JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers): 00082057

2 Total pages filed: 65

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: The Honorable
FIRST: Margaret A.
MI:
NICKNAME: Meg
LAST: Poissant
SUFFIX:

OFFICE USE ONLY

Date Received: ELECTRONICALLY FILED 07/15/2024

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE

REDACTED PER 254.0313, GOV'T CODE

Date Hand-delivered or Date Postmarked:
Receipt #:
Amount:
Date Processed:
Date Imaged:

5 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr.
FIRST: Lester
MI:
NICKNAME:
LAST: Marks
SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

REDACTED PER 254.0313, GOV'T CODE

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION: (713) 882-6830

8 REPORT TYPE

- ☐ January 15
- ☐ 30th day before election
- ☐ Runoff
- ☐ 15th day after campaign treasurer appointment (officeholder only)
- ☒ July 15
- ☐ 8th day before election
- ☐ Exceeded modified reporting limit
- ☐ Final Report (Attach C/OH-FR)

9 PERIOD COVERED

Month Day Year: 01/01/2024 THROUGH Month Day Year: 06/30/2024

10 ELECTION

ELECTION DATE: Month Day Year: 11/05/2024

ELECTION TYPE

- ☐ Primary
- ☐ Runoff
- ☐ Other
- ☒ General
- ☐ Special

11 OFFICE

OFFICE HELD (if any): Court Of Appeals, Justice Place 8 District 14

12 OFFICE SOUGHT (if known):

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

13 C / OH NAME	Poissant, Margaret A. (The Honorable)	**14** Filer ID (Ethics Commission Filers)
		00082057

15 NOTICE FROM POLITICAL COMMITTEE(S)

☐ Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	**$** 50.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	**$** 67,625.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	**$** 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	**$** 67,147.50
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	**$** 81,175.58
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	**$** 0.00

17 AFFIDAVIT

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

The Honorable Margaret A. Poissant

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

18 FILER NAME	**19** Filer ID (Ethics Commission Filers)
Poissant, Margaret A. (The Honorable)	00082057

20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	[X]	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	**$** 61,000.00
2.	[X]	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	**$** 6,625.00
3.	[ ]	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	**$**
4.	[ ]	SCHEDULE E(J): LOANS (JUDICIAL)	**$**
5.	[X]	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	**$** 66,629.28
6.	[ ]	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	**$**
7.	[ ]	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	**$**
8.	[ ]	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	**$**
9.	[X]	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	**$** 518.22
10.	[ ]	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	**$**
11.	[ ]	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	**$**
12.	[X]	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	**$** 677.28

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: Sch: 1/20 Rpt: 4/65

2 FILER NAME: Poissant, Margaret A. (The Honorable)

3 Filer ID (Ethics Commission Filers): 00082057

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
04/18/2024	Adler, Jim	$5,000.00
	6 Contributor address; City; State; Zip Code: Houston, TX 77027	

8 Contributor's Principal Occupation	**9** Contributor's Job Title
Attorney	Owner
10 Contributor's employer/law firm: Jim Adler	**11** Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/15/2024	Amaro, James	$250.00
	Contributor address; City; State; Zip Code: Houston, TX 77008	

Contributor's Principal Occupation	Contributor's Job Title
Attorney	Partner
Contributor's employer/law firm: Amaro Law Firm	Law firm of contributor's spouse (if any): Amaro Law Firm
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 ($)
05/14/2024	Aziz, Erin	$5,000.00
	Contributor address; City; State; Zip Code: Houston, TX 77002	

Contributor's Principal Occupation	Contributor's Job Title
retired	retired
Contributor's employer/law firm: retired	Law firm of contributor's spouse (if any): Abraham Watkins Nichols Agosto Aziz & Stogner
If contributor is a child, law firm of parent(s) (if any)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: Sch: 2/20 Rpt: 5/65

2 FILER NAME: Poissant, Margaret A. (The Honorable)

3 Filer ID (Ethics Commission Filers): 00082057

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
05/14/2024	Aziz, Muhammad	$5,000.00
	6 Contributor address; City; State; Zip Code: Houston, TX 77002	

8 Contributor's Principal Occupation	**9** Contributor's Job Title
Attorney	Partner
10 Contributor's employer/law firm	**11** Law firm of contributor's spouse (if any)
Abraham Watkins Nichols Agosto Aziz & Stogner	

12 If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/21/2024	Barrow, Hunter	$500.00
	Contributor address; City; State; Zip Code: Houston, TX 77056	

Contributor's Principal Occupation	Contributor's Job Title
Attorney	Shareholder
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
Andrews Myers, PC	

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 ($)
04/01/2024	Baxt, Virginia	$500.00
	Contributor address; City; State; Zip Code: Houston, TX 77007	

Contributor's Principal Occupation	Contributor's Job Title
Retired	Retired
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
Retired	

If contributor is a child, law firm of parent(s) (if any)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: Sch: 3/20 Rpt: 6/65

2 FILER NAME
Poissant, Margaret A. (The Honorable)

3 Filer ID (Ethics Commission Filers)
00082057

4 Date
03/26/2024

5 Full name of contributor ☐ out-of-state PAC (ID#:_____)
Bracewell

6 Contributor address; City; State; Zip Code
Houston, TX 77002

7 Amount of Contribution ($)
$2,500.00

8 Contributor's Principal Occupation

9 Contributor's Job Title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date
03/27/2024

Full name of contributor ☐ out-of-state PAC (ID#:_____)
Brochstein, Joan

Contributor address; City; State; Zip Code
Houston, TX 77019

Amount of Contribution ($)
$100.00

Contributor's Principal Occupation
retired

Contributor's Job Title
retired

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date
03/21/2024

Full name of contributor ☐ out-of-state PAC (ID#:_____)
Broocks, Linda

Contributor address; City; State; Zip Code
Houston, TX 77002

Amount of Contribution ($)
$500.00

Contributor's Principal Occupation
Attorney/Partner

Contributor's Job Title
Partner

Contributor's employer/law firm
Kean Miller LLP

Law firm of contributor's spouse (if any)
Kean Miller LLP

If contributor is a child, law firm of parent(s) (if any)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: Sch: 4/20 Rpt: 7/65

2 FILER NAME: Poissant, Margaret A. (The Honorable)

3 Filer ID (Ethics Commission Filers): 00082057

4 Date: 04/17/2024

5 Full name of contributor: Broocks, Linda ☐ out-of-state PAC (ID#:_____)

6 Contributor address; City; State; Zip Code: Houston, TX 77002

7 Amount of Contribution ($): $1,000.00

8 Contributor's Principal Occupation: Attorney

9 Contributor's Job Title: Partner

10 Contributor's employer/law firm: Kean Miller, LLP

11 Law firm of contributor's spouse (if any): Kean Miller, LLP

12 If contributor is a child, law firm of parent(s) (if any)

Date: 05/29/2024

Full name of contributor: Buzbee, Frances ☐ out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code: Houston, TX 77002

Amount of Contribution ($): $5,000.00

Contributor's Principal Occupation: Philanthropist

Contributor's Job Title: Philanthropist

Contributor's employer/law firm: N/A

Law firm of contributor's spouse (if any): The Buzbee Law Firm

If contributor is a child, law firm of parent(s) (if any)

Date: 03/23/2024

Full name of contributor: Cagney, Rick ☐ out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code: Houston, TX 77025

Amount of Contribution ($): $200.00

Contributor's Principal Occupation: Attorney/Mediator/Arbitrator

Contributor's Job Title: Attorney/Mediator/Arbitrator

Contributor's employer/law firm: Self-Employed

Law firm of contributor's spouse (if any):

If contributor is a child, law firm of parent(s) (if any)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: Sch: 5/20 Rpt: 8/65

2 FILER NAME: Poissant, Margaret A. (The Honorable)

3 Filer ID (Ethics Commission Filers): 00082057

4 Date: 02/09/2024

5 Full name of contributor: Chaney, Jereann ☐ out-of-state PAC (ID#:_____)

6 Contributor address; City; State; Zip Code: Houston, TX 77098

7 Amount of Contribution ($): $100.00

8 Contributor's Principal Occupation: retired

9 Contributor's Job Title:

10 Contributor's employer/law firm: retired

11 Law firm of contributor's spouse (if any):

12 If contributor is a child, law firm of parent(s) (if any):

Date: 04/23/2024

Full name of contributor: Chasen, Marvin ☐ out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code: Houston, TX 77019

Amount of Contribution ($): $200.00

Contributor's Principal Occupation: retired

Contributor's Job Title: retired

Contributor's employer/law firm: retired

Law firm of contributor's spouse (if any):

If contributor is a child, law firm of parent(s) (if any):

Date: 05/03/2024

Full name of contributor: Colton, Deborah ☐ out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code: Houston, TX 77024

Amount of Contribution ($): $1,000.00

Contributor's Principal Occupation: Owner

Contributor's Job Title: Owner

Contributor's employer/law firm: Deborah Colton Gallery

Law firm of contributor's spouse (if any):

If contributor is a child, law firm of parent(s) (if any):

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: Sch: 6/20 Rpt: 9/65

2 FILER NAME: Poissant, Margaret A. (The Honorable)

3 Filer ID (Ethics Commission Filers): 00082057

4 Date: 04/23/2024

5 Full name of contributor: Davies, Chris ☐ out-of-state PAC (ID#:_____)

6 Contributor address; City; State; Zip Code: Houston, TX 77060

7 Amount of Contribution ($): $250.00

8 Contributor's Principal Occupation: Retired

9 Contributor's Job Title: Retired

10 Contributor's employer/law firm: Retired

11 Law firm of contributor's spouse (if any):

12 If contributor is a child, law firm of parent(s) (if any):

Date: 04/23/2024

Full name of contributor: Delahoussaye, Darrell ☐ out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code: Bellaire, TX 77401

Amount of Contribution ($): $100.00

Contributor's Principal Occupation: retired

Contributor's Job Title:

Contributor's employer/law firm: retired

Law firm of contributor's spouse (if any):

If contributor is a child, law firm of parent(s) (if any):

Date: 04/16/2024

Full name of contributor: Di Ferrante, Chris ☐ out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code: Houston, TX 77008

Amount of Contribution ($): $300.00

Contributor's Principal Occupation: Lawyer

Contributor's Job Title: Lawyer

Contributor's employer/law firm: self

Law firm of contributor's spouse (if any):

If contributor is a child, law firm of parent(s) (if any):

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: Sch: 7/20 Rpt: 10/65

2 FILER NAME: Poissant, Margaret A. (The Honorable)

3 Filer ID (Ethics Commission Filers): 00082057

4 Date: 06/05/2024

5 Full name of contributor: Dick, Eric ☐ out-of-state PAC (ID#:_____)

6 Contributor address; City; State; Zip Code: Houston, TX 77092

7 Amount of Contribution ($): $250.00

8 Contributor's Principal Occupation: Business Owner

9 Contributor's Job Title: Attorney

10 Contributor's employer/law firm: Self

11 Law firm of contributor's spouse (if any): Dick Law firm

12 If contributor is a child, law firm of parent(s) (if any)

Date: 05/30/2024

Full name of contributor: Diggs & Sadler ☐ out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code: Houston, TX 77007

Amount of Contribution ($): $1,000.00

Contributor's Principal Occupation

Contributor's Job Title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date: 05/31/2024

Full name of contributor: Feldman, Cris ☐ out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code: Houston, TX 77098

Amount of Contribution ($): $500.00

Contributor's Principal Occupation: Attorney

Contributor's Job Title: Partner

Contributor's employer/law firm: Feldman & Feldman PC

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: Sch: 8/20 Rpt: 11/65

2 FILER NAME: Poissant, Margaret A. (The Honorable)

3 Filer ID (Ethics Commission Filers): 00082057

4 Date: 04/22/2024

5 Full name of contributor ☐ out-of-state PAC (ID#:_____): Garcia, Roland

6 Contributor address; City; State; Zip Code: Houston, TX 77042

7 Amount of Contribution ($): $500.00

8 Contributor's Principal Occupation: Attorney

9 Contributor's Job Title: Shareholder

10 Contributor's employer/law firm: Greenberg Traurig, LLP

11 Law firm of contributor's spouse (if any):

12 If contributor is a child, law firm of parent(s) (if any):

Date: 06/26/2024

Full name of contributor ☐ out-of-state PAC (ID#:_____): Garza, Dax

Contributor address; City; State; Zip Code: Houston, TX 77002

Amount of Contribution ($): $1,000.00

Contributor's Principal Occupation: Attorney

Contributor's Job Title: Attorney

Contributor's employer/law firm: Dax F. Garza, P.C.

Law firm of contributor's spouse (if any):

If contributor is a child, law firm of parent(s) (if any):

Date: 02/06/2024

Full name of contributor ☐ out-of-state PAC (ID#:_____): Gibbs, Robin

Contributor address; City; State; Zip Code: Houston, TX 77002

Amount of Contribution ($): $1,500.00

Contributor's Principal Occupation: Trial lawyer

Contributor's Job Title: Partner

Contributor's employer/law firm: Gibbs & Bruns LLP

Law firm of contributor's spouse (if any):

If contributor is a child, law firm of parent(s) (if any):

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: Sch: 9/20 Rpt: 12/65

2 FILER NAME: Poissant, Margaret A. (The Honorable)

3 Filer ID (Ethics Commission Filers): 00082057

4 Date: 04/22/2024

5 Full name of contributor: Hagans, William Fred ☐ out-of-state PAC (ID#:_____)

6 Contributor address; City; State; Zip Code: Houston, TX 77006

7 Amount of Contribution ($): $500.00

8 Contributor's Principal Occupation: Attorney

9 Contributor's Job Title: Partner

10 Contributor's employer/law firm: Hagans Law

11 Law firm of contributor's spouse (if any):

12 If contributor is a child, law firm of parent(s) (if any):

Date: 05/09/2024

Full name of contributor: Hagans, William Fred ☐ out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code: Houston, TX 77006

Amount of Contribution ($): $500.00

Contributor's Principal Occupation: Attorney

Contributor's Job Title: Partner

Contributor's employer/law firm: Hagans Law

Law firm of contributor's spouse (if any):

If contributor is a child, law firm of parent(s) (if any):

Date: 03/26/2024

Full name of contributor: Haynes and Boone ☐ out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code: Houston, TX 77010

Amount of Contribution ($): $2,500.00

Contributor's Principal Occupation:

Contributor's Job Title:

Contributor's employer/law firm:

Law firm of contributor's spouse (if any):

If contributor is a child, law firm of parent(s) (if any):

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: Sch: 10/20 Rpt: 13/65

2 FILER NAME: Poissant, Margaret A. (The Honorable)

3 Filer ID (Ethics Commission Filers): 00082057

4 Date: 03/28/2024

5 Full name of contributor: Husch Blackwell LLP ☐ out-of-state PAC (ID#:_____)

6 Contributor address; City; State; Zip Code: Houston, TX 77002

7 Amount of Contribution ($): $500.00

8 Contributor's Principal Occupation:

9 Contributor's Job Title:

10 Contributor's employer/law firm:

11 Law firm of contributor's spouse (if any):

12 If contributor is a child, law firm of parent(s) (if any):

Date: 06/24/2024

Full name of contributor: Jones, William C ☐ out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code: Houston, TX 77042

Amount of Contribution ($): $100.00

Contributor's Principal Occupation: Attorney

Contributor's Job Title: Attorney

Contributor's employer/law firm: Self-employed

Law firm of contributor's spouse (if any):

If contributor is a child, law firm of parent(s) (if any):

Date: 03/25/2024

Full name of contributor: Keegan, Kathleen ☐ out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code: Houston, TX 77002

Amount of Contribution ($): $500.00

Contributor's Principal Occupation: retired

Contributor's Job Title:

Contributor's employer/law firm: retired

Law firm of contributor's spouse (if any):

If contributor is a child, law firm of parent(s) (if any):

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: Sch: 11/20 Rpt: 14/65

2 FILER NAME: Poissant, Margaret A. (The Honorable)

3 Filer ID (Ethics Commission Filers): 00082057

4 Date: 03/12/2024

5 Full name of contributor: Kherkher, Steve ☐ out-of-state PAC (ID#:_____)

6 Contributor address; City; State; Zip Code: Houston, TX 77098

7 Amount of Contribution ($): $500.00

8 Contributor's Principal Occupation: Attorney

9 Contributor's Job Title: Partner

10 Contributor's employer/law firm: Kherkher Garcia LLP

11 Law firm of contributor's spouse (if any):

12 If contributor is a child, law firm of parent(s) (if any):

Date: 06/10/2024

Full name of contributor: Kherkher, Steve ☐ out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code: Houston, TX 77098

Amount of Contribution ($): $500.00

Contributor's Principal Occupation: Attorney

Contributor's Job Title: Partner

Contributor's employer/law firm: Kherkher Garcia LLP

Law firm of contributor's spouse (if any):

If contributor is a child, law firm of parent(s) (if any):

Date: 02/06/2024

Full name of contributor: Kim, John ☐ out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code: Houston, TX 77006

Amount of Contribution ($): $1,000.00

Contributor's Principal Occupation: Lawer

Contributor's Job Title: Attorney

Contributor's employer/law firm: The Kim Law Firm

Law firm of contributor's spouse (if any):

If contributor is a child, law firm of parent(s) (if any):

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: Sch: 12/20 Rpt: 15/65

2 FILER NAME: Poissant, Margaret A. (The Honorable)

3 Filer ID (Ethics Commission Filers): 00082057

4 Date: 05/31/2024

5 Full name of contributor: Kim, John ☐ out-of-state PAC (ID#:_____)

6 Contributor address; City; State; Zip Code: Houston, TX 77006

7 Amount of Contribution ($): $1,000.00

8 Contributor's Principal Occupation: Lawyer

9 Contributor's Job Title: Lawyer

10 Contributor's employer/law firm: The Kim Law Firm

11 Law firm of contributor's spouse (if any): The Kim Law Firm

12 If contributor is a child, law firm of parent(s) (if any)

Date: 03/27/2024

Full name of contributor: Krey, Karen ☐ out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code: Houston, TX 77056

Amount of Contribution ($): $50.00

Contributor's Principal Occupation: retired

Contributor's Job Title:

Contributor's employer/law firm: retired

Law firm of contributor's spouse (if any):

If contributor is a child, law firm of parent(s) (if any)

Date: 03/28/2024

Full name of contributor: Lopez-Poirot, Elena ☐ out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code: Baytown, TX 77520

Amount of Contribution ($): $100.00

Contributor's Principal Occupation: Art Professor

Contributor's Job Title: Art Professor

Contributor's employer/law firm: Lee College

Law firm of contributor's spouse (if any):

If contributor is a child, law firm of parent(s) (if any)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: Sch: 13/20 Rpt: 16/65

2 FILER NAME: Poissant, Margaret A. (The Honorable)

3 Filer ID (Ethics Commission Filers): 00082057

4 Date: 06/17/2024

5 Full name of contributor ☐ out-of-state PAC (ID#:_____): Markland, Clive

6 Contributor address; City; State; Zip Code: Houston, TX 77004

7 Amount of Contribution ($): $1,000.00

8 Contributor's Principal Occupation: Attorney

9 Contributor's Job Title: Partner

10 Contributor's employer/law firm: Roberts Markland LLP

11 Law firm of contributor's spouse (if any):

12 If contributor is a child, law firm of parent(s) (if any):

Date: 06/24/2024

Full name of contributor ☐ out-of-state PAC (ID#:_____): Mithoff, Richard

Contributor address; City; State; Zip Code: Houston, TX 77002

Amount of Contribution ($): $1,000.00

Contributor's Principal Occupation: Attorney

Contributor's Job Title: Partner

Contributor's employer/law firm: Mithoff Law

Law firm of contributor's spouse (if any):

If contributor is a child, law firm of parent(s) (if any):

Date: 03/20/2024

Full name of contributor ☐ out-of-state PAC (ID#:_____): Nicholson, Warren

Contributor address; City; State; Zip Code: Houston, TX 77004

Amount of Contribution ($): $500.00

Contributor's Principal Occupation: retired

Contributor's Job Title:

Contributor's employer/law firm: retired

Law firm of contributor's spouse (if any):

If contributor is a child, law firm of parent(s) (if any):

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: Sch: 14/20 Rpt: 17/65

2 FILER NAME: Poissant, Margaret A. (The Honorable)

3 Filer ID (Ethics Commission Filers): 00082057

4 Date: 06/24/2024

5 Full name of contributor: Nicholson, Warren ☐ out-of-state PAC (ID#:_____)

6 Contributor address; City; State; Zip Code: Houston, TX 77004

7 Amount of Contribution ($): $250.00

8 Contributor's Principal Occupation: retired

9 Contributor's Job Title: retired

10 Contributor's employer/law firm: retired

11 Law firm of contributor's spouse (if any):

12 If contributor is a child, law firm of parent(s) (if any):

Date: 04/23/2024

Full name of contributor: O'Black, Weston ☐ out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code: Houston, TX 77005

Amount of Contribution ($): $100.00

Contributor's Principal Occupation: Attorney

Contributor's Job Title: Attorney

Contributor's employer/law firm: Susman Godfrey LLP

Law firm of contributor's spouse (if any):

If contributor is a child, law firm of parent(s) (if any):

Date: 06/27/2024

Full name of contributor: Obialo, Derek ☐ out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code: Houston, TX 77008

Amount of Contribution ($): $250.00

Contributor's Principal Occupation: Attorney

Contributor's Job Title: Attorney

Contributor's employer/law firm: The Law Office of Derek U Obialo

Law firm of contributor's spouse (if any):

If contributor is a child, law firm of parent(s) (if any):

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: Sch: 15/20 Rpt: 18/65

2 FILER NAME: Poissant, Margaret A. (The Honorable)

3 Filer ID (Ethics Commission Filers): 00082057

4 Date: 03/18/2024

5 Full name of contributor: Olson & Olson LLP ☐ out-of-state PAC (ID#:_____)

6 Contributor address; City; State; Zip Code: Houston, TX 77019

7 Amount of Contribution ($): $250.00

8 Contributor's Principal Occupation:

9 Contributor's Job Title:

10 Contributor's employer/law firm:

11 Law firm of contributor's spouse (if any):

12 If contributor is a child, law firm of parent(s) (if any):

Date: 06/30/2024

Full name of contributor: Poissant, Margaret ☐ out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code: Houston, TX 77219

Amount of Contribution ($): $25.00

Contributor's Principal Occupation: Justice

Contributor's Job Title: Justice

Contributor's employer/law firm: State of Texas

Law firm of contributor's spouse (if any):

If contributor is a child, law firm of parent(s) (if any):

Date: 03/26/2024

Full name of contributor: Porteous, Donald ☐ out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code: Houston, TX 77019

Amount of Contribution ($): $100.00

Contributor's Principal Occupation: Attorney

Contributor's Job Title: Attorney

Contributor's employer/law firm: Sef-employed

Law firm of contributor's spouse (if any):

If contributor is a child, law firm of parent(s) (if any):

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: Sch: 16/20 Rpt: 19/65

2 FILER NAME: Poissant, Margaret A. (The Honorable)

3 Filer ID (Ethics Commission Filers): 00082057

4 Date: 06/17/2024

5 Full name of contributor: Porter Hedges LLP ☐ out-of-state PAC (ID#:_____)

6 Contributor address; City; State; Zip Code: Houston, TX 77002

7 Amount of Contribution ($): $1,000.00

8 Contributor's Principal Occupation:

9 Contributor's Job Title:

10 Contributor's employer/law firm:

11 Law firm of contributor's spouse (if any):

12 If contributor is a child, law firm of parent(s) (if any):

Date: 06/12/2024

Full name of contributor: Reynolds Frizzell LLP ☐ out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code: Houston, TX 77002

Amount of Contribution ($): $1,000.00

Contributor's Principal Occupation:

Contributor's Job Title:

Contributor's employer/law firm:

Law firm of contributor's spouse (if any):

If contributor is a child, law firm of parent(s) (if any):

Date: 03/21/2024

Full name of contributor: Smith, William ☐ out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code: Houston, TX 77008

Amount of Contribution ($): $25.00

Contributor's Principal Occupation: retired

Contributor's Job Title:

Contributor's employer/law firm: retired

Law firm of contributor's spouse (if any):

If contributor is a child, law firm of parent(s) (if any):

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: Sch: 17/20 Rpt: 20/65

2 FILER NAME: Poissant, Margaret A. (The Honorable)

3 Filer ID (Ethics Commission Filers): 00082057

4 Date: 05/01/2024

5 Full name of contributor: Smith, William ☐ out-of-state PAC (ID#:_____)

6 Contributor address; City; State; Zip Code: Houston, TX 77008-3914

7 Amount of Contribution ($): $25.00

8 Contributor's Principal Occupation: retired

9 Contributor's Job Title:

10 Contributor's employer/law firm: retired

11 Law firm of contributor's spouse (if any):

12 If contributor is a child, law firm of parent(s) (if any):

Date: 03/11/2024

Full name of contributor: Sorrels, Randall ☐ out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code: Houston, TX 77007

Amount of Contribution ($): $1,000.00

Contributor's Principal Occupation: Lawyer

Contributor's Job Title: Partner

Contributor's employer/law firm: Sorrels Law

Law firm of contributor's spouse (if any): Sorrels Law

If contributor is a child, law firm of parent(s) (if any):

Date: 03/07/2024

Full name of contributor: Spagnoletti, Marcus ☐ out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code: Houston, TX 77002

Amount of Contribution ($): $5,000.00

Contributor's Principal Occupation: Attorney

Contributor's Job Title: Partner

Contributor's employer/law firm: Spagnoletti Law Firm

Law firm of contributor's spouse (if any):

If contributor is a child, law firm of parent(s) (if any):

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: Sch: 18/20 Rpt: 21/65

2 FILER NAME: Poissant, Margaret A. (The Honorable)

3 Filer ID (Ethics Commission Filers): 00082057

4 Date: 02/15/2024

5 Full name of contributor ☐ out-of-state PAC (ID#:_____): Steptoe LLP

6 Contributor address; City; State; Zip Code: Washington, DC 20036

7 Amount of Contribution ($): $500.00

8 Contributor's Principal Occupation

9 Contributor's Job Title

10 Contributor's employer/law firm

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date: 03/25/2024

Full name of contributor ☐ out-of-state PAC (ID#:_____): Susman Godfrey LLP

Contributor address; City; State; Zip Code: Houston, TX 77002

Amount of Contribution ($): $2,500.00

Contributor's Principal Occupation

Contributor's Job Title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date: 03/27/2024

Full name of contributor ☐ out-of-state PAC (ID#:_____): The Law Firm of Alton C. Todd

Contributor address; City; State; Zip Code: Friendswood, TX 77546

Amount of Contribution ($): $2,500.00

Contributor's Principal Occupation

Contributor's Job Title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: Sch: 19/20 Rpt: 22/65

2 FILER NAME: Poissant, Margaret A. (The Honorable)

3 Filer ID (Ethics Commission Filers): 00082057

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
06/18/2024	Treece, Christina	$250.00
	6 Contributor address; City; State; Zip Code: Houston, TX 77030	

8 Contributor's Principal Occupation	**9** Contributor's Job Title
physician	physician
10 Contributor's employer/law firm	**11** Law firm of contributor's spouse (if any)
self	

12 If contributor is a child, law firm of parent(s) (if any)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/27/2024	Van Ness, Lauren	$25.00
	Contributor address; City; State; Zip Code: Houston, TX 77057	

Contributor's Principal Occupation	Contributor's Job Title
Associate Attorney	Associate Attorney
Contributor's employer/law firm	Law firm of contributor's spouse (if any)
Dow Golub Remels & Gilbreath, PLLC	

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 ($)
04/03/2024	Vinson & Elkins	$2,500.00
	Contributor address; City; State; Zip Code: Houston, TX 77002	

Contributor's Principal Occupation	Contributor's Job Title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J)1: Sch: 20/20 Rpt: 23/65

2 FILER NAME: Poissant, Margaret A. (The Honorable)

3 Filer ID (Ethics Commission Filers): 00082057

4 Date: 03/25/2024

5 Full name of contributor ☐ out-of-state PAC (ID#:_____): Ware Jackson Lee O'Neill Smith Barrow

6 Contributor address; City; State; Zip Code: Houston, TX 77019

7 Amount of Contribution ($): $1,000.00

8 Contributor's Principal Occupation:

9 Contributor's Job Title:

10 Contributor's employer/law firm:

11 Law firm of contributor's spouse (if any):

12 If contributor is a child, law firm of parent(s) (if any):

Date: 03/18/2024

Full name of contributor ☐ out-of-state PAC (ID#:_____): Wingo, Diane

Contributor address; City; State; Zip Code: Houston, TX 77007

Amount of Contribution ($): $50.00

Contributor's Principal Occupation: retired

Contributor's Job Title:

Contributor's employer/law firm: retired

Law firm of contributor's spouse (if any):

If contributor is a child, law firm of parent(s) (if any):

Date: 04/26/2024

Full name of contributor ☐ out-of-state PAC (ID#:_____): Yzaguirre, Mark

Contributor address; City; State; Zip Code: Houston, TX 77055

Amount of Contribution ($): $100.00

Contributor's Principal Occupation: Attorney

Contributor's Job Title: Attorney

Contributor's employer/law firm: University of Houston

Law firm of contributor's spouse (if any):

If contributor is a child, law firm of parent(s) (if any):

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: Sch: 1/2 Rpt: 24/65

2 FILER NAME: Poissant, Margaret A. (The Honorable)

3 Filer ID (Ethics Commission Filers): 00082057

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS: **$**

5 Date: 04/23/2024

6 Full name of contributor: Bonnete, Jean Francois

☐ out-of-state PAC (ID#:_____)

7 Contributor address; City; State; Zip Code: Houston, TX 77079

8 Amount of contribution ($): $1,250.00

9 In-kind contribution description: wine for fundraiser

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)

11 Employer (FOR NON-JUDICIAL) (See instructions)

12 Contributor's principal occupation (FOR JUDICIAL): Entrepreneur

13 Contributor's job title (FOR JUDICIAL) (See instructions): Founder and CEO

14 Contributor's employer/law firm (FOR JUDICIAL): BCI

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date: 03/27/2024

Full name of contributor: Dow, Sanford

☐ out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code: Houston, TX 77096

Amount of contribution ($): $3,500.00

In-kind contribution description: fundraising food and refreshments

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)

Employer (FOR NON-JUDICIAL) (See instructions)

Contributor's principal occupation (FOR JUDICIAL): Attorney

Contributor's job title (FOR JUDICIAL) (See instructions): Partner

Contributor's employer/law firm (FOR JUDICIAL): Dow Golub Remels & Gilbreath, PLLC

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date: 04/23/2024

Full name of contributor: Piazza, Richard and Michelle

☐ out-of-state PAC (ID#:_____)

Contributor address; City; State; Zip Code: Houston, TX 77055

Amount of contribution ($): $675.00

In-kind contribution description: event food and refreshments

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)

Employer (FOR NON-JUDICIAL) (See instructions)

Contributor's principal occupation (FOR JUDICIAL): Retired

Contributor's job title (FOR JUDICIAL) (See instructions): Retired

Contributor's employer/law firm (FOR JUDICIAL): Retired

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: Sch: 2/2 Rpt: 25/65

2 FILER NAME: Poissant, Margaret A. (The Honorable)

3 Filer ID (Ethics Commission Filers): 00082057

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS — **$**

5 Date	**6** Full name of contributor / **7** Contributor address; City; State; Zip Code	**8** Amount of contribution ($)	**9** In-kind contribution description
06/25/2024	☐ out-of-state PAC (ID#:_____) West, S. Scott Sugar Land, TX 77479	$1,200.00 ☐ Check if travel outside of Texas. Complete Schedule T.	fundraising food and refreshments

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)

11 Employer (FOR NON-JUDICIAL) (See instructions)

12 Contributor's principal occupation (FOR JUDICIAL): Attorney

13 Contributor's job title (FOR JUDICIAL) (See instructions): Owner

14 Contributor's employer/law firm (FOR JUDICIAL): The West Law Firm

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/35 Rpt: 26/65	Poissant, Margaret A. (The Honorable)	00082057

4 Date	5 Payee name
03/20/2024	3 Brothers Bakery

6 Amount ($)	7 Payee address; City; State; Zip Code
$28.15	4606 Washington Ave. Houston, TX 77007

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Food/Beverage Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Food for court meeting

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
06/03/2024	Access Valet

Amount ($)	Payee address; City; State; Zip Code
$14.00	PO Box 41983 Austin, TX 78704

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Capitol Grille parking

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
05/28/2024	Amazon

Amount ($)	Payee address; City; State; Zip Code
$350.00	410 Terry Ave. N Seattle, WA 98109

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Gift/Awards/Memorials Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Gift Card for Graduation Gift

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/35 Rpt: 27/65	Poissant, Margaret A. (The Honorable)	00082057

4 Date	5 Payee name
01/31/2024	Amegy Bank

6 Amount ($)	7 Payee address; City; State; Zip Code
$2.00	1717 West Loop S. Houston, TX 77027

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Fees	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense paper statement fee

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
02/29/2024	Amegy Bank

Amount ($)	Payee address; City; State; Zip Code
$2.00	1717 West Loop S. Houston, TX 77027

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Fees	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense paper statement fee

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
03/29/2024	Amegy Bank

Amount ($)	Payee address; City; State; Zip Code
$2.00	1717 West Loop S. Houston, TX 77027

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Fees	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense paper statement fee

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/35 Rpt: 28/65	Poissant, Margaret A. (The Honorable)	00082057

4 Date: 04/30/2024
5 Payee name: Amegy Bank
6 Amount ($): $2.00
7 Payee address; City; State; Zip Code: 1717 West Loop S., Houston, TX 77027

8 PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule): Fees
(b) Description: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
paper statement fee

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

---

Date: 05/31/2024
Payee name: Amegy Bank
Amount ($): $2.00
Payee address; City; State; Zip Code: 1717 West Loop S., Houston, TX 77027

PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule): Fees
(b) Description: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
paper statement fee

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

---

Date: 06/28/2024
Payee name: Amegy Bank
Amount ($): $2.00
Payee address; City; State; Zip Code: 1717 West Loop S., Houston, TX 77027

PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule): Fees
(b) Description: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
paper statement fee

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 4/35 Rpt: 29/65	Poissant, Margaret A. (The Honorable)	00082057

4 Date: 01/08/2024

5 Payee name: Anspon, Catherine

6 Amount ($): $500.00

7 Payee address; City; State; Zip Code:
7200 Shadyvilla Ln
Unit 29
Houston, TX 77055

8 PURPOSE OF EXPENDITURE

(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.
☐ Check if Austin, TX, officeholder living expense
campaign work

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

---

Date: 02/16/2024

Payee name: Anspon, Catherine

Amount ($): $500.00

Payee address; City; State; Zip Code:
7200 Shadyvilla Ln
Unit 29
Houston, TX 77055

PURPOSE OF EXPENDITURE

(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.
☐ Check if Austin, TX, officeholder living expense
campaign work

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

---

Date: 03/08/2024

Payee name: Anspon, Catherine

Amount ($): $500.00

Payee address; City; State; Zip Code:
7200 Shadyvilla Ln
Unit 29
Houston, TX 77055

PURPOSE OF EXPENDITURE

(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.
☐ Check if Austin, TX, officeholder living expense
campaign work

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 5/35 Rpt: 30/65	Poissant, Margaret A. (The Honorable)	00082057

4 Date	5 Payee name
04/10/2024	Anspon, Catherine

6 Amount ($)	7 Payee address; City; State; Zip Code
$500.00	7200 Shadyvilla Ln Unit 29 Houston, TX 77055

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Salaries/Wages/Contract Labor	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense campaign work

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
05/20/2024	Anspon, Catherine

Amount ($)	Payee address; City; State; Zip Code
$500.00	7200 Shadyvilla Ln Unit 29 Houston, TX 77055

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Salaries/Wages/Contract Labor	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense campaign work

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
06/20/2024	Anspon, Catherine

Amount ($)	Payee address; City; State; Zip Code
$500.00	7200 Shadyvilla Ln Unit 29 Houston, TX 77055

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Salaries/Wages/Contract Labor	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense campaign work

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 6/35 Rpt: 31/65	Poissant, Margaret A. (The Honorable)	00082057

4 Date	5 Payee name
06/05/2024	Barnabys

6 Amount ($)	7 Payee address; City; State; Zip Code
$71.54	801 Congress St. Houston, TX 77002

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Food/Beverage Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense lunch with intern and court staff

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
06/17/2024	Barnabys

Amount ($)	Payee address; City; State; Zip Code
$120.00	801 Congress St. Houston, TX 77002

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Food/Beverage Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense lunch with court staff

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
06/24/2024	Bayou City Strategies

Amount ($)	Payee address; City; State; Zip Code
$8,000.00	PO Box 667204 Houston, TX 77266

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Consulting Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense fundraising, compliance and general consulting

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 7/35 Rpt: 32/65	Poissant, Margaret A. (The Honorable)	00082057

4 Date	5 Payee name
01/16/2024	Brazoria County Democrats

6 Amount ($)	7 Payee address; City; State; Zip Code
$500.00	1180 Magnolia Pkwy. Ste. 210 Manville, TX 77578

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Bluebonnet Banquet sponsorship

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
06/03/2024	Capital Grill

Amount ($)	Payee address; City; State; Zip Code
$219.21	5365 Westheimer Rd. Houston, TX 77056

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Food/Beverage Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense dinner with attorney - TIDC Legislative Work Group

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
01/29/2024	Contour Airlines

Amount ($)	Payee address; City; State; Zip Code
$97.99	808 Blue Angel Way Smyrna, TN 37167

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Travel Out of District	☒ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense flights to Judicial conference at The Greenbriar

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 8/35 Rpt: 33/65	Poissant, Margaret A. (The Honorable)	00082057

4 Date: 01/05/2024

5 Payee name: Dent, Almeda

6 Amount ($): $250.00

7 Payee address; City; State; Zip Code: 7900 Morley st.

Houston, TX 77061

8 PURPOSE OF EXPENDITURE

(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.
☐ Check if Austin, TX, officeholder living expense
campaign work

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date: 02/16/2024

Payee name: Dent, Almeda

Amount ($): $250.00

Payee address; City; State; Zip Code: 7900 Morley st.

Houston, TX 77061

PURPOSE OF EXPENDITURE

(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.
☐ Check if Austin, TX, officeholder living expense
campaign work

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date: 03/08/2024

Payee name: Dent, Almeda

Amount ($): $250.00

Payee address; City; State; Zip Code: 7900 Morley st.

Houston, TX 77061

PURPOSE OF EXPENDITURE

(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.
☐ Check if Austin, TX, officeholder living expense
campaign work

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 9/35 Rpt: 34/65	Poissant, Margaret A. (The Honorable)	00082057

4 Date: 04/10/2024

5 Payee name: Dent, Almeda

6 Amount ($): $250.00

7 Payee address; City; State; Zip Code: 7900 Morley st.

Houston, TX 77061

8 PURPOSE OF EXPENDITURE

(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.
☐ Check if Austin, TX, officeholder living expense
campaign work

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date: 04/15/2024

Payee name: Dent, Almeda

Amount ($): $200.00

Payee address; City; State; Zip Code: 7900 Morley st.

Houston, TX 77061

PURPOSE OF EXPENDITURE

(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.
☐ Check if Austin, TX, officeholder living expense
campaign work

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date: 05/20/2024

Payee name: Dent, Almeda

Amount ($): $250.00

Payee address; City; State; Zip Code: 7900 Morley st.

Houston, TX 77061

PURPOSE OF EXPENDITURE

(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.
☐ Check if Austin, TX, officeholder living expense
campaign work

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 10/35 Rpt: 35/65	Poissant, Margaret A. (The Honorable)	00082057

4 Date	5 Payee name
06/17/2024	Dent, Almeda

6 Amount ($)	7 Payee address; City; State; Zip Code
$250.00	7900 Morley st. Houston, TX 77061

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Salaries/Wages/Contract Labor	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense campaign work

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
05/10/2024	Eli Valet

Amount ($)	Payee address; City; State; Zip Code
$22.00	5353 W. Alabama Ste. 208 Houston, TX 77056

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense parking for event

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
06/03/2024	Exxon

Amount ($)	Payee address; City; State; Zip Code
$68.26	1003 Studemont St. Houston, TX 77007

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Travel In District	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense gas for campaign use - TIDC Legislative Work Group

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 11/35 Rpt: 36/65	Poissant, Margaret A. (The Honorable)	00082057

4 Date	5 Payee name
02/06/2024	Fort Bend County Democratic Party

6 Amount ($)	7 Payee address; City; State; Zip Code
$240.00	13515 Southwest Fwy #204 Sugar Land, TX 77478

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense annual membership

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
01/22/2024	Four Seasons - Houston

Amount ($)	Payee address; City; State; Zip Code
$25.00	1300 Lamar St. Houston, TX 77010

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense parking for event

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
03/04/2024	Grantham, Pilar

Amount ($)	Payee address; City; State; Zip Code
$250.00	301 Fannin St. Houston, TX 77002

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Salaries/Wages/Contract Labor	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Staff- Holiday Bonus

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 12/35 Rpt: 37/65	Poissant, Margaret A. (The Honorable)	00082057

4 Date	5 Payee name
06/06/2024	Greater Houston LGBTQ+ Chamber of Commerce

6 Amount ($)	7 Payee address; City; State; Zip Code
$350.00	5340 Weslayan St. #25011 Houston, TX 77265

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense event tickets

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
01/23/2024	HCDLA

Amount ($)	Payee address; City; State; Zip Code
$250.00	3401 Allen Parkway Houston, TX 77019

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Luncheon Ticket

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
02/12/2024	HCDLA

Amount ($)	Payee address; City; State; Zip Code
$40.00	3401 Allen Parkway Houston, TX 77019

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Lunch CLE

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 13/35 Rpt: 38/65	Poissant, Margaret A. (The Honorable)	00082057

4 Date	5 Payee name
06/14/2024	HEB

6 Amount ($)	7 Payee address; City; State; Zip Code
$59.38	3663 Washington Ave. Houston, TX 77007

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Food/Beverage Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense court lawyer birthday lunch

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
02/21/2024	Harris County Democratic Party

Amount ($)	Payee address; City; State; Zip Code
$35,000.00	4619 Lyons Ave. Houston, TX 77020

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Coordinated Campaign Contribution

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
02/26/2024	Harris County Democratic Party

Amount ($)	Payee address; City; State; Zip Code
$1,500.00	4619 Lyons Ave. Houston, TX 77020

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense county convention sponsorship

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 14/35 Rpt: 39/65	Poissant, Margaret A. (The Honorable)	00082057

4 Date: 05/24/2024

5 Payee name: Harris County

6 Amount ($): $20.00

7 Payee address; City; State; Zip Code: 101 Preston St.

Houston, TX 77002

8 PURPOSE OF EXPENDITURE

(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.
☐ Check if Austin, TX, officeholder living expense
Replacement Courthouse badge

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date: 01/19/2024

Payee name: Harry's Restaurant

Amount ($): $10.15

Payee address; City; State; Zip Code: 318 Tuam St.

Houston, TX 77006

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Food/Beverage Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
campaign meeting

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date: 01/26/2024

Payee name: Harry's Restaurant

Amount ($): $60.59

Payee address; City; State; Zip Code: 318 Tuam St.

Houston, TX 77006

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Food/Beverage Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
campaign meeting

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 15/35 Rpt: 40/65	Poissant, Margaret A. (The Honorable)	00082057

4 Date	5 Payee name
03/01/2024	Harry's Restaurant

6 Amount ($)	7 Payee address; City; State; Zip Code
$44.75	318 Tuam St. Houston, TX 77006

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Food/Beverage Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense campaign meeting

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
03/28/2024	Harry's Restaurant

Amount ($)	Payee address; City; State; Zip Code
$70.32	318 Tuam St. Houston, TX 77006

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Food/Beverage Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense campaign meeting

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
06/06/2024	Harry's Restaurant

Amount ($)	Payee address; City; State; Zip Code
$28.21	318 Tuam St. Houston, TX 77006

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Food/Beverage Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense campaign meeting

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 16/35 Rpt: 41/65	Poissant, Margaret A. (The Honorable)	00082057

4 Date: 04/19/2024
5 Payee name: Hilton
6 Amount ($): $25.00
7 Payee address; City; State; Zip Code: 1600 Lamar St., Houston, TX 77010

8 PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule): Event Expense
(b) Description: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
parking for event

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date: 06/10/2024
Payee name: Hilton
Amount ($): $25.00
Payee address; City; State; Zip Code: 1600 Lamar St., Houston, TX 77010

PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule): Event Expense
(b) Description: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
parking for event

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date: 01/08/2024
Payee name: Houston Appellate Bar Section
Amount ($): $10.00
Payee address; City; State; Zip Code: 1111 Bagby St., ste. 200, Houston, TX 77002

PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule): Event Expense
(b) Description: ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
appellate section luncheon

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 17/35 Rpt: 42/65	Poissant, Margaret A. (The Honorable)	00082057

4 Date	5 Payee name
03/08/2024	Houston Appellate Bar Section

6 Amount ($)	7 Payee address; City; State; Zip Code
$10.00	1111 Bagby St. ste. 200 Houston, TX 77002

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense appellate section luncheon

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
05/15/2024	Houston Appellate Bar Section

Amount ($)	Payee address; City; State; Zip Code
$31.20	1111 Bagby St. ste. 200 Houston, TX 77002

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense HBA DEI Luncheon

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
06/04/2024	Houston Appellate Bar Section

Amount ($)	Payee address; City; State; Zip Code
$20.00	1111 Bagby St. ste. 200 Houston, TX 77002

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense appellate section luncheon

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 18/35 Rpt: 43/65	Poissant, Margaret A. (The Honorable)	00082057

4 Date	5 Payee name
01/23/2024	Houston Appellete Bar Section

6 Amount ($)	7 Payee address; City; State; Zip Code
$52.00	1111 Bagby St. ste. 200 Houston, TX 77002

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CLE- HBA Law & the Media Seminar

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
01/08/2024	Houston Association of Women Attorneys

Amount ($)	Payee address; City; State; Zip Code
$35.00	2450 Louisiana St. Houston, TX 77006

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense membership dues

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
01/24/2024	Houston Bar Foundation

Amount ($)	Payee address; City; State; Zip Code
$520.00	1111 Bagby St. ste. 200 Houston, TX 77002

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense HBA Bench Bar Conference Sponsorship

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 19/35 Rpt: 44/65	Poissant, Margaret A. (The Honorable)	00082057

4 Date	5 Payee name
05/07/2024	Houston Bar Foundation

6 Amount ($)	7 Payee address; City; State; Zip Code
$1,040.00	1111 Bagby St. ste. 200 Houston, TX 77002

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense gala ticket

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
02/12/2024	Houston Black American Democrats

Amount ($)	Payee address; City; State; Zip Code
$100.00	4806 Edfield St Houston, TX 77033

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense event ticket

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
05/06/2024	Houston Hispanic Bar Association

Amount ($)	Payee address; City; State; Zip Code
$275.00	1321 Antoine Dr. Houston, TX 77055

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense event ticket

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 20/35 Rpt: 45/65	Poissant, Margaret A. (The Honorable)	00082057

4 Date	5 Payee name
01/08/2024	Houston Lawyers Association

6 Amount ($)	7 Payee address; City; State; Zip Code
$83.00	PO Box 300009 Houston, TX 77230

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense membership dues

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
03/04/2024	Houston Lawyers Association

Amount ($)	Payee address; City; State; Zip Code
$150.00	PO Box 300009 Houston, TX 77230

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense event ticket

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
05/13/2024	Houston Millenials

Amount ($)	Payee address; City; State; Zip Code
$129.69	2425 W. Loop S. Ste. 502 Houston, TX 77027

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense annual membership

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 21/35 Rpt: 46/65	Poissant, Margaret A. (The Honorable)	00082057

4 Date	5 Payee name
03/20/2024	Houston Parking

6 Amount ($)	7 Payee address; City; State; Zip Code
$1.85	PO Box 1562 Houston, TX 77251

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense parking for HBA/Bench Bar Reception

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
03/22/2024	Houston Parking

Amount ($)	Payee address; City; State; Zip Code
$4.00	PO Box 1562 Houston, TX 77251

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense parking for Ramadan Iftar event

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
06/10/2024	Houston Police Uniform Supply Division

Amount ($)	Payee address; City; State; Zip Code
$115.74	700 Houston Ave Houston, TX 77007

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Office Overhead/Rental Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense security whistles for court staff

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 22/35 Rpt: 47/65	Poissant, Margaret A. (The Honorable)	00082057

4 Date	5 Payee name
02/26/2024	Howell, Pam

6 Amount ($)	7 Payee address; City; State; Zip Code
$200.00	609 Main St. 40th Floor Houston, TX 77002

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Salaries/Wages/Contract Labor	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense campaign work

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
05/30/2024	Human Age Digital

Amount ($)	Payee address; City; State; Zip Code
$3,000.00	2700 Post Oak Blvd. 21st Fl Houston, TX 77056

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense new website build

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
04/03/2024	Irmas Southwest

Amount ($)	Payee address; City; State; Zip Code
$173.06	1475 Texas Ave. Houston, TX 77002

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Food/Beverage Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense lunch meeting

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 23/35 Rpt: 48/65	Poissant, Margaret A. (The Honorable)	00082057

4 Date: 03/28/2024

5 Payee name: J&N Enterprises

6 Amount ($): $193.77

7 Payee address; City; State; Zip Code: 2519 Fairway Park Dr. Ste. 302 Houston, TX 77092

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Printing Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
push cards

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date: 05/14/2024

Payee name: J&N Enterprises

Amount ($): $1,095.43

Payee address; City; State; Zip Code: 2519 Fairway Park Dr. Ste. 302 Houston, TX 77092

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Printing Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
campaign signs and other collateral

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date: 03/19/2024

Payee name: League of Women Voters - Houston

Amount ($): $200.00

Payee address; City; State; Zip Code: 2808 Caroline St. Houston, TX 77004

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Event Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
Luncheon Ticket

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 24/35 Rpt: 49/65	Poissant, Margaret A. (The Honorable)	00082057

4 Date	5 Payee name
06/17/2024	Little Pappasitos

6 Amount ($)	7 Payee address; City; State; Zip Code
$73.46	2536 Richmond Ave. Houston, TX 77098

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Food/Beverage Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense campaign lunch

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
03/15/2024	Mademoiselle Louise

Amount ($)	Payee address; City; State; Zip Code
$29.26	1725 Main St. Houston, TX 77002

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Food/Beverage Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense breakfast meeting

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
04/19/2024	Magnol French Bakery

Amount ($)	Payee address; City; State; Zip Code
$206.62	100 North Post Oak Houston, TX 77055

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Food/Beverage Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense birthday cake for fundriaising event

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 25/35 Rpt: 50/65	Poissant, Margaret A. (The Honorable)	00082057

4 Date: 03/21/2024

5 Payee name: Mota, Alex

6 Amount ($): $250.00

7 Payee address; City; State; Zip Code: 301 Fannin St.

Houston, TX 77002

8 PURPOSE OF EXPENDITURE

(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.
☐ Check if Austin, TX, officeholder living expense
holiday bonus

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date: 05/06/2024

Payee name: Omni Houston

Amount ($): $25.00

Payee address; City; State; Zip Code: 4 Riverway Dr.

Houston, TX 77056

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Event Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
parking for event

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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Date: 03/04/2024

Payee name: Patel, William

Amount ($): $570.00

Payee address; City; State; Zip Code: 2319 McClendon St

Houston, TX 77030

PURPOSE OF EXPENDITURE

(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.
☐ Check if Austin, TX, officeholder living expense
campaign work

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 26/35 Rpt: 51/65	Poissant, Margaret A. (The Honorable)	00082057

4 Date	5 Payee name
04/22/2024	Patel, William

6 Amount ($)	7 Payee address; City; State; Zip Code
$450.00	2319 McClendon St Houston, TX 77030

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Salaries/Wages/Contract Labor	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense campaign work

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
05/23/2024	Patel, William

Amount ($)	Payee address; City; State; Zip Code
$375.00	2319 McClendon St Houston, TX 77030

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Salaries/Wages/Contract Labor	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense campaign work

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
06/18/2024	Patel, William

Amount ($)	Payee address; City; State; Zip Code
$510.00	2319 McClendon St Houston, TX 77030

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Salaries/Wages/Contract Labor	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense campaign work

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 27/35 Rpt: 52/65	Poissant, Margaret A. (The Honorable)	00082057

4 Date	5 Payee name
02/15/2024	Raise the Money

6 Amount ($)	7 Payee address; City; State; Zip Code
$152.90	PO Box 26466 Little Rock, AR 72221

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Fees	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense credit card fees

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
03/28/2024	Raise the Money

Amount ($)	Payee address; City; State; Zip Code
$422.19	PO Box 26466 Little Rock, AR 72221

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Fees	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense credit card fees

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
04/26/2024	Raise the Money

Amount ($)	Payee address; City; State; Zip Code
$104.40	PO Box 26466 Little Rock, AR 72221

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Fees	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense credit card fees

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 28/35 Rpt: 53/65	Poissant, Margaret A. (The Honorable)	00082057

4 Date	5 Payee name
05/31/2024	Raise the Money

6 Amount ($)	7 Payee address; City; State; Zip Code
$897.72	PO Box 26466 Little Rock, AR 72221

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Fees	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense credit card fees

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
06/27/2024	Raise the Money

Amount ($)	Payee address; City; State; Zip Code
$178.40	PO Box 26466 Little Rock, AR 72221

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Fees	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense credit card fees

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
01/29/2024	Run Sister Run PAC

Amount ($)	Payee address; City; State; Zip Code
$35.00	PO Box 66470 Houston, TX 77266

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense event ticket

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 29/35 Rpt: 54/65	Poissant, Margaret A. (The Honorable)	00082057

4 Date	5 Payee name
05/01/2024	SABA Houston

6 Amount ($)	7 Payee address; City; State; Zip Code
$161.90	PO Box 4178 Houston, TX 77210

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense event ticket

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
06/24/2024	Sawyer Ice House

Amount ($)	Payee address; City; State; Zip Code
$14.75	1420 Sawyer St. Houston, TX 77007

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Food/Beverage Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense event refreshments

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
05/10/2024	Secure Parking

Amount ($)	Payee address; City; State; Zip Code
$11.50	2800 Kirby Dr. Houston, TX 77098

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense parking for event

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 30/35 Rpt: 55/65	Poissant, Margaret A. (The Honorable)	00082057

4 Date	5 Payee name
03/04/2024	Southwest Democrats

6 Amount ($)	7 Payee address; City; State; Zip Code
$35.00	PO Box 2053 Bellaire, TX 77402

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Contributions/Donations Made By Candidate/Officeholder/Political Committee	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense membership dues

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
04/12/2024	Starbucks

Amount ($)	Payee address; City; State; Zip Code
$17.05	6201 Washington Ave. Houston, TX 77007

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Food/Beverage Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense meeting with campaign

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
05/06/2024	State Bar of Texas

Amount ($)	Payee address; City; State; Zip Code
$75.00	1414 Colorado St. Austin, TX 78701

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense State Bar College

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 31/35 Rpt: 56/65	Poissant, Margaret A. (The Honorable)	00082057

4 Date	5 Payee name
05/22/2024	Texas Gulf Coast AFL-CIO

6 Amount ($)	7 Payee address; City; State; Zip Code
$1,000.00	2506 Sutherland St. Houston, TX 77023

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense event sponsorhip

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
02/26/2024	The Greenbriar

Amount ($)	Payee address; City; State; Zip Code
$185.78	101 W. Main St. White Sulpher Springs, WV 24986

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Travel Out of District	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense lodging for JEI Law & Corpus Linguistics Conference

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
02/26/2024	The Greenbriar

Amount ($)	Payee address; City; State; Zip Code
$32.71	101 W. Main St. White Sulpher Springs, WV 24986

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Travel Out of District	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense food at Judicial Conference

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 32/35 Rpt: 57/65	Poissant, Margaret A. (The Honorable)	00082057

4 Date	5 Payee name
03/04/2024	The Greenbriar

6 Amount ($)	7 Payee address; City; State; Zip Code
$339.82	101 W. Main St. White Sulpher Springs, WV 24986

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Travel Out of District	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense lodging for Judicial Conference

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
05/28/2024	The Houstonian

Amount ($)	Payee address; City; State; Zip Code
$21.00	111 North Post Oak Lane Houston, TX 77024

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense parking for event

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
06/03/2024	The Point - West Point TX

Amount ($)	Payee address; City; State; Zip Code
$17.13	1200 East Loop 543 West Point, TX 78963

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Travel In District	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense gas for campaign use -TIDC Legislative Work Group

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 33/35 Rpt: 58/65	Poissant, Margaret A. (The Honorable)	00082057

4 Date	5 Payee name
06/03/2024	Three Square Market

6 Amount ($)	7 Payee address; City; State; Zip Code
$16.62	3329 Casey St. River Falls, WI 54022

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Food/Beverage Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense water and soda - TIDC Legislative Work Group

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
05/03/2024	Tomic, Alexander

Amount ($)	Payee address; City; State; Zip Code
$360.00	5222 Mulford St. Houston, TX 77023

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense graphic design

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
01/29/2024	United Airlines

Amount ($)	Payee address; City; State; Zip Code
$5.99	233 S. Wacker Dr. Chicago, IL 60606

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Travel Out of District	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense airline fees

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 34/35 Rpt: 59/65	Poissant, Margaret A. (The Honorable)	00082057

4 Date	5 Payee name
01/31/2024	United Airlines

6 Amount ($)	7 Payee address; City; State; Zip Code
$79.00	233 S. Wacker Dr. Chicago, IL 60606

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Travel Out of District	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense upgrade fees

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
05/08/2024	Wix

Amount ($)	Payee address; City; State; Zip Code
$29.49	500 Terry A Francois Blvd. 6th Fl San Francisco, CA 94158

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Office Overhead/Rental Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense web hosting services

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
05/23/2024	Wix

Amount ($)	Payee address; City; State; Zip Code
$220.83	500 Terry A Francois Blvd. 6th Fl San Francisco, CA 94158

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Office Overhead/Rental Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense web hosting services

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 35/35 Rpt: 60/65	**2** FILER NAME Poissant, Margaret A. (The Honorable)	**3** Filer ID (Ethics Commission Filers) 00082057
4 Date 03/27/2024	**5** Payee name flowersshopping.com	
6 Amount ($) $84.47	**7** Payee address; City; State; Zip Code 631 N Stephanie St. Henderson, NV 89014	
8 **PURPOSE OF EXPENDITURE**	**(a)** Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	**(b)** Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense bereavement flowers for donor

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/2 Rpt: 61/65	Poissant, Margaret A. (The Honorable)	00082057

4 Date	5 Payee name
02/18/2024	Uber

6 Amount ($)	7 Payee address; City; State; Zip Code
$59.10	17725 3rd St.
[X] Reimbursement from political contributions intended	San Francisco, CA 94158

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Travel In District	[X] Check if travel outside of Texas. Complete Schedule T. [ ] Check if Austin, TX, officeholder living expense travel to airport

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
02/25/2024	Uber

Amount ($)	Payee address; City; State; Zip Code
$24.91	17725 3rd St.
[X] Reimbursement from political contributions intended	San Francisco, CA 94158

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Travel In District	[X] Check if travel outside of Texas. Complete Schedule T. [ ] Check if Austin, TX, officeholder living expense travel to Charlotte Airport

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
02/26/2024	Uber

Amount ($)	Payee address; City; State; Zip Code
$44.50	17725 3rd St.
[ ] Reimbursement from political contributions intended	San Francisco, CA 94158

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Travel In District	[X] Check if travel outside of Texas. Complete Schedule T. [ ] Check if Austin, TX, officeholder living expense travel from airport

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 2/2 Rpt: 62/65	**2** FILER NAME Poissant, Margaret A. (The Honorable)	**3** Filer ID (Ethics Commission Filers) 00082057
4 Date 01/29/2024	**5** Payee name United Airlines	
6 Amount ($) $389.71 [X] Reimbursement from political contributions intended	**7** Payee address; City; State; Zip Code 233 S. Wacker Dr. Chicago, IL 60606	
8 **PURPOSE OF EXPENDITURE**	**(a)** Category (See Categories listed at the top of this schedule) Travel Out of District	**(b)** Description [X] Check if travel outside of Texas. Complete Schedule T. [ ] Check if Austin, TX, officeholder living expense Flights to Judicial conference at The Greenbriar
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought / Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
Sch: 1/1 Rpt: 63/65

2 FILER NAME
Poissant, Margaret A. (The Honorable)

3 Filer ID (Ethics Commission Filers)
00082057

4 Date
04/16/2024

5 Name of person from whom amount is received
Judicial Education Institute

6 Address of person from whom amount is received; City; State; Zip Code

Lexington, VA 24450

8 Amount ($)
$677.28

7 Purpose for which amount is received
travel reimbursement for The Greenbriar Judicial Conference

☐ Check if political contribution returned to filer

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.

1 Total pages Schedule T: Sch: 1/2 Rpt: 64/65

2 FILER NAME: Poissant, Margaret A. (The Honorable)

3 Filer ID (Ethics Commission Filers): 00082057

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee: Contour Airlines

5 Contribution / Expenditure reported on:

- [ ] Schedule A2
- [ ] Schedule B
- [ ] Schedule B(J)
- [ ] Schedule C2
- [ ] Schedule D
- [X] Schedule F1
- [ ] Schedule F2
- [ ] Schedule F4
- [ ] Schedule G
- [ ] Schedule H
- [ ] Schedule COH-UC

6 Dates of Travel: 02/18/2024 – 02/18/2024

7 Name of person(s) traveling: Poissant, Margaret (The Honorable)

8 Departure city or name of departure location: Charlotte

9 Destination city or name of destination location: Greenbriar

10 Means of transportation: Commercial Airplane

11 Purpose of travel (including name of conference, seminar, or other event): connecting flight to judicial conference

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Name of Contributor / Corporation or Labor Organization / Pledgor /Payee: Uber

Contribution / Expenditure reported on:

- [ ] Schedule A2
- [ ] Schedule B
- [ ] Schedule B(J)
- [ ] Schedule C2
- [ ] Schedule D
- [ ] Schedule F1
- [ ] Schedule F2
- [ ] Schedule F4
- [X] Schedule G
- [ ] Schedule H
- [ ] Schedule COH-UC

Dates of Travel: 02/25/2024 – 02/25/2024

Name of person(s) traveling: Poissant, Margaret (The Honorable)

Departure city or name of departure location: Charlotte

Destination city or name of destination location: Charlotte

Means of transportation: Commercial Automobile

Purpose of travel (including name of conference, seminar, or other event): travel to the airport

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Name of Contributor / Corporation or Labor Organization / Pledgor /Payee: Uber

Contribution / Expenditure reported on:

- [ ] Schedule A2
- [ ] Schedule B
- [ ] Schedule B(J)
- [ ] Schedule C2
- [ ] Schedule D
- [ ] Schedule F1
- [ ] Schedule F2
- [ ] Schedule F4
- [X] Schedule G
- [ ] Schedule H
- [ ] Schedule COH-UC

Dates of Travel: 02/18/2024 – 02/18/2024

Name of person(s) traveling: Poissant, Margaret (The Honorable)

Departure city or name of departure location: Houston

Destination city or name of destination location: Charlotte

Means of transportation: Commercial Automobile

Purpose of travel (including name of conference, seminar, or other event): travel to airport

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee

Uber

5 Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1

☐ Schedule F2 ☐ Schedule F4 ☒ Schedule G ☐ Schedule H ☐ Schedule COH-UC

6 Dates of Travel

02/26/2024

02/26/2024

7 Name of person(s) traveling

Poissant, Margaret (The Honorable)

8 Departure city or name of departure location

Houston

9 Destination city or name of destination location

Houston

10 Means of transportation

11 Purpose of travel (including name of conference, seminar, or other event)

travel home from airport

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee

United Airlines

Contribution / Expenditure reported on:

☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1

☐ Schedule F2 ☐ Schedule F4 ☒ Schedule G ☐ Schedule H ☐ Schedule COH-UC

Dates of Travel

02/18/2024

02/18/2024

Name of person(s) traveling

Poissant, Margaret (The Honorable)

Departure city or name of departure location

Houston

Destination city or name of destination location

Charlotte

Means of transportation

Commercial Airplane

Purpose of travel (including name of conference, seminar, or other event)

Travel to Judicial conference