	<i>"</i>		
	contributor is	s a cniid, iaw firm of parent(s) (if a	<u> </u>		
	contributor is	s a cniid, iaw firm of parent(s) (if a			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 21/29 Rpt: 24/57
2	FILER NAME Poissant, Ma	argaret A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00082057
4	Date 09/13/2023	Norton Rose Fulbright Texas Committee 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,000.00	
		Houston, TX 77010				
8	Contributor's I	ontributor's Principal Occupation 9 Contributor's Job Title				
10	.0 Contributor's employer/law firm 11 Law firm of contributor's sp			oous	se (if any)	
12	! If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/05/2023	O'Black, Weston Contributor address; City;	State; Zip Code		-	\$150.00
	O a materilla contra da la f	Houston, TX 77005		Occasionate de Joh Tide		
	Attorney	Principal Occupation		Contributor's Job Title Attorney		
H		employer/law firm		Law firm of contributor's sp	2011	se (if any)
	Susman God					()
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
09/05/2023 Perry, Brent Contributor address; City; State; Zip Code Houston, TX 77010			<u>.</u>	\$500.00		
	Contributor's F	rincipal Occupation		Contributor's Job Title		
	Attorney			Attorney		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Burford Perr	y LLP				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 22/29 Rpt: 25/57
2	FILER NAME Poissant, Ma	argaret A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00082057
4	Date 12/06/2023	5 Full name of contributor Porteous, Donald	Porteous, Donald Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$250.00
		Houston, TX 77019				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's 6 Sef-employe	employer/law firm ed		11 Law firm of contributor's sp	oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	09/13/2023 Porteous, Donald Contributor address; City; State; Zip Code				\$250.00	
		Houston, TX 77019				
·		Contributor's Job Title				
	Attorney			Attorney		
	Self	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	10/09/2023	Porter Hedges				\$1,000.00
		Contributor address; City; Significant Contributor Con	State; Zip Code			
	Contributor's F	I Principal Occupation		Contributor's Job Title	<u> </u>	
Contributor's employer/law firm			Law firm of contributor's sp	oous	se (if any)	
	If contributor is	s a child, law firm of parent(s) (if	any)	<u> </u>		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 23/29 Rpt: 26/57
2	FILER NAME Poissant, Ma	argaret A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00082057
4	Date 09/18/2023	5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$) \$500.00	
		Houston, TX 77010				
8	Contributor's I	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	09/06/2023	Reynolds, Chris Contributor address; City;	<u> </u>			\$2,500.00
		Houston, TX 77002				
		Principal Occupation		Contributor's Job Title		
	Attorney					
	Contributor's employer/law firm Law firm of contributor's				ous	se (if any)
	Reynolds Fr					
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/05/2023	Robinson, Jane	_			\$250.00
		Contributor address; City; Pearland, TX 77584	State; Zip Code		•	
_	Contributor's I	l		Contributor's Joh Titlo		
	Contributor's Principal Occupation Contributor's Job Title Lawyer Lawyer			Lawyer		
-	Contributor's employer/law firm Law firm of contributor's s			ous	se (if anv)	
AZA Law						
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 24/29 Rpt: 27/57
2	FILER NAME Poissant, Ma	argaret A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00082057
4	Date 09/27/2023	5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$) \$250.00	
		Houston, TX 77046				
8		Principal Occupation		9 Contributor's Job Title		
10	retired	and a conflored finance		retired		on (if any)
10	retired	employer/law firm		11 Law firm of contributor's sp	ous	se (II any)
12		s a child, law firm of parent(s) (i	f any)	L		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/13/2023	Santire Law Firm Contributor address; City;	State; Zip Code			\$100.00
	O a stalle at a size I	Houston, TX 77063		Occasillant and Dala Title		
	Contributors	Principal Occupation		Contributor's Job Title		
Contributor's employer/law firm Law firm of conf				Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)	L		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	08/14/2023 Smith Jr. , William Contributor address; City; State; Zip Code				\$25.00	
		Houston, TX 77008				
	Contributor's Principal Occupation Contributor's Job Title					
	retired retired					
	Contributor's employer/law firm Law firm of contributor's retired				oous	se (If any)
		s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 25/29 Rpt: 28/57
2	FILER NAME Poissant, Ma	argaret A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00082057
4	Date 12/06/2023			7	Amount of Contribution (\$) \$25.00	
		Houston, TX 77008				
8		Principal Occupation		9 Contributor's Job Title		
_	retired			retired		
10	retired	employer/law firm		11 Law firm of contributor's sp	oous	e (If any)
12		s a child, law firm of parent(s) (i	f any)	<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/06/2023	Sorrels, Randall Contributor address; City;	State; Zip Code			\$1,000.00
	Contributor's I	Houston, TX 77007		Contributor's Job Title		
	Contributor's Principal Occupation Contributor's Job Title Attorney Attorney					
-	Contributor's employer/law firm Law firm of contributor's s				oous	e (if any)
Sorrels Law						
	If contributor is	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/05/2023	Spagnoletti, Marcus Contributor address; City; Houston, TX 77002	State; Zip Code			\$5,000.00
	Contributor's F	rincipal Occupation		Contributor's Job Title	<u> </u>	
	Attorney Attorney			Attorney		
Г	Contributor's employer/law firm Law firm of contributor's s				oous	e (if any)
Spagnoletti Law Firm						
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL (CONTRIBUTIO	DNS		SCHEDULE A(J)1
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A(J)1: Sch: 26/29 Rpt: 29/57	
2	FILER NAME Poissant, Ma	argaret A. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00082057
4	Date 09/19/2023	5 Full name of contributor out-of-state PAC (ID#:) Susman Godfrey LLP 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$1,000.00	
		Houston, TX 77002				
8	Contributor's F	Principal Occupation		9 Contributor's Job Title		
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Π	Amount of Contribution (\$)
	09/13/2023	The Poerschke Law Firm Contributor address; City; S				\$1,000.00
		Houston, TX 77079				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	ous	se (if any)
	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 (\$)
	09/13/2023	Thompson Coe Cousins Contributor address; City; S				\$1,000.00
		Houston, TX 77056				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	ages Schedule A(J)1 7/29 Rpt: 30/57	:
2	FILER NAME Poissant, Ma	argaret A. (The Honorable)			3 Filer ID 000820	(Ethics Commission)	on Filers)
4	Date 07/03/2023	_ `		7 Amount	of Contribution (\$)	\$5.00	
		Houston, TX 77030					
8		Principal Occupation		9 Contributor's Job Title			
	Physician			Physician			
10	Contributor's 6 Self-Employ	employer/law firm ed		11 Law firm of contributor's sp	oouse (if any))	
12	If contributor is	s a child, law firm of parent(s) (i	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount	of Contribution (\$)	
	09/13/2023 Vinson & Elkins Texas PAC Contributor address; City; State; Zip Code					\$2,500.00	
		Houston, TX 77002		_			
	Contributor's I	Principal Occupation		Contributor's Job Title			
Contributor's employer/law firm Law firm of cor				Law firm of contributor's sp	oouse (if any))	
	If contributor is	s a child, law firm of parent(s) (i	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount	of Contribution (\$)	
09/13/2023 Wadler, David Contributor address; City; State; Zip Code					\$250.00		
		Houston, TX 77063					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Orthodontist Orthodontist			Orthodontist			
Contributor's employer/law firm Self Law firm of contributors			Law firm of contributor's sp	oouse (if any))		
		s a child, law firm of parent(s) (i	f any)				

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A	\(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	ı	otal pages Schedule A(J)1: ch: 28/29 Rpt: 31/57	
2	FILER NAME Poissant, Ma	argaret A. (The Honorable)			1	ller ID (Ethics Commission 0082057	n Filers)
4	Date 08/28/2023			7 A	mount of Contribution (\$)	\$1,000.00	
		Houston, TX 77019					
8	Contributor's I	Principal Occupation		9 Contributor's Job Title			
10	Contributor's	employer/law firm		11 Law firm of contributor's sp	ouse	(if any)	
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	A	mount of Contribution (\$)	
	09/13/2023	West, S. Scott Contributor address; City;	State; Zip Code				\$2,500.00
	0	Richmond, TX 77469		I 0			
	Contributor's Principal Occupation Contributor's Job Title						
Lawyer Lawyer Contributor's employer/law firm Law firm of contributor's sp					NOLICO.	(if any)	
	The West La			Law IIIII of Contributor 5 3	Jouse	(ii diriy)	
		s a child, law firm of parent(s) (i	f anv)				
	coacc	o a oa, .a.v o. pa. o(o) (.	,				
	Date	Full name of contributor	out-of-state PAC (ID#:)	A	mount of Contribution (\$)	
	09/13/2023	White, Anne				(,,	\$250.00
Contributor address; City; State; Zip Code							
	Contributor's I	Houston, TX 77019		Contributor's Job Title			
	retired	Principal Occupation		retired			
-				Law firm of contributor's sp	ouse	(if anv)	
retired					, ,		
	If contributor is	s a child, law firm of parent(s) (i	f any)	1			

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULE	A(J)1
	The Instru	The Instruction Guide explains how to complete this form.					1:
2	FILER NAME Poissant, Ma	argaret A. (The Honorable)				9/29 Rpt: 32/57 (Ethics Commiss 057	ion Filers)
4	Date 11/21/2023	Date 5 Full name of contributor out-of-state PAC (ID#:)			7 Amount	of Contribution (\$)	\$2,500.00
		Houston, TX 77010					
8		Principal Occupation		9 Contributor's Job Title			
	Attorney			Partner			
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oouse (if any))	
12	If contributor is	s a child, law firm of parent(s) (if a	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount	of Contribution (\$)	
	12/05/2023	Zwernemann, Allen	_				\$250.00
		Contributor address; City; S	tate; Zip Code				
		Houston, TX 77009					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Attorney			Attorney			
		employer/law firm		Law firm of contributor's sp	oouse (if any))	
		mann Law Firm	A				
	if contributor is	s a child, law firm of parent(s) (if a	any)				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE A2

	The Instruction Guide explains how to complete this form.				Sch: 1/1 Rpt: 33/57			
2	FILER NAME	NAME				s Commission Filers)		
_		- argaret A. (The Honorable)			00082057	3 Commission File(3)		
4	TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$				
5	Date 09/13/2023				contribution (\$) \$3,000.00	In-kind contribution description food, beverages, and flowers for fundraising event		
		Houston, TX 77056			Check if travel of	utside of Texas. Complete Schedule T.		
10	Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	N-JUI		nstructions)		
12	Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FO	R JUDICIAL)	(See instructions)		
	Realtor	,	Realtor	`	,			
14		employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's s	spouse (if any) (I	FOR JUDICIAL)		
		King Properties			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		
16	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
	Date 12/31/2023	Full name of contributor out-of-state PAC (ID#:			Amount of contribution (\$) \$595.00	In-kind contribution description campaign log design		
		Houston, TX 77007		Check if travel outside of Texas. Complete Schedule T.				
	Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-JUDICIAL) (See instructions)					
	Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)					
	Graphic Des	signer	Graphic Designer					
	Contributor's self	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		OTHER (enter a category not listed above)
<u> </u>	Tatalana Oliver	· · · · · · · · · · · · · · · · · · ·	• Eller ID (Eller Or or 1 1 Eller)
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
	Sch: 1/24 Rpt: 34/57	Poissant, Margaret A. (The Honorable)	00082057
4	Date	5 Payee name	
L	07/31/2023	Amegy Bank	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2.00	1717 West Loop S.	
		Houston, TX 77027	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	(= 0 1.01.11.=
	EXPENDITURE	1 000	utside of Texas. Complete Schedule T. TX, officeholder living expense
		statement fee	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
_	•		
	Date	Payee name	
L	08/31/2023	Amegy Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2.00	1717 West Loop S.	
		Houston, TX 77027	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel of	utside of Texas. Complete Schedule T.
	EXPENDITURE	1 003	TX, officeholder living expense
		statement fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	09/29/2023	Amegy Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2.00	1717 West Loop S.	
	Ψ2.00	1.1. Wood 200p O.	
		Houston, TX 77027	
	DUDDOCE	()-	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel of	utside of Texas. Complete Schedule T.
	EXPENDITURE	1003	TX, officeholder living expense
		statement fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
Ec:	rms provided by Tayas F	thics Commission was athics state ty us	Version V2.5.1.0hfcfh67

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/24 Rpt: 35/57	Poissant, Margaret A. (The Honorable) 00082057
4	Date	5 Payee name
	10/31/2023	Amegy Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.00	1717 West Loop S.
		Houston, TX 77027
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		statement fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OH	1
	Date	Payee name
	11/30/2023	Amegy Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	1717 West Loop S.
		Houston, TX 77027
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense statement fee
		Station on the
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	12/29/2023	Amegy Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	1717 West Loop S.
		Houston, TX 77027
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense statement fee
		Statement lee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/24 Rpt: 36/57	Poissant, Margaret A. (The Honorable) 00082057
4	Date	5 Payee name
	10/03/2023	Anspon, Catherine
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	7200 Shadyvilla Ln
		Unit 29
		Houston, TX 77055
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		contract labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	
	11/11/2023	Payee name Anspon, Catherine
		• •
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	7200 Shadyvilla Ln
		Unit 29
		Houston, TX 77055
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		contract labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	Н
	Date	Payee name
	11/28/2023	Anspon, Catherine
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	7200 Shadyvilla Ln
		Unit 29
		Houston, TX 77055
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		contract labor
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	d .

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Constitutions/ Donations Made By - Candidate/Officeholder/Political Cor Credit Card Payment		The Instruction Guide explains h		pens ages	e /Contract Labor	Tra	avel Out of Dis THER (enter a	strict category not listed ab	ove)
1	Total pages Schedule F1:	2	FILER NAME					ler ID	(Ethics Commiss	ion Filers)
	Sch: 4/24 Rpt: 37/57		Poissant, Margaret A. (The Honorable))			00	0082057		
4	Date	5	Payee name							
	11/24/2023		Barnaby's Cafe							
6	Amount (\$)	7		Zip Co	de					
	\$49.14		801 Congress							
			Houston, TX 77002							
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description				
	EXPENDITURE		Food/Beverage Expense			Check if travel o			plete Schedule T. expense	
						campaign me				
						-	3			
9	Complete ONLY if direct		Candidate/Officeholder name O	office sou	ght			Office he	eld	
	expenditure to benefit C/OF	H								
	Date		Payee name							
	10/11/2023		Bayou City Strategies							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$2,000.00		PO Box 667204							
			Houston, TX 77266							
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Consulting Expense			Check if travel o			plete Schedule T.	
						fundraising ar			cyhense	
							. 55	į- 1		
	Complete ONLY if direct		Candidate/Officeholder name O	office sou	ght			Office he	eld	
	expenditure to benefit C/O									
	Date		Payee name							
	11/06/2023		Bayou City Strategies							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$2,000.00		PO Box 667204							
L			Houston, TX 77266		_					
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Consulting Expense						plete Schedule T.	
						Check if Austin, fundraising ar			exhense	
						.sa.a.o.iig ai	501			
	Complete ONLY if direct		Candidate/Officeholder name O	office sou	ght			Office he	eld	
	expenditure to benefit C/O	Н		·						
L	rme provided by Tayas E	+hic	e Commission www.athics.st	toto ty u	_				Version V2 5	1 Obfofb67

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		ommittee Legal Services				Travel Out of District OTHER (enter a category not listed above)		
L	•		on Guide explains how to o	omple				
1	Total pages Schedule F1:				3		(Ethics Commission Filers)	
	Sch: 5/24 Rpt: 38/57	Poissant, Margaret A.	(The Honorable)			00082057		
4	Date	Payee name						
L	08/17/2023	Brazoria County Demo	cratic Party					
6	Amount (\$)	Payee address; City;	State; Zip C	ode				
	\$525.00	11800 Magnolia Pkwy						
		Manvel, TX 77578						
8	PURPOSE	Category (See Categories liste	and at the ten of this sales dul.	(b)	Description			
ľ	OF	Contributions/Donations		(3)	_ `	ide of Texas. Comple	ete Schedule T.	
	EXPENDITURE	Candidate/Officeholder				, officeholder living e		
					donation			
9	Complete ONLY if direct	Candidate/Officeholder nam	ne Office so	ught		Office held	t	
	expenditure to benefit C/OI							
	Date	Payee name						
	12/08/2023	Chief Justice Tracy Chr	istopher					
	Amount (\$)	Payee address; City;	State; Zip C	ode				
	\$383.93	1401 McKinney						
		17th fl						
		Houston, TX 77010						
_	DUDDOCE			<i>(</i> L)	December 2			
	PURPOSE OF	Category (See Categories liste		(a)	Description Check if travel outsi	ide of Texas. Comple	ete Schedule T	
	EXPENDITURE	Food/Beverage Expens	e e		<u></u>	, officeholder living e		
					Christmas Party			
					Ţ			
	Complete ONLY if direct	Candidate/Officeholder nam	ne Office so	ught		Office held	t	
	expenditure to benefit C/OI							
H	Date	Payee name						
	09/13/2023	Dehart, Dalton						
	Amount (\$)	Payee address; City;	State; Zip C	ode:				
	\$200.00	2829 Timmons Ln	State, Zip C	Juc				
	Ψ200.00							
		#201						
		Houston, TX 77098		1				
	PURPOSE OF	A) Category (See Categories liste	ed at the top of this schedule)	(b)	Description			
	EXPENDITURE	Event Expense				ide of Texas. Comple , officeholder living e		
					event photograp		лреное	
					ονοπι μποιοθιαμ	,,,,,		
	Complete ONLY if direct	Candidate/Officeholder nam	ne Office so	lught		Office held	1	
	expenditure to benefit C/O	Caaidato, Cinocholdel Hall	011100 30	agin		Silioc Hole	-	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/24 Rpt: 39/57	Poissant, Margaret A. (The Honorable) 00082057
4	Date	5 Payee name
	08/01/2023	Deluxe Checks
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$34.50	3000 Kellway Dr.
		Carrollton, TX 75006
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense new checks
		new checks
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Payee name
	09/12/2023	Dent, Almeda
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	7900 Morley st.
		Houston, TX 77061
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense contract labor
		Contract labor
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	Davida marea
	11/10/2023	Payee name Dont Almoda
L		Dent, Almeda
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	7900 Morley st.
		Houston, TX 77061
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense contract labor
		Contract labor
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/24 Rpt: 40/57	Poissant, Margaret A. (The Honorable) 00082057
4	Date	5 Payee name
	12/11/2023	Dent, Almeda
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	7900 Morley st.
		Houston, TX 77061
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		contract labor
_		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/11/2023	Double Tree Suites
	Amount (\$)	Payee address; City; State; Zip Code
	\$251.94	303 W 15th St.
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		judicial conference lodging
		judicial conference loaging
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Power name
	10/17/2023	Payee name Emile C Brown Photography
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	3442 Cline St.
L		Houston, TX 77020
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense new head shots
		new neau snots
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services					Travel Out of Dis OTHER (enter a	strict category not listed above)	
			The Instruction Guid	le explains ho	ow to con	plete this form				
1	Total pages Schedule F1:	2 FILE	R NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 8/24 Rpt: 41/57		sant, Margaret A. (The F	lonorable)				00082057		
4	Date	1 1	e name							
	11/22/2023	Emil	e C Brown Photography							
6	Amount (\$)	7 Paye	e address; City;	State;	Zip Cod	е				
	\$200.00	3442	2 Cline St.							
		Hou	ston, TX 77020							
8	PURPOSE	(a) Cate	gory (See Categories listed at the	top of this sched	lule)	b) Description	<u> </u>			
	OF		ertising Expense					de of Texas. Com	'	
	EXPENDITURE		- •			_		officeholder living	expense	
						new head	l shots			
9	Complete ONLY if direct		date/Officeholder name	Off	fice soug	ht		Office he	eld	
	expenditure to benefit C/OI	H 								
	Date	Paye	e name							
	12/04/2023	Fort	Bend Democratic Party							
	Amount (\$)	Paye	e address; City;	State;	Zip Coc	е				
	\$1,500.00	1352	L5 Southwest Fwy							
		#204	1							
		Suga	ar Land, TX 77478							
	PURPOSE	(a) Cate	gory (See Categories listed at the	top of this schedu	lule)	b) Description	า			
	OF EXPENDITURE	Con	Contributions/Donations Made By					el outside of Texas. Complete Schedule T.		
		Can				Austin, TX, officeholder living expense				
						event spo	nsorsr	ııþ		
_			1							
	Complete ONLY if direct expenditure to benefit C/OI		date/Officeholder name	Off	fice soug	nt		Office he	eia	
H	Data	T _								
	Date	1 1	e name							
	09/11/2023	Four	Seasons Parking							
	Amount (\$)	1 1	e address; City;	State;	Zip Coo	е				
	\$23.00	98 S	an Jacinto Blvd							
		Aust	in, TX 78701							
	PURPOSE	(a) Cate	gory (See Categories listed at the	top of this schedu	lule)	b) Description	1			
	OF EXPENDITURE	Evei	nt Expense					de of Texas. Com		
						ш		officeholder living	expense	
						conference	e park	ıııg		
	Complete ONLY if direct	Candi	date/Officeholder name	0"	fice sour	ht		Office he	ald.	
	Complete ONLY if direct expenditure to benefit C/OI		uate/Officeffolder Häffle	Oll	fice soug	IIL		Office Ne	ะเน	
_										

SCHEDULE F1

Vertising Expense Event Expense Loan Repayment/Reimbur

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
<u> </u>	T. 1 0 1 1 54		
1	Total pages Schedule F1: Sch: 9/24 Rpt: 42/57	2 FILER NAME Poissant, Margaret A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00082057	
4	Date	5 Payee name	
	09/11/2023	Four Seasons Parking	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$23.00	98 San Jacinto Blvd	
		Austin, TX 78701	
		1	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense	
		Check if Austin, TX, officeholder living expense	
		conference parking	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	
H	Date	Payee name	
	09/11/2023	Four Seasons	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$30.98	98 San Jacinto Blvd	
		Austin, TX 78701	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		dinner at conference	
_	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
	Date	Payee name	
	09/25/2023	Four Seasons	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.00	1300 Lamar St.	
	Ψ20.00		
		Houston, TX 77010	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	LAFLINDITORL	Check if Austin, TX, officeholder living expense	
		parking for TACTUS dinner	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
	Croan cara r aymon	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 10/24 Rpt: 43/57	Poissant, Margaret A. (The Honorable) 00082057	
4	Date	5 Payee name	
	09/02/2023	Gulf Coast AFL-CIO	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$25.00	2506 Sutherland St	
		Houston, TX 77023	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
		Candidate/Officeholder/Political Committee	
		labor day breakfast	
_	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	07/21/2023	HEB #744	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.12	3663 Washington Ave.	
		Houston, TX 77007	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE		Office Overhead/Rental Expense	
EXI ENDITORE		Check if Austin, TX, officeholder living expense	
	birthday cake for staff		
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	<u>'</u>		
	Date	Payee name	
	12/15/2023	Harris County Criminal Lawyers Association	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$10.00	P.O. Box 924523	
		Houston, TX 77292	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
	EXI ENDITORE	Candidate/Officeholder/Political Committee	
		Holiday party	
	Complete ONII V if allow	Condidate/Officeholder name Office appets	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·				
	Sch: 11/24 Rpt: 44/57	Poissant, Margaret A. (The Honorable) 00082057				
4	Date	5 Payee name				
	09/20/2023	Harris County Democratic Party				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$2,500.00	4619 Lyons Ave.				
		Houston, TX 77020				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITORE	Candidate/Officeholder/Political Committee				
		JRR Table Sponsorship				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	10/06/2023	Harry's				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$59.76	318 Tuam St.				
		Houston, TX 77006				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
	ZA ZADITORZ	Check if Austin, TX, officeholder living expense				
		campaign meeting				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
	<u> </u>					
	Date	Payee name				
	10/27/2023	Harry's				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$67.68	318 Tuam St.				
		Houston, TX 77006				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		campaign meeting				
		outhputg.t.meeting				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services	Gift/Awards/Memorials Expense Printing Expense				Travel in District Travel Out of Di OTHER (enter a		·)	
1	Total pages Schedule F1:	2 FILE	R NAME					3	Filer ID	(Ethics Commission	Filers)
	Sch: 12/24 Rpt: 45/57	Pois	sant, Margaret A. (The	e Honorable)				00082057		
4	Date	5 Paye	e name								
	07/20/2023	Hou	ston Bar Association								
6	Amount (\$)	7 Paye	e address; City;	State;	Zip Co	ode					
	\$10.00	111:	L Bagby St.								
		ste.	200								
		Hou	ston, TX 77002								
8	PURPOSE	(a) Cate	gory (See Categories listed at t	he top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		tributions/Donations Ma		,			outsi	de of Texas. Com	plete Schedule T.	
	LAPENDITORE	Can	didate/Officeholder/Pol	itical Comm	ittee		—		officeholder living	g expense	
							monthly lunch	n			
_	Complete ONLY if alice -t	Cancil	data/Officabalder reserve		office as:	ıabt			Office	ald	
9	Complete ONLY if direct expenditure to benefit C/OI		date/Officeholder name		Office sou	ugnt			Office h	eiu	
	Date	Paye	e name								
	07/20/2023	Hou	ston Bar Association								
	Amount (\$)	Paye	e address; City;	State;	Zip Co	ode					
	\$10.00	111:	L Bagby St.								
		ste.	200								
		Hou	ston, TX 77002								
	PURPOSE	(a) Cate	gory (See Categories listed at t	he top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	Con	tributions/Donations Ma	ade By			—			plete Schedule T.	
		Can	didate/Officeholder/Pol	itical Comm	ittee		monthly lunch		officeholder living	g expense	
							Thorning furici	II VV	/ IIILCIII		
_	Complete ONLY if direct	l Candi	date/Officeholder name	C	Office sou	<u>l</u> ught			Office h	eld	
	expenditure to benefit C/OI	 				_					
	Date	1	e name								
	09/12/2023		ston County Democrati								
	Amount (\$)	1 1	e address; City;	State;	Zip Co	ode					
	\$70.00	4619	9 Lyons Ave.								
		Hou	ston, TX 77020								
	PURPOSE	(a) Cate	gory (See Categories listed at t	he top of this sche	edule)	(b)	Description				
	OF EXPENDITURE	Con	tributions/Donations Ma	ade By			ш			plete Schedule T.	
		Can	didate/Officeholder/Pol	itical Comm	ıttee		Check if Austin		officeholder living	g expense	
							sustaining III	اااات	υσισιτίμ		
_	Complete ONLY if direct	Candi	date/Officeholder name		Office sou	lapt			Office h	2ld	
	expenditure to benefit C/O		date, Officerolact Harrie	C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	agrit			Omce III	Jiu .	

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/24 Rpt: 46/57	Poissant, Margaret A. (The Honorable) 00082057
4	Date	5 Payee name
	07/17/2023	J&N Enterprises
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$54.13	2519 Fairway Park Dr.
		Ste. 302
		Houston, TX 77092
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Printing Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		printing
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/24/2023	J&N Enterprises
	Amount (\$)	Payee address; City; State; Zip Code
	\$204.59	2519 Fairway Park Dr.
		Ste. 302
		Houston, TX 77092
	P. (P. 0.0.5	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		printing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1
_	Date	Payee name
	09/05/2023	J&N Enterprises
	Amount (\$)	Payee address; City; State; Zip Code
	\$161.29	2519 Fairway Park Dr.
	\$101.29	
		Ste. 302
		Houston, TX 77092
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		printing
		ka
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/24 Rpt: 47/57	Poissant, Margaret A. (The Honorable) 00082057
4	Date	5 Payee name
	11/24/2023	J&N Enterprises
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$54.13	2519 Fairway Park Dr.
		Ste. 302
		Houston, TX 77092
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		printing expenses
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٦	expenditure to benefit C/OI	
	Date	Payee name
	09/13/2023	Kwik Kopy
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.12	1405 Waugh Dr.
		Houston, TX 77019
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE		Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		printing expense
		printing oxported
Complete ONLY if direct		Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/17/2023	La Colombe Dor
	Amount (\$)	Payee address; City; State; Zip Code
	\$946.45	3410 Montrose Blvd.
		Houston, TX 77006
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense venue deposit
		venue deposit
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 15/24 Rpt: 48/57	Poissant, Margaret A. (The Honorable) 00082057
4 Date	5. Davis same
	5 Payee name
12/04/2023	La Colombe Dor
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$92.94	3410 Montrose Blvd.
	Houston, TX 77006
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVENDITUE	Food/Beverage Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	campaign meeting
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/12/2023	La Colombe Dor
Amount (\$)	Payee address; City; State; Zip Code
\$1,093.93	3410 Montrose Blvd.
Ψ1,000.00	o 120 mondood biva.
	Houston, TX 77006
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Food/Beverage Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	event food and beverages
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/18/2023	Maggianos
Amount (\$)	Payee address; City; State; Zip Code
\$68.16	2019 Post Oak Blvd.
	Houston, TX 77056
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	campaign meeting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (orders extended that is a second or secon

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services			ages	/Contract Labor		OTHER (enter a	strict a category not listed abov	e)
				The Instruction G	uide explains ho	ow to cor	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission	n Filers)
	Sch: 16/24 Rpt: 49/57		Poissant, M	argaret A. (The	e Honorable)					00082057		
4	Date	5	Payee name									
	12/21/2023		McCormick	& Schmicks								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$75.11		1201 Fannir	n St.		·						
			Houston, TX	77002								
_	DUDDOCE	(0)					/b\	5				
8	PURPOSE OF	(a)		e Categories listed at	the top of this sched	lule)	(a)	Description	nutei	de of Teyas Con	nplete Schedule T.	
	EXPENDITURE		F00u/Bever	age Expense				브		officeholder livin	•	
								xmas lunch				
9	Complete ONLY if direct		 Candidate/Offic	ceholder name	Off	fice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	10/10/2023		•	erican Bar Ass	ociation							
	Amount (\$)	H	Payee addres	ss; City;	State:	Zip Co	de					
	\$500.00		PO Box 303	-	•	•						
	,											
			Houston, TX	77001								
_	PURPOSE	(0)				T	(h)	Description				
	OF	(a)		e Categories listed at		lule)	(D)	Description Check if travel	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE			Officeholder/Pol	,	tee		=		officeholder livin		
								gala ticket				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Off	fice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	11/06/2023		Monarch Pri	nting								
	Amount (\$)		Payee addres	ss; City;	State:	Zip Co	de					
	\$364.80		6605 McGre	-		·						
			Houston, TX	77087								
	PURPOSE	(2)				1	(h)	Description				
	OF	(a)	Printing Exp	e Categories listed at	the top of this sched	lule)	(D)	Description Check if travel	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Filluly Exp	ense				ш		officeholder livin	•	
								letterhead pri	ntir	ng		
	Complete ONLY if direct		Candidate/Offic	ceholder name	Off	fice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
ı												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking

Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Salaries/	Expens Wages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers)
	Sch: 17/24 Rpt: 50/57	Poissant, M	largaret A. (The Hono	rable)				00082057	
4	Date	5 Payee name							
	12/07/2023	Monarch P							
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode				
	\$638.67	6605 McGr							
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
		Houston, T	Y 77097						
_	DUDDO05				10.				
8	PURPOSE OF		ee Categories listed at the top of	this schedule)	(b)	Description		la of Toyon Com	olata Cahadula T
	EXPENDITURE	Printing Ex	pense			=		de of Texas. Comp officeholder living	
						letterhead pri			•
						•			
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	<u>I</u> ught			Office he	eld
	expenditure to benefit C/O		-		5				
_	Date	Payee name							
	09/29/2023	_	sociation of Women J	udaes					
_				State; Zip C	odo				
	Amount (\$) \$500.00	Payee addre	•	JIAIE, ZIP CI	oue				
	Φ00.00	PO BOX 33	Jo						
		Warrenton,	VA 20188						
	PURPOSE OF		ee Categories listed at the top of		(b)	Description			
	EXPENDITURE		ns/Donations Made By			—		de of Texas. Comp officeholder living	
		Candidate/	Officeholder/Political C	ommittee		Color of Justin			
						Joiol of Justil	JU 3	Jon John Ship	aonadon
_	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	laht			Office he	ald.
	expenditure to benefit C/O		TOTAL TIME	Office 300	agrit			Office He	JU.
\vdash	Data	_							
	Date	Payee name		udaaa					
	09/29/2023		sociation of Women J						
	Amount (\$)	Payee addre	•	State; Zip Co	ode				
	\$255.00	PO Box 33	63						
		Warrenton,	VA 20188						
	PURPOSE	(a) Category (S	ee Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE	Contribution	ns/Donations Made By	•		ш		le of Texas. Com	
	THE ENDITORIE	Candidate/	Officeholder/Political C	committee		_		officeholder living	expense
						membership (uue	:5	
	Operation Children	0	:II-I	<u> </u>	<u> </u>			C	.1.1
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	Office sou	ught			Office he	eia

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/24 Rpt: 51/57	Poissant, Margaret A. (The Honorable) 00082057
4	Date	5 Payee name
	07/15/2023	Patel, William
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	2319 McClendon St
		Houston, TX 77030
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		contract labor
		Contract labor
9	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
ľ	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
┡		
	Date	Payee name
L	08/19/2023	Patel, William
	Amount (\$)	Payee address; City; State; Zip Code
	\$412.00	2319 McClendon St
		Houston, TX 77030
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense contract Labor
		Contract Labor
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
⊨		
	Date	Payee name
L	09/24/2023	Patel, William
	Amount (\$)	Payee address; City; State; Zip Code
	\$420.00	2319 McClendon St
		Houston, TX 77030
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		contract labor
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to beliefft C/O	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
l	Sch: 19/24 Rpt: 52/57	Poissant, Margaret A. (The Honorable) 00082057	
4	Date	5 Payee name	_
	12/21/2023	Patel, William	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$500.00	2319 McClendon St	
l			
		Houston, TX 77030	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		contract labor	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
Г	Date	Payee name	
	12/19/2023	Patel, William	
	Amount (\$)	Payee address; City; State; Zip Code	
l	\$400.00	2319 McClendon St	
l			
		Houston, TX 77030	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		contract labor	
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	12/31/2023	Raise The Money	
l	Amount (\$)	Payee address; City; State; Zip Code	
l	\$94.12	PO Box 26466	
L		Little Rock, AR 72221	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.	
l	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		credit card fees	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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: 20/24 Rpt: 53/57	Poissant, Margaret A. (The Honorable)	00082057
4	Date	5 Payee name	
	11/30/2023	Raise The Money	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$507.20	PO Box 26466	
		Little Rock, AR 72221	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T.
	EXPENDITORE	l	TX, officeholder living expense
		credit card fee	es es
_	Complete ONL V if direct	Condidate/Officeholder name Office sought	Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	10/31/2023	Raise The Money	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.50	PO Box 26466	
		Little Rock, AR 72221	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 003	outside of Texas. Complete Schedule T.
		Credit card fee	TX, officeholder living expense
		Great cara lec	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Pavee name	
	09/30/2023	Raise The Money	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,057.15	PO Box 26466	
		Little Rock, AR 72221	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel of	outside of Texas. Complete Schedule T.
	LAI LINDITORE	l — l —	TX, officeholder living expense
		credit card fee	# 5
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/24 Rpt: 54/57	Poissant, Margaret A. (The Honorable) 00082057
4	Date	5 Payee name
	08/30/2023	Raise The Money
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$283.02	PO Box 26466
		Little Rock, AR 72221
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense credit card fees
		Great data lees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	07/31/2023	Raise The Money
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$5.64	PO Box 26466
		Little Rock, AR 72221
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense credit card fees
		Ground data 1999
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	09/11/2023	Raising Canes
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.95	415 W MLK Blvd
		Austin, TX 78701
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense lunch at conference
		iunch at conference
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/24 Rpt: 55/57	Poissant, Margaret A. (The Honorable) 00082057
4	Date	5 Payee name
	11/27/2023	Texas Bar Foundation
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	515 Congress Ave.
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Sustaining Life I cliew Contribution
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	the state of the s
H	Date	Payee name
	11/11/2023	Texas Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	PO Box 15707
	Ψ2,000.00	1 0 Box 10101
		Austin, TX 78761
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Filing fee Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		candidate filing fee
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experialiture to benefit C/Oi	
	Date	Payee name
	12/12/2023	The Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	PO Box 66664
		Houston, TX 77266
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event ticket
		Event nover
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
_		
1		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/24 Rpt: 56/57	Poissant, Margaret A. (The Honorable) 00082057
4	Date	5 Payee name
	08/17/2023	Tomic, Alex
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$240.00	5222 Mulford St.
		Houston, TX 77023
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
l		Check if Austin, TX, officeholder living expense logo design
		logo design
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	08/14/2023	USPS
┝	Amount (\$)	Payee address; City; State; Zip Code
l	\$332.00	2499 Judiway St.
l	4002.00	2 100 oudinay ou
l		Houston, TX 77006
┝	PURPOSE	
l	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		PO Box
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiantific to belieff G/Of	
	Date	Payee name
	08/28/2023	USPS
	Amount (\$)	Payee address; City; State; Zip Code
l	\$6.60	2499 Judiway St.
l		
		Houston, TX 77006
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		postage
		Fg-
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- G I Committee L	ood/Beverage Expense Sift/Awards/Memorials Expense egal Services Fhe Instruction Guide explai	Polling Expense Printing Expense Salaries/Wages/0 1s how to complet	Contract Labor	Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:		·	·		Filer ID	(Ethics Commission Filers)
	Sch: 24/24 Rpt: 57/57		rgaret A. (The Honoral	ole)		00082057	(,
4	Date	5 Payee name			•		
	07/07/2023	Whole Foods	3				
6	Amount (\$)	7 Payee address	s; City; Sta	te; Zip Code			
	\$46.63	701 Waugh [Houston, TX					
8	PURPOSE			(b)	 Description		
•	OF EXPENDITURE	Food/Bevera	Categories listed at the top of this ge Expense		Check if travel out	side of Texas. Comp X, officeholder living	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Office	eholder name	Office sought		Office he	ld