### JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to c	omplete this form.	1 Filer ID (Ethics Commission 00081810	on Filers)	2 Total pages	filed:
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		USE ONLY
OFFICEHOLDER	The Honorable	Meagan E.			OFFICE	USE UNL I
NAME	The Honorable	ineagan L.			Date Received	
					ELECTRONIC	CALLY FILED
		L A OT			. 02/26/2024	
	NICKNAME	LAST		SUFFIX	02/20/2024	
		Hassan				
4 CANDIDATE /	ADDRESS / PO BOX;		-V·	ZIP CODE	Date Hand-delivered	l or Date Postmarked
OFFICEHOLDER	ADDRESS/FUBOA,	AFT/SUILE#, CI	1,	ZIF CODE		
MAILING						
ADDRESS	REDACTED PER	254.0313, GOV'T (	CODE		Receipt #	Amount
Change of Address						
Change of Address					Date Processed	
					Date Imaged	
					Dute imaged	
					<u> </u>	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER NAME	Ms.	Jane				
NAME						
	NICKNAME	LAST			SUFFIX	
		Robinson				
<b>a a a b b b b b b b b b b</b>						
6 CAMPAIGN TREASURER	STREET ADDRESS (NC	PO BOX PLEASE);	APT/	SUITE #; CITY;	S	TATE; ZIP CODE
ADDRESS						
, IBBILLOO	REDACTED PER	254.0313, GOV'T (	ODE			
(Residence or Business)	REDACTEDTER	234.0313, 007 1 0				
7 CAMPAIGN	AREA CODE P	HONE NUMBER	EXTENSION			
TREASURER	(713) 600-4916					
PHONE	(0) 000 .020					
8 REPORT						
8 REPORT TYPE				<i>"</i> –	<b>7</b>	
1111	January 15	30th day before	e election R	unoff		ampaign treasurer fficeholder only)
	- hub. 15		alaatian 🗖 🗖			
	July 15	X 8th day before		xceeded modified	Final Report (A	ttach C/OH-FR)
				porting mine		
9 PERIOD	Month Day Ye	ear		Month Day	Year	
COVERED	01/26/2024	Tł	HROUGH	02/24/202	4	
	01/20/2024			021241202	-	
10 ELECTION	ELECTION DAT	E		ELECTION TYPE		
	Month Day Ye	ear XF	Primary	Runoff	Other	
	03/05/2024					
			Seneral	Special		
11 OFFICE	OFFICE HELD (if any)	I	i.	12 OFFICE SOUGHT	(if known)	
	Court Of Appeals, Jus	tice Place 6 Distric	[ 14	Court Of Appeals	s, Justice Place	6 District 14
GO TO PAGE 2						
Forms provided by Te	exas Ethics Commission	www.et	hics.state.tx.us		Ver	sion V3.5.1.9000c47

### JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 2 of 17

I

13 C / OH NAME	Hassan, Meagan E. (	The Honorable)	14 Filer ID 00081810	(Ethics Commission Filers)					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political exp These expenditures may have been made wi officeholders are required to report this infor	thout the candidate's or office	eholder's knowledge or					
Additional Pages	COMMITTEE TYPE	COMMITTEE TYPE COMMITTEE NAME							
	X GENERAL	X GENERAL 7th Amendment PAC of HTLA							
		COMMITTEE ADDRESS							
	SPECIFIC	777 Post Oak Blvd.	77 Post Oak Blvd.						
		#450							
		Houston, TX 77056							
		COMMITTEE CAMPAIGN TREASURER NA	ME						
		Horowitz, Daniel							
		COMMITTEE CAMPAIGN TREASURER AD	DRESS						
		777 Post Oak Blvd.							
		#450							
		Houston, TX 77056							
<b>16</b> CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER ES OF LOANS, OR CONTRIBUTIONS MADE		<b>\$</b> 0.00					
		ICAL CONTRIBUTIONS		<b>\$</b> 4,974.20					
		PLEDGES, LOANS, OR GUARANTEES OF I	LOANS)						
TOTALS									
	4. TOTAL POLIT	ICAL EXPENDITURES		<b>\$</b> 8,943.21					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF <sup>-</sup> RIOD	THE LAST DAY OF THE	<b>\$</b> 4,128.97					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOAN TING PERIOD	IS AS OF THE LAST DAY	<b>\$</b> 0.00					
17 AFFIDAVIT									
			penalty of perjury, that the ac Ides all information required t code.						
		The H	Ionorable Meagan E. Has	san					
		Signat	ture of Candidate or Officeho	lder					
AFFIX NO	AFFIX NOTARY STAMP / SEAL ABOVE								
Sworn to and subso	cribed before me, by the s	aid	, this the	day					
		ertify which, witness my hand and seal of offic							
Signature of offic	cer administering oath	Printed name of officer administering or	ath Title of office	r administering oath					
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us		Version V3.5.1.9000c47f					

### FORM JC/OH COVER SHEET PG 3

3	of	17
3	of	17

18 FILER NA	(Ethics Commission Filers)					
Hassan, N						
20 SCHEDUL NAME OF	SUBTOTAL AMOUNT					
1. X	1. X SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)					
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		<b>\$</b> 3,364.20			
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$			
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$			
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	<b>\$</b> 8,943.21			
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 I TO FILER	RETURNED	\$			

SUBTOTALS - JC/OH

The Instru	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 1/4 Rpt: 4/17	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Hassan, Mea	agan E. (The Honorable)	00081810	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
02/11/2024	Anastasio, Abigail		\$250.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77002		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
Attorney		Attorney	
10 Contributor's e	employer/law firm	<b>11</b> Law firm of contributor's sp	oouse (if any)
self			
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 (\$)
02/23/2024	Anastasio, Abigail	/	\$250.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77002		
Contributor's F	Principal Occupation	Contributor's Job Title	•
Attorney		Attorney	
	employer/law firm	Law firm of contributor's sp	bouse (if any)
self			
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 (\$)
02/19/2024	Andrews, Theodore		\$20.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77073		
Contributor's F	Principal Occupation	Contributor's Job Title	
Retired		Retired	
Contributor's e	employer/law firm	oouse (if any)	
None			
If contributor is	s a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www.ethic	es state tx us	Version V3 5 1 9000c47

The Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 2/4 Rpt: 5/17
2 FILER NAME Hassan, Meagan E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00081810	
4 Date       5 Full name of contributor       out-of-state PAC (ID#:_         02/08/2024       Cortes, Eddie         6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$100.00	
Houston, TX 77001		
8 Contributor's Principal Occupation Attorney	9 Contributor's Job Title Attorney	
10 Contributor's employer/law firm Self	11 Law firm of contributor's sp	oouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date       Full name of contributor       out-of-state PAC (ID#:_         02/02/2024       Haleem, Shah         Contributor address; City; State; Zip Code	)	Amount of Contribution (\$) \$100.00
Katy, TX 77494 Contributor's Principal Occupation	Contributor's Job Title	
Real Estate Investor	Real Estate Investor	
Contributor's employer/law firm Smzj Holdings LLC If contributor is a child, law firm of parent(s) (if any)	Law firm of contributor's sp	bouse (if any)
Date       Full name of contributor       out-of-state PAC (ID#:_         02/14/2024       Kishinevsky, Leo         Contributor address;       City; State; Zip Code	)	Amount of Contribution (\$) \$200.00
Houston, TX 77080		
Contributor's Principal Occupation Attorney	Contributor's Job Title Attorney	
Contributor's employer/law firm	Law firm of contributor's sp	bouse (if any)
Kishinevsky Law Firm If contributor is a child, law firm of parent(s) (if any)		
Forms provided by Texas Ethics Commission www.ethic:	s.state.tx.us	Version V3.5.1.9000c47

The Instruct	ion Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 3/4 Rpt: 6/17	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Hassan, Meag	an E. (The Honorable)		00081810
02/15/2024	Full name of contributor       out-of-state PAC (ID#:         Messinger, Jonathan          Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$240.00	
	Danvers, MA 01923		
8 Contributor's Pri Attorney	ncipal Occupation	9 Contributor's Job Title Attorney	
10 Contributor's em	ployer/law firm	11 Law firm of contributor's sp	oouse (if any)
Law Offices of	Jonathan D Messinger		
<b>12</b> If contributor is a	child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
02/08/2024	Nath, Audrey		\$250.00
	Contributor address; City; State; Zip Code Houston, TX 77019		
Contributor's Pri	ncipal Occupation	Contributor's Job Title	I
Doctor		Neurologist	
Contributor's em NMA	ployer/law firm	Law firm of contributor's sp	oouse (if any)
If contributor is a	child, law firm of parent(s) (if any)		
Date 02/22/2024	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$) \$100.00
02/22/2024	Wolfe, Zach Contributor address; City; State; Zip Code		\$100.00
	The Woodlands, TX 77389		
Contributor's Pri	ncipal Occupation	Contributor's Job Title	
Lawyer		Lawyer	
Contributor's em	ployer/law firm	Law firm of contributor's sp	oouse (if any)
Zach Wolfe La			
If contributor is a	child, law firm of parent(s) (if any)	I	
Forme provided by	7 Texas Ethics Commission www.ethic	s.state.tx.us	Version V3.5.1.9000c47

	The Instruction Guide explains how to complete th	1 Total pages Schedule A(J)1: Sch: 4/4 Rpt: 7/17	
2	FILER NAME	3 Filer ID (Ethics Commission Filers)	
	Hassan, Meagan E. (The Honorable)		00081810
4	Date         5         Full name of contributor         Image: out-of-state PAC	(ID#:)	7 Amount of Contribution (\$)
	02/19/2024 Yarborough, Donald Patrick		\$100.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77002		
8	Contributor's Principal Occupation	9 Contributor's Job Title	•
	Lawyer	Lawyer	
10	O Contributor's employer/law firm	11 Law firm of contributor's sp	oouse (if any)
	Foster Yarborough PLLC		
12	If contributor is a child, law firm of parent(s) (if any)		

### NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	ction Guide explains how to complete this f		Total pages Schedule A2: Sch: 1/1 Rpt: 8/17			
2 FILER NAME			3	3 Filer ID (Ethics Commission Filers)		
	agan E. (The Honorable)	(	00081810			
<sup>4</sup> TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$			
5 Date	6 Full name of contributor out-of-state PAC (ID#:	)		Amount of <b>9</b> In-kind contribution		
01/28/2024	Hafizi, Nilofaur			contribution (\$) description \$225.00 Food at Meet and Greet		
	7 Contributor address; City; State; Zip Code		for Iranian community members			
	Katy, TX 77450			Check if travel outside of Texas. Complete Schedule T.		
<b>10</b> Principal occu	pation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUE			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOF	R JUDICIAL) (See instructions)		
Attorney	· · · ·	Outreach and Civic				
	employer/law firm (FOR JUDICIAL)			pouse (if any) (FOR JUDICIAL)		
EmgageUS						
	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor 🔲 out-of-state PAC (ID#:	)		Amount of In-kind contribution		
01/28/2024	Malik, Rameez			contribution (\$) description \$225.00 Food at Meet and Greet		
	Contributor address; City; State; Zip Code			for Iranian community members		
	Houston, TX 77019		l r	Check if travel outside of Texas. Complete Schedule T.		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOF	R JUDICIAL) (See instructions)		
Attorney		Attorney				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)			
None report	ed					
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of In-kind contribution		
02/02/2024	The 7th Amendment PAC of HTLA	/	0	contribution (\$) description		
	Contributor address; City; State; Zip Code			\$2,914.20 I Payment to Navigate Campaigns for mailer		
	Houston, TX 77056		[	Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON				DICIAL) (See instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOF	R JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	or's s	or's spouse (if any) (FOR JUDICIAL)			
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburseme Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)				
	Sch: 1/9 Rpt: 9/17	Hassan, Meagan E. (The Honorable)	00081810				
4	Date 02/19/2024	Payee name Azios, Aaron					
6	Amount (\$) \$500.00	Payee address; City; State; Zip Code 6227 Wynnwood Lane Houston, TX 77008					
8	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense /polling locations				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	01/27/2024	Canva					
	Amount (\$) \$12.99	Payee address;City;State; Zip Code200 E 6th St					
		Austin, TX 78701					
	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	02/01/2024	Constant Contact					
	Amount (\$) \$79.95	Payee address; City; State; Zip Code 1601 Trapelo Road Suite 329 Waltham, MA 02451					
	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp	ense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 2/9 Rpt: 10/17		Hassan, Meagan E. (The Hone	orable)				00081810	
4	Date	5	Payee name						
	01/29/2024		Fired Up 559						
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le			
	\$300.00		3377 Winrock						
			Apt 322						
			Houston, TX 77057						
8	PURPOSE	(a)	Category (See Categories listed at the to	n of this cohe	odulo)	(b) Description			
-	OF		Consulting Expense		euule)		outsi	de of Texas. Comp	blete Schedule T.
	EXPENDITURE					Check if Austin	, тх	officeholder living	expense
						GOTV work			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	0	office sou	Jht		Office he	ld
	Date		Payee name						
	02/01/2024		HCDLA						
	Amount (\$)		Payee address; City;	State;	Zip Co	le			
	\$500.00		3401 Allen Parkway						
			Suite 100						
			Houston, TX 77019						
	PURPOSE	(a)	Category (See Categories listed at the to	n of this sche	edule)	(b) Description			
			Contributions/Donations Made		suulo)		outsi	de of Texas. Comp	blete Schedule T.
	EXPENDITURE		Candidate/Officeholder/Politica	al Ćommi	ittee			officeholder living	
						Clarence Dar	rov	v Dinner spo	nsorship
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	0	office sou	Jht		Office he	ld
	Date		Payee name						
	02/17/2024		Hall, Terrence						
	Amount (\$)		Payee address; City;	State;	Zip Co	le			
	\$200.00		7937 Count Street						
			Houston, TX 77028						
	PURPOSE	(a)	Category (See Categories listed at the to	p of this sche	edule)	(b) Description			
	OF EXPENDITURE		Consulting Expense					de of Texas. Comp	
							, TX	officeholder living	expense
						GOTV			
			Sendidate (Office half and a set	~	<b>ff</b> ie e	-la 4		0#:	Lal.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	0	office sou	jrit		Office he	lu

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Loan Rep Office Ove Polling Ex Printing E Salaries/V		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 3/9 Rpt: 11/17		Hassan, Meagan E. (The Honorable)					00081810	
4	Date	5	Payee name						
	02/07/2024		Houston Black American Democrats						
6	Amount (\$)	7	Payee address; City; State	; Zip Co	ode				
	\$500.00		P.O. Box 202116						
			Houston TV 77252						
		<u> </u>	Houston, TX 77252						
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description			
	EXPENDITURE		Consulting Expense					de of Texas. Complete Schedule T. officeholder living expense	
						Field work ar			
9	Complete ONLY if direct		andidate/Officeholder name	Office sou	laht			Office held	
ľ	expenditure to benefit C/OF		anduate/Onicenolder name		igin			Once neu	
╘									
	Date		Payee name						
	02/21/2024		J&N Enterprises Inc.						
	Amount (\$)		Payee address; City; State	; Zip Co	ode				
	\$960.15		2519 Fairway Park Dr						
			Houston, TX 77092						
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description			
	OF		Printing Expense	,		Check if travel	outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE		Check if Austin, TX, officeholder living expense						
						Business car	ds a	and push cards	
	Complete ONLY if direct		andidate/Officeholder name	Office sou	ight			Office held	
	expenditure to benefit C/OF	Η							
	Date		Payee name						
	02/10/2024		Jewish Herald Voice						
	Amount (\$)		Payee address; City; State	; Zip Co	ode				
	\$540.00		3403 Audley St	· •					
			Houston TX 77009						
			Houston, TX 77098		<u>.</u>				
	PURPOSE OF		Category (See Categories listed at the top of this sch	nedule)	(b)	Description			
	EXPENDITURE		Advertising Expense					de of Texas. Complete Schedule T. officeholder living expense	
						Ad in election			
							, sp		
⊢	Complete ONLV if direct	Ļ	andidate/Officeholder name	Office com				Office hold	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ignt			Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)												
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FIL	ER NAME					3	<b>3</b> Filer ID (Ethics Commission Filers)				
	Sch: 4/9 Rpt: 12/17		ssan, Meagan	E. (The Honora	ble)				00081810				
4	Date 02/21/2024	-	yee name Graphics										
6	Amount (\$) \$1,370.29	11	vee address; 730 S Wilcrest uston, TX 7709		State; Zip	) Code							
8	PURPOSE OF EXPENDITURE		tegory <sub>(See Catego</sub> nting Expense	ries listed at the top of	this schedule)	(b		ı, TX,	officeholder living	plete Schedule T. I expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholde	er name	Office	sough	t		Office he	eld			
	Date	Pay	yee name										
	02/18/2024	Na	srullah, Moharr	med									
	Amount (\$) \$250.00	-	yee address; 515 Robin Hill (	City; Ct	State; Zip	) Code							
			uston, TX 7705				-						
	PURPOSE OF EXPENDITURE		tegory <sub>(See Catego</sub> nsulting Expen		this schedule)	(b			de of Texas. Com officeholder living	plete Schedule T. I expense			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						eld					
	Date	Pa	yee name										
	02/23/2024	Ra	ise the Money,	Inc.									
	Amount (\$) \$12.50		yee address; D. Box 26466	City;	State; Zip	) Code							
		Litt	le Rock, AR 72	221									
	PURPOSE OF EXPENDITURE	<b>(a)</b> Cat Fe		ries listed at the top of	this schedule)	(b		I, TX,	officeholder living	plete Schedule T. I expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholde	er name	Office	sough	t		Office he	eld			

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense hmittee Legal Services	Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense								
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)					
	Sch: 5/9 Rpt: 13/17		Hassan, Meagan E. (The Honorable)	00081810								
4	Date	5	Payee name									
	02/22/2024		Raise the Money, Inc.									
6	Amount (\$)	7	Payee address; City; State;	ee address; City; State; Zip Code								
	\$5.15		P.O. Box 26466									
			Little Rock, AR 72221									
8	PURPOSE	(a)			(b) Description							
Ŭ	OF	(4)	Category (See Categories listed at the top of this sched Fees	dule)		outsi	de of Texas. Complete Schedule T.					
	EXPENDITURE						officeholder living expense					
					credit card pr	006	essing fees					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Of	ffice sou	ht		Office held					
	Date		Payee name									
	02/19/2024		Raise the Money, Inc.									
-	Amount (\$)		Payee address; City; State;	Zip Co	le							
	\$6.38		P.O. Box 26466	p 00								
	φ0.00		1.0. D0x 20+00									
			Little Rock, AR 72221									
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sched	dule)		, тх	de of Texas. Complete Schedule T. officeholder living expense essing fees					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name Of	ffice sou	ht	Office held						
	Date		Payee name									
	02/14/2024		Raise the Money, Inc.									
	Amount (\$)		Payee address; City; State;	Zip Co	le							
	\$10.05		P.O. Box 26466									
			Little Rock, AR 72221									
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description		de ef Teures, Complete Schertiche T					
	EXPENDITURE		Fees				de of Texas. Complete Schedule T. , officeholder living expense					
					credit card pr							
					2 2 2 2 2 2 2 2 2 P		5					
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name Of	ffice sou	ht		Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)				
	Sch: 6/9 Rpt: 14/17		Hassan, Meagan E. (The Honorable)	00081810							
4	Date	5	Payee name								
	02/08/2024		Raise the Money, Inc.								
6	Amount (\$)	7	7 Payee address; City; State; Zip Code								
	\$17.65		P.O. Box 26466								
			Little Rock, AR 72221								
8	PURPOSE	(a)			(b) Description						
ľ	OF	(4)	Category (See Categories listed at the top of this sche Fees	edule)		outsi	ide of Texas. Complete Schedule T.				
	EXPENDITURE		1003				, officeholder living expense				
					Credit card p	roc	essing fees				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Office sought Office held								
	Date		Payee name								
	02/11/2024		Raise the Money, Inc.								
_	Amount (\$)	-	ayee address; City; State; Zip Code								
	\$12.50		P.O. Box 26466	2.0 00							
	φ12.50		1.0. Dox 20400								
			Little Rock, AR 72221								
PURPOSE OF EXPENDITURE			<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Credit card processing fee</li> </ul>								
Complete <u>ONLY</u> if direct expenditure to benefit C/C			Candidate/Officeholder name C	ght	Office held						
	Date		Payee name								
	02/02/2024		Raise the Money, Inc.								
	Amount (\$)		Payee address; City; State;	Zip Co	de						
	\$5.05		P.O. Box 26466								
			Little Rock, AR 72221	i							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description						
	EXPENDITURE		Fees				ide of Texas. Complete Schedule T.				
	Credit card processing fee										
					Grean card p						
		Ļ	Condidate/Officeholder		vh+		Office hold				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	jnt		Office held				

EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3 Filer ID (Ethics Commission Filers					
	Sch: 7/9 Rpt: 15/17		Hassan, Meagan E. (The Honorable)				00081810				
4	Date	5	Payee name								
	02/08/2024		Simone on Sunset								
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	de						
	\$210.55		2418 Sunset Blvd								
			Houston, TX 77005								
8	PURPOSE	(a)			(b) Description						
ľ	OF	(4)	Category (See Categories listed at the top of this sch Food/Beverage Expense	iedule)		outs	ide of Texas. Complete Schedule T.				
	EXPENDITURE				Check if Austin	I, TX	, officeholder living expense				
					Food and be	ver	age for meet and greet				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	jht		Office held				
	Date		Payee name								
	02/23/2024		South Asian Bar Association of Houston								
	Amount (\$)		Payee address; City; State;	; Zip Co	de						
	\$300.00		1415 N. Loop W.								
			Suite 1000								
			Houston, TX 77008								
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	(elube)	(b) Description						
	OF EXPENDITURE		Contributions/Donations Made By	icuaic)		outs	ide of Texas. Complete Schedule T.				
	EXPENDITORE		Candidate/Officeholder/Political Comm	nittee			, officeholder living expense				
					Tickets to ev	ent					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	int		Office held				
-	Date		Payee name								
	02/22/2024		Thomas, Barbara								
	Amount (\$)			; Zip Co	10						
	\$200.00		7323 Curry Road	, zip co							
	\$200.00										
			Houston, TX 77093	i							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description		ide of Touron Complete Ontentials T				
OF         Salaries/Wages/Contract Labor         Check if travel outside of Texas. Complete Schedule T.           EXPENDITURE         Check if Austin, TX, officeholder living expense											
Field work/polling location work											
					·		-				
-	Complete ONLY if direct		Candidate/Officeholder name C	Office sou	jht		Office held				
	expenditure to benefit C/OI	4									

		EXPENDITURE CATEGORIES FOR BOX 8	(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Rei Fees Office Overheal/Ren Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Cont The Instruction Guide explains how to complete th	tal Expense Transportation Equipment & Related Expense Travel in District Travel Out of District ract Labor OTHER (enter a category not listed above)								
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 8/9 Rpt: 16/17	Hassan, Meagan E. (The Honorable)	00081810								
4	Date 02/12/2024	Payee name Young and the Politics LLC									
6	Amount (\$)	Payee address; City; State; Zip Code									
	\$1,500.00										
		Houston, TX 77048-2724									
8	PURPOSE OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held									
	Date	Payee name									
	02/24/2024	Young and the Politics LLC									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$1,000.00	5206 Madden Lane									
		Houston, TX 77048-2724									
	PURPOSE OF EXPENDITURE		scription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Id work/staffing polling locations								
	Complete ONLY if direct expenditure to benefit C/O	andidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	01/29/2024	iAspire Youth Program									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$200.00	16755 West Lake Houston Pkwy									
		Suite 913									
		Houston, TX 77044									
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Des									
	OF EXPENDITURE	Candidate/Officeholder/Political Committee	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense nation to scholarship event								
	Complete ONLY if direct expenditure to benefit C/O	andidate/Officeholder name Office sought	Office held								

			EX	PENDITURE CATEGO	ORIES FOR	R BO	X 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Coi	Fees Food/B Gift/Aw nmittee Legal S	Expense everage Expense ards/Memorials Expense iervices	Office Ove Polling Ex Printing E Salaries/V	erhead kpense xpense Vages/	e Contract Labor		Travel in District Travel Out of Dis	quipment & Related			
				nstruction Guide explain	s now to co	mpie	te this form.						
1	Total pages Schedule F1:	2							Filer ID	(Ethics Commiss	sion Filers)		
	Sch: 9/9 Rpt: 17/17		Hassan, Meagan	E. (The Honorable)					00081810				
4	Date	5	Payee name										
	02/24/2024		iAspire Youth Pro	ogram									
_		_	-										
6	Amount (\$)	ľ	Payee address;		e; Zip Co	bae							
	\$250.00		16755 West Lake	e Houston Pkwy									
			Suite 913										
			Houston, TX 770	44									
8	PURPOSE	(a)	Catagony			(h)	Description						
ľ	OF	(~)	Consulting Exper	gories listed at the top of this so	chedule)			outsid	de of Texas. Com	plete Schedule T.			
	EXPENDITURE			130					officeholder living				
						l .	GOTV work						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officehold	der name	Office sou	ight			Office he	ld			