FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00082057 29 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Margaret A. NAME Date Received **ELECTRONICALLY FILED** 10/07/2024 NICKNAME LAST **SUFFIX** Meg Poissant CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Lester NAME NICKNAME LAST **SUFFIX** Marks **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 882-6830 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff ΙX appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 09/26/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE Court Of Appeals, Justice Place 8 District 14 Court Of Appeals, Justice Place 8 District 14

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

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13 C / OH NAME	Poissant, Margaret A	. (The Honorable)	14 Filer ID 00082057	(Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '						
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
Ш	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRE	ESS				
16 CONTRIBUTION TOTALS		.I IZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELI		\$ 0.00			
	2. TOTAL POLIT	TICAL CONTRIBUTIONS		\$ 6,015.00			
EVEN DITUE	`	PLEDGES, LOANS, OR GUARANTEES OF LOAI	NS)	,			
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00			
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 19,162.65			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	AL CONTRIBUTIONS MAINTAINED AS OF THE ERIOD	LAST DAY OF THE	\$ 69,675.21			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCII OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	S OF THE LAST DAY	\$ 0.00			
17 AFFIDAVIT		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code.	all information required				
		The Honora	able Margaret A. Poi	ssant			
		Signature of	of Candidate or Officeho	older			
AFFIX NO	TARY STAMP / SEAL AB	OVE					
Sworn to and subso	cribed before me, by the s	aid	, this the	day			
of	, 20, to c	ertify which, witness my hand and seal of office.					
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	er administering oath			
Signature of Office	or auministering oan	Timed name of officer administering dath	Tide of office	a danimistering batti			

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

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					0 01 23				
18 FIL	8 FILER NAME 19 Filer ID (Ethics Commission Filers)								
Po	issant,								
		E SUBTOTALS			SUBTOTAL AMOUNT				
NA	ME OF :	SCHEDULE			JOB TO TAL AUTOON				
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	5,515.00				
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	500.00				
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$					
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$					
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	17,827.62				
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	1,335.03				
10.	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$					
11.	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
12.	. 🗆	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$					

MONET	ARY POLITICAL	CONTRIBUTION	ONS	SCHEDULE A(J)1	
The Instru	ction Guide explains ho	w to complete this	form.	1 Total pages Schedule A(J)1: Sch: 1/5 Rpt: 4/29	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
Poissant, Ma	argaret A. (The Honorable)			00082057	
4 Date 09/12/2024				7 Amount of Contribution (\$) \$500.00	
	Houston, TX 77007				
8 Contributor's	Principal Occupation		9 Contributor's Job Title		
Retired			Retired		
10 Contributor's Retired	employer/law firm		11 Law firm of contributor's sp	pouse (if any)	
12 If contributor i	s a child, law firm of parent(s) (if	any)	1		
	I = 1			T	
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/26/2024	Broocks, Linda Contributor address; City;		\$250.00		
	Houston, TX 77002				
Contributor's	Principal Occupation		Contributor's Job Title		
Attorney			Attorney		
	employer/law firm		Law firm of contributor's sp	pouse (if any)	
Kean Miller.	LLP		Kean Miller, LP		
If contributor i	s a child, law firm of parent(s) (if	any)			
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/26/2024	Broocks, Linda	_		\$250.00	
Contributor address; City; State; Zip Code Houston, TX 77002					
Contributor's	Principal Occupation	I			
Contributor's Principal Occupation Contributor's Job Title Attorney Attorney					
Contributor's employer/law firm Law firm of contributor's spouse (if any)					
Kean Miller,					
	s a child, law firm of parent(s) (if	any)	Kean Miller, LP		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 2/5 Rpt: 5/29
2	FILER NAME Poissant, Ma	argaret A. (The Honorable)	3	Filer ID (Ethics Commission Filers) 00082057		
4	Date 07/12/2024	Full name of contributor Gibson, Jason Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$2,500.00
		Houston, TX 77098				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10		employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
_	The Gibson			The Gibson Law Firm		
12	If contributor is	s a child, law firm of parent(s) (if	rany)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/24/2024 Gildersleeve, Mark Contributor address; City; State; Zip Code					\$100.00
		houston, TX 77009				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Sales			Sales		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Optum					
	If contributor is	s a child, law firm of parent(s) (i	fany)			
_	Date	Full name of contributor	out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)
	09/05/2024	Hadi, Husein	_			\$1,000.00
		Contributor address; City; Sugarland, TX 77479-38			•	
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney					
Contributor's employer/law firm Law firm of contributor's spouse						se (if any)
	The Hadi La	w Firm				
	If contributor is	s a child, law firm of parent(s) (if	fany)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	otal pages Schedule A(J)1: Sch: 3/5 Rpt: 6/29	
2	FILER NAME Poissant, Ma	argaret A. (The Honorable)	1	iler ID (Ethics Commission File) 0082057	ers)		
4	Date 09/18/2024	5 Full name of contributor out-of-state PAC (ID#:) Matin, Misty 6 Contributor address; City; State; Zip Code				amount of Contribution (\$)	\$50.00
		Houston, TX 77025					
8		Principal Occupation		9 Contributor's Job Title			
	Executive As			Executive Assistant			
10		employer/law firm nerican Pipeline		11 Law firm of contributor's sp	oouse	(if any)	
12		s a child, law firm of parent(s) (if	any)	1			
		T	out-of-state PAC (ID#:				
	Date 09/18/2024	Full name of contributor Opot, Kelly Contributor address; City;)	A	mount of Contribution (\$)	\$25.00	
		Houston, TX 77035-603					
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>		
	CEO			CEO			
	Contributor's	employer/law firm		Law firm of contributor's sp	ouse	(if any)	
	CIS			Cornerstone Christian a	acade	my	
	If contributor is	s a child, law firm of parent(s) (if	any)				
H	Date	Full name of contributor	out-of-state PAC (ID#:)	I A	mount of Contribution (\$)	
	09/17/2024	Punjwani, Fahad	_			5	\$40.00
		Contributor address; City;	State; Zip Code				
		Sugarland, TX 77479					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Facilitator Facilitator						
Contributor's employer/law firm Law firm of contributor's spouse (if any)						(if any)	
	Suchee Stud						
	If contributor is	s a child, law firm of parent(s) (if	any)				

	MONET	ARY POLITICAL C	CONTRIBUTIO	ONS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains how	to complete this f	orm.	1	ages Schedule A(J)1: 5 Rpt: 7/29	
2	FILER NAME				3 Filer ID	(Ethics Commissio	n Filers)
	Poissant, Ma	argaret A. (The Honorable)			000820	057	
4	Date 09/18/2024					of Contribution (\$)	\$100.00
		Houston, TX 77011					
8	Contributor's	Principal Occupation		9 Contributor's Job Title			
	Gift Officer			Gift Officer			
10	Contributor's G	employer/law firm let		11 Law firm of contributor's s	oouse (if any)	
12	If contributor i	s a child, law firm of parent(s) (if a	ny)				
	Date	Full name of contributor	out-of-state PAC (ID#:_		Amount	of Contribution (\$)	
	09/13/2024	Selinger, Robert	Unit-of-state PAC (ID#		Amount	or Contribution (4)	\$50.00
		Contributor address; City; Sta	ate; Zip Code				
		Houston, TX 77024		<u> </u>			
		Principal Occupation		Contributor's Job Title			
	ACCOUNTA			ACCOUNTANT	anna (if ann		
		employer/law firm SELINGER CPA		Law firm of contributor's sp	oouse (II ariy)	
		s a child, law firm of parent(s) (if a	ny)				
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount	of Contribution (\$)	
	07/08/2024	Texas Democratic Womer	n of Brazos Valley				\$150.00
		Contributor address; City; Sta	ate; Zip Code				
	0	Bryan, TX 77805		I a			
	Contributors	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's s	oouse (if any)	
	If contributor i	s a child, law firm of parent(s) (if a	ny)	<u> </u>			

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A	\(J)1
	The Instruction Guide explains how to complete this form.	1	Total page Sch: 5/5	es Schedule A(J)1: Rpt: 8/29	
2	FILER NAME Poissant, Margaret A. (The Honorable)	3	Filer ID 0008205	Ethics Commissio	n Filers)
4	Date 09/25/2024 5 Full name of contributor out-of-state PAC (ID#:) Yarborough, Patrick 6 Contributor address; City; State; Zip Code	Amount of	Contribution (\$)	\$500.00	
	Houston, TX 77002				
8	Contributor's Principal Occupation Lawyer 9 Contributor's Job Title Lawyer				
10	Contributor's employer/law firm 11 Law firm of contributor's sp	pous	se (if any)		
	Foster Yarborough PLLC Foster Yarborough PLL	_C			

NON-MONETARY (IN-KIND) POLITICA CONTRIBUTIONS	L		SCHEDULE A2			
The Instruction Guide explains how to complete this	The Instruction Guide explains how to complete this form.					
2 FILER NAME			Sch: 1/1 Rpt: 9/29 Filer ID (Ethics Commission Filers)			
Poissant, Margaret A. (The Honorable)			00082057			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$				
5 Date 09/18/2024 6 Full name of contributor out-of-state PAC (ID#:_ Abodeely, John 7 Contributor address; City; State; Zip Code			Amount of contribution (\$) In-kind contribution description \$500.00 meet and greet food and refreshments			
Houston, TX 77007			Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON-	-JUI	DICIAL) (See instructions)			
12 Contributor's principal occupation (FOR JUDICIAL) COO	13 Contributor's job title ((FO	R JUDICIAL) (See instructions)			
14 Contributor's employer/law firm (FOR JUDICIAL) Houston Arts Alliance	15 Law firm of contributor	r's s	spouse (if any) (FOR JUDICIAL)			
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid			Expens Wages	e /Contract Labor		Travel in District Travel Out of Di OTHER (enter a	
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers)
L	Sch: 1/19 Rpt: 10/29		Poissant, M	argaret A. (The H	Honorable))				00082057	
4	Date	5	Payee name								
	09/23/2024		AABA of Ho	ouston							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip C	ode				
	\$57.50		950 Echo La	ane							
			Ste. 360								
			Houston, TX	< 77024							
8	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE			s/Donations Mad		,			outsi	de of Texas. Con	nplete Schedule T.
	EXPENDITORE		Candidate/0	Officeholder/Politic	cal Comm	ittee		_	, TX,	officeholder living	g expense
								donation			
_	Complete ONLY if alice -t	Ļ	Condidate /Cff	aahaldar rama		office a -	l uabt			Office !-	ald
9	Complete ONLY if direct expenditure to benefit C/O		anuidate/Offi	ceholder name		office so	ugnt			Office h	eiu
	Date		Payee name								
	09/17/2024		AABA of Ho	ouston							
	Amount (\$)		Payee addres	ss; City;	State;	Zip C	ode				
	\$125.00		950 Echo La	ane							
			Ste. 360								
			Houston, TX	< 77024							
	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Event Expe					—			nplete Schedule T.
								gala ticket	, TX,	officeholder living	g expense
								gaia licket			
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	C	Office so	<u>l</u> ught			Office h	eld
L	expenditure to benefit C/Of										
	Date		Payee name								
	08/30/2024		Amegy								
	Amount (\$)		Payee addres	ss; City;	State;	Zip C	ode				
	\$2.00		1717 West	Loop S.							
			Houston, TX	K 77027							
	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Fees					므			nplete Schedule T.
								Check if Austin	, TX,	officeholder living	g expense
								Dalik ICC			
_	Complete ONLY if direct	Ц	`andidate/Offi	ceholder name		Office so	uabt			Office h	eld
	expenditure to benefit C/O		Januale/OIII	centration name	C	c 301	agrit			Onice II	Olu

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services	Salaries/\	Wages	s/Contract Labor		OTHER (enter a	strict category not listed above)	
				uide explains how to co	mpi	ete this form.	_			
1	Total pages Schedule F1:	2 FILE	RNAME				3	Filer ID	(Ethics Commission Filers	,)
	Sch: 2/19 Rpt: 11/29	Pois	sant, Margaret A. (The	e Honorable)				00082057		
4	Date	5 Paye	e name							
	07/31/2024	Ame	gy							
6	Amount (\$)	7 Paye	e address; City;	State; Zip Co	ode					
	\$2.00	1717	West Loop S.							
		Hous	ston, TX 77027							
8	PURPOSE	(a) Cate		the ten of this schedule)	(b)	Description				
	OF	Fees	, -	the top of this schedule)	`'		outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE	1 000	•			Check if Austin,	, TX,	officeholder living	g expense	
						bank fee				
9	Complete ONLY if direct	Candic	late/Officeholder name	Office sou	ught			Office he	eld	
	expenditure to benefit C/OI	1								
	Date	Paye	e name							_
	09/26/2024		on, Catherine							
	Amount (\$)	Paye	e address; City;	State; Zip Co	ode					
	\$500.00	7200	Shadyvilla Ln	·						
		Unit	-							
		Hous	ston, TX 77055							
	PURPOSE OF	(a) Cate	Ory (See Categories listed at	the top of this schedule)	(b)	Description				
	EXPENDITURE	Sala	ries/Wages/Contract L	abor					plete Schedule T.	
						ш		officeholder living	g expense	
						campaign sal	iai y			
	Complete ONLY if direct	Candio	late/Officeholder name	Office sou	ıaht			Office he	ald	
	expenditure to benefit C/OI		accionicendiaei name	Office 300	agrit			Office In	Ciu	
_	D :									_
	Date	1	e name							
	08/26/2024	Ansp	on, Catherine							
	Amount (\$)	1	e address; City;	State; Zip Co	ode					
	\$500.00	7200	Shadyvilla Ln							
		Unit	29							
		Hous	ston, TX 77055							
	PURPOSE	(a) Cate	gory (See Categories listed at	the top of this schedule)	(b)	Description				
	OF EXPENDITURE		ries/Wages/Contract L			Check if travel	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							officeholder living	g expense	
						campaign sal	lary	1		
	Complete ONLY if direct expenditure to benefit C/OI		late/Officeholder name	Office sou	ught			Office h	eld	
	experiorale to belieff C/OI	<u>'</u>								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cabadula F1:	
1	Total pages Schedule F1: Sch: 3/19 Rpt: 12/29	2 FILER NAME Poissant, Margaret A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00082057
4	Date	5 Payee name
	07/22/2024	Anspon, Catherine
<u>_</u>		
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	7200 Shadyvilla Ln
		Unit 29
		Houston, TX 77055
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		campaign salary
L		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	09/05/2024	Association of Women Attorneys Houston
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	2450 Louisiana St.
		Houston, TX 77006
_	DUDDOS-	1
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Tayas, Complete Schedule T
	EXPENDITURE	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
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
H	Data	
	Date	Payee name
	09/26/2024	Barnaby's
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.30	801 Congress St.
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		campaign meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	CAPETIGITUTE TO DETICITE C/OF	<u> </u>

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ	T.1 C.1.1 =:	1
1	Total pages Schedule F1:	
	Sch: 4/19 Rpt: 13/29	Poissant, Margaret A. (The Honorable) 00082057
4	Date	5 Payee name
L	07/22/2024	Bay Area New Democrats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$150.00	PO Box 590383
		Houston, TX 77259
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		event ticket
L		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	07/16/2024	Brazoria County Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	11800 Magnolia Parkway,
		Ste 210
		Manvel, TX 77578
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Brazoria county dem party donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	1
Т	Date	Payee name
	08/08/2024	Brown, David
	Amount (\$)	Payee address; City; State; Zip Code
	\$206.60	3637 W. Alabama St.
		Ste 300
		Houston, TX 77027
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		flowers for event
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form	l.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 5/19 Rpt: 14/29	Poissant, Margaret A. (The Honorable)	00082057
4	Date	5 Payee name	
	07/16/2024	Brown, David	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$191.60	3637 W. Alabama St.	
		Ste 300	
		Houston, TX 77027	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	n
	OF EXPENDITURE		travel outside of Texas. Complete Schedule T.
		flowers fo	Austin, TX, officeholder living expense
		nowers re	or event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		
_	Date	Payee name	
	09/09/2024	Buc-cees	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$45.27	27700 Katy Freeway	
	Ψ10.E1	2110011449110011449	
		Houston, TX 77494	
	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if the company of	n travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Austin, TX, officeholder living expense
		fuel for ca	ampaign vehicle
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	09/12/2024	Chapman and Kirby	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$23.52	2118 Lamar St.	
		Houston, TX 77003	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	n
	OF EXPENDITURE	Food/Beverage Expense	travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Austin, TX, officeholder living expense
		eventren	reshments
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	Office field
l			

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- Committee L	Food/Beverage Expense Sift/Awards/Memorials Expense Legal Services The Instruction Guide expla		xpense Vages/	Contract Labor			
1	Total pages Schedule F1: Sch: 6/19 Rpt: 15/29		argaret A. (The Honora	ahla)				Filer ID 00082057	(Ethics Commission Filers)
_			uyarer A. (THE HUHUR	able)				00062057	
4	Date 09/04/2024	5 Payee name Chevron							
6		7 Payee address	e: City: C	tate: Zin Co	ndo				
٥	Amount (\$) \$41.22	6633 Washir		tate; Zip Co	oue				
	Ψ+1.22	JJJJ VVAJIII	.9.011 / 100.						
		Houston, TX	77007						
8	PURPOSE	(a) Category (See	e Categories listed at the top of th	s schedule)	(b)	Description			
	OF EXPENDITURE	Travel In Dis				-			nplete Schedule T.
	-					Check if Austin, fuel for campa		officeholder living n vehicle	g expense
						or ouripe	ر ۱	. 70111010	
9	Complete ONLY if direct	Candidate/Offic	eholder name	Office sou	<u>I</u> ıght			Office he	eld
	expenditure to benefit C/O								
	Date	Payee name							
	09/26/2024	Dent, Almeda	a						
	Amount (\$)	Payee address		tate; Zip Co	ode		_		
	\$250.00	7900 Morley	st.						
		Houston, TX	77061						
	PURPOSE OF		e Categories listed at the top of the	s schedule)	(b)	Description			
	EXPENDITURE	Salaries/Wa	ges/Contract Labor					de of Texas. Com officeholder living	nplete Schedule T. g expense
					'	campaign sal			• 1
	Complete ONLY if direct	Candidate/Offic	eholder name	Office sou	ight			Office h	eld
	expenditure to benefit C/OI								
	Date	Payee name							
	08/26/2024	Dent, Almed							
	Amount (\$)	Payee address		tate; Zip Co	ode			_	
	\$250.00	7900 Morley	st.						
		Houston TV	77061						
	DUDDOS-	Houston, TX			(a.)				
	PURPOSE OF		e Categories listed at the top of thi ges/Contract Labor	s schedule)	(a) 	Description Check if travel of	outsio	de of Texas. Com	nplete Schedule T.
	EXPENDITURE	Saiai ies/ Wa(yes/Culitact Labul			_		officeholder living	
						campaign sal	ary		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offic	eholder name	Office sou	ıght			Office h	eld

SCHEDULE F1

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

Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment			Vages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME				3	Filer ID	(Ethics Commission F	ilers)
	Sch: 7/19 Rpt: 16/29	Poissant, Margaret A. (T	he Honorable)				00082057		
4	Date	Payee name							
	07/22/2024	Dent, Almeda							
6	Amount (\$)	Payee address; City;	State; Zip Co	ode					
	\$100.00	7900 Morley st.							
		Houston, TX 77061							
8	PURPOSE OF	a) Category (See Categories listed	at the top of this schedule)	(b)	Description				
	EXPENDITURE	Salaries/Wages/Contract	Labor				de of Texas. Comp officeholder living		
					campaign sal			expense	
					campaign sai	ui y			
9	Complete ONLY if direct	Candidate/Officeholder name	Office sou	l ight			Office he	eld	
	expenditure to benefit C/OI								
	Date	Payee name							
	07/19/2024	Dent, Almeda							
	Amount (\$)	Payee address; City;	State; Zip Co	ode					
	\$250.00	7900 Morley st.							
		Houston, TX 77061							
	PURPOSE	a) Category (See Categories listed	at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Salaries/Wages/Contract	Labor				de of Texas. Comp		
					campaign sal		officeholder living	expense	
					campaign sai	ai y			
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	l Iaht			Office he	ald.	
	expenditure to benefit C/O	Canadate/Oniceriolaer flame	Office 30d	igiit			Office fic	iiu	
	Date	Payee name							
	08/01/2024	Fort Bend Democratic Pa	ırty						
	Amount (\$)	Payee address; City;	State; Zip Co	ode					
	\$2,500.00	13515 Southwest Fwy							
		Ste. 204							
		Sugar Land, TX 77478							
	PURPOSE	a) Category (See Categories listed	at the top of this schedule)	(b)	Description				
	OF EXPENDITURE	Contributions/Donations	Made By				de of Texas. Comp		
	LXFENDITORE	Candidate/Officeholder/F	olitical Committee		ш		officeholder living		
					contribution to	O C	pordinated c	ampaign	
	0 1. 5	0 111 107 1 1		Ļ					
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sou	ight			Office he	ela	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 8/19 Rpt: 17/29	Poissant, Margaret A. (The Honorable) 00082057
4	Date	5 Payee name
	09/17/2024	Fort Bend Herald
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	1902 S. Fourth St.
		Rosenberg, TX 77471
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		advertisement
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to benefit C/Oi	
Т	Date	Payee name
	08/24/2024	Galveston Island Democrats
	Amount (\$)	Payee address; City; State; Zip Code
	` ,	
	\$300.00	509 Laurel St.
		Texas City, TX 77591
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		event sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	07/18/2024	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$34.02	3663 Washington Ave.
		Houston, TX 77007
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		court attorney birthday
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/19 Rpt: 18/29	Poissant, Margaret A. (The Honorable) 00082057
4	Date	5 Payee name
	08/19/2024	Harris County Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,350.00	4619 Lyons Ave.
		Houston, TX 77020
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/30/2024	Harry's
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.75	318 Tuam St.
		Houston, TX 77006
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/03/2024	Hotel Icon, Autograph Collection
	Amount (\$)	Payee address; City; State; Zip Code
	\$69.46	220 Main St
		Houston, TX 77002
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	

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)

	Credit Card Payment	The Instruction Guide explains how to co	mple	lete this form.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission File	s)
	Sch: 10/19 Rpt: 19/29	Poissant, Margaret A. (The Honorable)		00082057	
4	Date	5 Payee name		•	
	09/23/2024	Hotel Zaza			
6	Amount (\$)	7 Payee address; City; State; Zip Co	de		
	\$12.00	5701 Main St.			
		Houston, TX 77005			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)) Description	
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.	
				Check if Austin, TX, officeholder living expense parking for event	
				paining for event	
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	t Office held	—
	expenditure to benefit C/O		giit	Cince field	
_	Date	Davisa nama			_
	08/09/2024	Payee name Houston Arts Alliance			
			do		
	Amount (\$) \$500.00	Payee address; City; State; Zip Co 5280 Caroline St	ue		
	φ500.00				
		Ste 100			
		Houston, TX 77004			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee		Check if Austin, TX, officeholder living expense	
				gala sponsorship	
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	t Office held	
	expenditure to benefit C/O	1			
	Date	Payee name			
	09/17/2024	Houston Bar Sections			
	Amount (\$)	Payee address; City; State; Zip Co	de		
	\$260.00	1111 Bagby St.			
		ste. 200			
		Houston, TX 77002			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)) Description	
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	·		Check if Austin, TX, officeholder living expense	
				CLE for Criminal/Appellate Bench Bar Conference	е
	Operated ONE V. T.	Out distant Officials 11		20"	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	t Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 11/19 Rpt: 20/29	Poissant, Margaret A. (The Honorable) 00082057
4	Date	5 Payee name
	08/24/2024	Houston Black American Democrats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	4806 Edfield St
		Houston, TX 77033
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EX. ENDITORE	Candidate/Officeholder/Political Committee
		event sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
3	expenditure to benefit C/OI	
	Date	Payso nama
	08/19/2024	Payee name Houston Lawyers Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$83.00	PO Box 300009
	Ψ03.00	1 O Box 300003
		Houston, TX 77230
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		membership dues
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiantific to benefit G/OI	'
	Date	Payee name
	09/13/2024	Hurley, Tate
	Amount (\$)	Payee address; City; State; Zip Code
	\$705.00	206 Oarwood Place
		Spring, TX 77389
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign salary
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

t Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/19 Rpt: 21/29	Poissant, Margaret A. (The Honorable) 00082057
4	Date	5 Payee name
	08/23/2024	Hurley, Tate
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	206 Oarwood Place
		Spring, TX 77389
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	LAFLINDITORL	Check if Austin, TX, officeholder living expense
		campaign salary
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date 09/24/2024	Payee name Innovative Solutions IT
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	10862 Redstone Ct.
		Missouri City, TX 77459
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign literature
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	08/30/2024	J&N Enterprises
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,095.44	2519 Fairway Park Dr.
		Ste. 302
		Houston, TX 77092
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
l		printing expenses
ı		p.i.i.iig s.iponess
	Complete ONLY if direct	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
		Candidate/Officeholder name Office sought Office held
		Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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

Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 13/19 Rpt: 22/29 Poissant, Margaret A. (The Honorable) 00082057 4 Date Payee name 07/16/2024 Katy Democrats 6 Amount (\$) Payee address; City; State; Zip Code \$150.00 PO Box 6952 Katy, TX 77491 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee event sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/01/2024 La Mexicana Amount (\$) Payee address; City; State; Zip Code \$51.26 1018 Fairview St. Houston, TX 77006 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense campaign meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/20/2024 Monarch Printing Amount (\$) Payee address: City; State; Zip Code \$780.48 6605 McGrew St. Houston, TX 77087 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Printing Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense printing expenses Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/19 Rpt: 23/29	Poissant, Margaret A. (The Honorable) 00082057
4	Date	5 Payee name
	08/30/2024	Monarch Printing
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,169.10	6605 McGrew St.
		Houston, TX 77087
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		printing expenses
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/16/2024	On the Street Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.50	901 Bagby St.
		Houston, TX 77002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		parking for event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/16/2024	On the Street Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.00	901 Bagby St.
	*	
		Houston, TX 77002
	PURPOSE	Tax.
	OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		parking for event
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel in District Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/19 Rpt: 24/29	Poissant, Margaret A. (The Honorable) 00082057
4	Date	5 Payee name
	09/26/2024	Patel, William
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$345.00	2319 McClendon St
L		Houston, TX 77030
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign salary
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to beriefft C/Oi	1
	Date	Payee name
	08/26/2024	Patel, William
	Amount (\$)	Payee address; City; State; Zip Code
	\$435.00	2319 McClendon St
		Houston, TX 77030
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign salary
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to benefit ever	
	Date	Payee name
	07/22/2024	Patel, William
	Amount (\$) \$495.00	Payee address; City; State; Zip Code 2319 McClendon St
	Φ495.00	2319 MCCIENUON St
		Houston, TX 77030
L	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		campaign salary
L	Complete ONU V if alice	Condidate Office helder years
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
\vdash		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/19 Rpt: 25/29	Poissant, Margaret A. (The Honorable) 00082057
4	Date	5 Payee name
	09/26/2024	Raise the Money
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$118.38	PO Box 26466
		Little Rock, AR 72221
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		credit card fees
		Ground data 1999
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	the state of the s
⊨	Date	Davies name
	07/12/2024	Payee name
		Raise the Money
	Amount (\$)	Payee address; City; State; Zip Code
	\$122.75	PO Box 26466
		Little Rock, AR 72221
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		credit card fees
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
⊨	D-t-	
	Date	Payee name
	08/26/2024	Shell
	Amount (\$)	Payee address; City; State; Zip Code
	\$56.31	5333 Katy Fwy.
		Houston, TX 77007
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense fuel for campaign vehicle
		iuei ioi campaign venicie
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/19 Rpt: 26/29	Poissant, Margaret A. (The Honorable) 00082057
4	Date	5 Payee name
	08/26/2024	Shell
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.90	5333 Katy Fwy.
		Houston, TX 77007
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		fuel for campaign vehicle
		luction campaign vertice
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	
_	Data	David and the second se
	Date	Payee name
	09/24/2024	Snooze Eatery
	Amount (\$)	Payee address; City; State; Zip Code
	\$126.35	713 W. 18th St.
		Houston, TX 77008
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign meeting
		campaign meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	
	Date	Payee name
	07/22/2024	Texas Democratic Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$95.00	P.O. Box 301411
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Texas Delli Wolfieli lulicheoli lickets
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1	Total pages Cahadula F1:	1					
1	Total pages Schedule F1:						
	Sch: 18/19 Rpt: 27/29	Poissant, Margaret A. (The Honorable) 00082057					
4	Date	5 Payee name					
	09/03/2024	Texas Gulf Coast AFLCIO					
6	Amount (\$)						
١	` '	7 Payee address; City; State; Zip Code					
	\$50.00	2506 Sutherland St.					
		Houston, TX 77023					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
ľ	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense					
		labor day breakfast					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
9	expenditure to benefit C/OI						
L	·						
	Date	Payee name					
	08/29/2024	Texas LatinX Judges					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$250.00	P.O. Box 90683					
	Ψ200.00	1.0. Box 30000					
		San Antonio, TX 78209					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE		Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.					
EXPENDITURE		Candidate/Officeholder/Political Committee					
		membership dues					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	1					
H	Date	Daygo namo					
		Payee name The Post Ook Hetel					
	08/23/2024	The Post Oak Hotel					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,000.00	1600 W. Loop South					
		Houston, TX 77027					
<u> </u>	DUDDOCE	1					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		venue fee for event					
		vertue lee for event					
<u> </u>	Complete ONLY !! -!!!	Condidate/Officeholder name Office accords					
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
	The strategy of the strategy o						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 19/19 Rpt: 28/29	Poissant, Margaret A. (The Honorable) 00082057						
4	Date	5 Payee name						
	08/26/2024	Tomic, Alex						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$180.00	5222 Mulford St.						
		Houston, TX 77023						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		graphic design services						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	1						
Г	Date	Payee name						
	09/19/2024	Total Wine and More						
Г	Amount (\$)	Payee address; City; State; Zip Code						
	\$77.91	2857 Katy Fwy						
		Houston, TX 77007						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		Champagne for Campaign Event						
r	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	1						
Г	Date	Payee name						
	09/03/2024	USPS						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$342.00 1900 W. Gray St.							
		Houston, TX 77019						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
		campaign PO Box						
一	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OH							

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Co	Fees Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ov Polling Ex Printing E Salaries/V	Expense Wages/Contract Labor	Solicitation/Fundratising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule G:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)			
	Sch: 1/1 Rpt: 29/29		Poissant, Margaret A. (The Honorable)			00082057			
4	Date	5	Payee name						
	09/06/2024		Austin Marriott Downtown						
6	Amount (\$)	7	7 Payee address; City; State; Zip Code						
	\$1,306.74		304 E. Cesar Chavez St.						
	Reimbursement from political contributions intended		Austin, TX 78701						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.			
	OF	<u> </u> `	Travel In District			Check if Austin, TX, officeholder living expense			
	EXPENDITURE				Lodging for Appe CLE's	ellate 101 and Advanced Appellate			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Ca	ndidate/Officeholder name		Office sought	Office held			
	Date		Payee name						
	09/04/2024		Loaf + Vine						
	Amount (\$)		Payee address; City; State;	Zip Co	ode				
	\$5.41		304 East Cesar Chavez St.						
	Reimbursement from political contributions intended		Austin, TX 78701						
PURPOSE			Category (See Categories listed at the top of this sche	dule)	Description	Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE			Food/Beverage Expense		snacks at CLE	Check if Austin, TX, officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OH	Ca	ndidate/Officeholder name		Office sought	Office held			
	Date	Г	Payee name						
	09/04/2024		PF Changs						
	Amount (\$)		Payee address; City; State;	Zip Co	ode				
	\$22.88		201 San Jacinto Blvd.						
	Reimbursement from political contributions intended		Austin, TX 78701						
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE		Food/Beverage Expense			Check if Austin, TX, officeholder living expense			
					meal at CLE				
	Complete ONLY if direct expenditure to benefit C/OH	Ca	ndidate/Officeholder name		Office sought	Office held			