### JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to complete		L Filer ID (Ethics Commis 00081810	ssion Filers)	2 Total pages	filed: 20
3 CANDIDATE /	MS / MRS / MR FI	RST		MI		
OFFICEHOLDER		eagan E.			Date Received	USE ONLY
					ELECTRONI	CALLY FILED
	NICKNAME LA			SUFFIX	10/07/2024	
		assan				
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SI	JITE #; CITY	·. , ,	ZIP CODE		d or Date Postmarked
ADDRESS	REDACTED PER 254.03	13, GOV'T CO	DDE		Receipt #	Amount
Change of Address					Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR FI	RST			MI	
TREASURER NAME	Ms. Ja	ne				
		ST			SUFFIX	
		binson			JUFFIA	
6 CAMPAIGN	STREET ADDRESS (NO PO BO	X PLEASE);	APT	/ SUITE #; CITY;	S	TATE; ZIP CODE
TREASURER ADDRESS						
(Residence or Business)	REDACTED PER 254.03	13, GOV'T CO	DDE			
7 CAMPAIGN	AREA CODE PHONE N	IUMBER EX	KTENSION			
TREASURER PHONE	(713) 600-4916					
8 REPORT TYPE	January 15 X	30th day before e		Runoff	15th day after	campaign treasurer
	January 15 X	Sour day before e				fficeholder only)
	July 15	8th day before el	ection	Exceeded modified reporting limit	Final Report (A	ttach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2024	THF	ROUGH	09/26/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Pri	mary	Runoff	Other	
	11/05/2024	XGe	neral	Special		
11 OFFICE	OFFICE HELD (if any)	<u> </u>		12 OFFICE SOUGHT	(if known)	
	Court Of Appeals, Justice Pla	ce 6 District 1	L4	Court Of Appeals		e 6 District 14
	1			1		
		GO TO	D PAGE 2			
Forms provided by Te	exas Ethics Commission	www.eth	ics.state.tx.u	6	Vei	sion V4.1.0.48da51f

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

FORM JC/OH COVER SHEET PG 2 2 of 20

L

13 C / OH NAME	Hassan, Meagan E.	(The Honorable)	14 Filer ID 00081810	(Ethics Con	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or polit These expenditures may have been n d officeholders are required to report th	nade without the candidate's or offic	ceholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASUR	RER NAME		
		COMMITTEE CAMPAIGN TREASUR	RER ADDRESS		
16 CONTRIBUTION	1. TOTAL UNITEM	IZED POLITICAL CONTRIBUTIONS(	THER THAN PLEDGES LOANS		
TOTALS	OR GUARANTE	S MADE ELECTRONICALLY)	\$	0.00	
		ICAL CONTRIBUTIONS		\$	14,599.23
EXPENDITURE	(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)           EXPENDITURE         3.         TOTAL UNITEMIZED POLITICAL EXPENDITURES				
TOTALS				\$	0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	23,252.39
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	AL CONTRIBUTIONS MAINTAINED / ERIOD	AS OF THE LAST DAY OF THE	\$	7,227.31
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCI OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING	G LOANS AS OF THE LAST DAY	\$	0.00
17 AFFIDAVIT					
			under penalty of perjury, that the and includes all information required ection Code.		
			The Honorable Meagan E. Ha	ssan	
			Signature of Candidate or Officeh	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE			
		aid			day
of	, 20, to c	ertify which, witness my hand and seal	of office.		
Signature of offi	cer administering oath	Printed name of officer administ	ering oath Title of offic	er administer	ing oath
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us	6	Version V	4.1.0.48da51f7

### SUBTOTALS - JC/OH

### FORM JC/OH COVER SHEET PG 3

3 of 20

18 FILER NAME				
20 SCHEDULE SU		00081810		
NAME OF SCH			SUBTOTAL AMOUNT	
1. X SC	CHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		<b>\$</b> 13,900.00	
2. X SC	2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3. 🗌 SC	CHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4. 🗌 SC	CHEDULE E(J): LOANS (JUDICIAL)		\$	
5. 🗙 SC	CHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	<b>\$</b> 23,252.39	
6. 🗌 SC	CHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7. 🗌 SC	CHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8. 🗌 SC	CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. 🗌 SC	CHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10. 🗌 SC	CHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$	
11. 🗌 SC	CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIC	ONS	\$	
	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F ) FILER	RETURNED	\$	

The Instru	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 1/5 Rpt: 4/20	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Hassan, Mea	agan E. (The Honorable)		00081810
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of Contribution (\$)	
08/31/2024	4 Brooks, Katherine		\$100.00
	6 Contributor address; City; State; Zip Code		
	Tomball, TX 77375		
8 Contributor's F	I Principal Occupation	9 Contributor's Job Title	1
retired		retired	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	bouse (if any)
N/A			
12 If contributor is	s a child, law firm of parent(s) (if any)	•	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
09/17/2024	Cao, Kim		\$100.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77083	1	
	Principal Occupation	Contributor's Job Title	
Student		Student	
	employer/law firm	Law firm of contributor's sp	bouse (if any)
None			
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
09/17/2024	Cortes, Eddie		\$250.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77001		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
Contributor's employer/law firm Law firm Law firm but or 's s			pouse (if any)
self			
If contributor is	s a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www.ethic	cs.state.tx.us	Version V4.1.0.48da51f7

The Instruc	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 2/5 Rpt: 5/20		
2 FILER NAME Hassan, Mea	igan E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081810	
4 Date 09/20/2024	5       Full name of contributor       out-of-state PAC (ID#:)         2024       Gibbs, Robin         6       Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$1,500.00	
	Houston, TX 77002			
8 Contributor's F Attorney	rincipal Occupation	9 Contributor's Job Title Attorney	·	
10 Contributor's e Gibbs & Brur		<b>11</b> Law firm of contributor's sp	pouse (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 (\$)	
08/29/2024	Haynes and Boone PAC		\$2,500.00	
	Contributor address; City; State; Zip Code			
	Dallas, TX 75219			
Contributor's F	Principal Occupation	Contributor's Job Title		
Contributor's e	mployer/law firm	Law firm of contributor's sp	bouse (if any)	
If contributor is	a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
09/17/2024	Horwitz, Noah		\$500.00	
	Contributor address; City; State; Zip Code			
	Houston, TX 77005			
Contributor's F	rincipal Occupation	Contributor's Job Title		
Lawyer		Lawyer		
Contributor's employer/law firm Law firm of contributor's s		Law firm of contributor's sp	bouse (if any)	
Morgan Lewi	s & Bockius			
If contributor is	a child, law firm of parent(s) (if any)			
Forms provided	by Texas Ethics Commission www.ethic	cs.state.tx.us	Version V4.1.0.48da51f7	

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 3/5 Rpt: 6/20	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Hassan, Mea	agan E. (The Honorable)		00081810
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of Contribution (\$)	
09/19/2024	Moore, Darryl		\$500.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77098		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	1
Lawyer		Lawyer	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	bouse (if any)
AZA			
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
09/19/2024	Mukerji, Sam		\$500.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77009	1	
	Principal Occupation	Contributor's Job Title	
Lawyer	amplouer/low firm	Lawyer	
Mukerji Law	employer/law firm Firm	Law firm of contributor's sp	Jouse (II any)
-	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	\ \	Amount of Contribution (\$)
09/11/2024	Full name of contributor out-of-state PAC (ID#: Munsch Hardt Kopf & Harr	)	\$500.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75201-6605		
Contributor's F	Principal Occupation	Contributor's Job Title	1
Contributor's e	employer/law firm	Law firm of contributor's sp	bouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
	by Taxas Ethics Commission www.athic	s state ty us	Version V/4.1.0.48da51f7

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 4/5 Rpt: 7/20		
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)	
Hassan, Mea	agan E. (The Honorable)		00081810	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of Contribution (\$)		
09/25/2024	Nath, Audrey		\$1,000.00	
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77019			
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	·	
Physician		Physician		
<b>10</b> Contributor's e Praxis	employer/law firm	<b>11</b> Law firm of contributor's sp	bouse (if any)	
12 If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
09/17/2024	Rahim, Sania		\$100.00	
	Contributor address; City; State; Zip Code			
	Houston, TX 77030			
	Principal Occupation	Contributor's Job Title		
Radiologist		Radiologist		
	employer/law firm	Law firm of contributor's sp	oouse (if any)	
Radiology Pa				
If contributor is	s a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
09/16/2024	Spagnoletti Law Firm		\$5,000.00	
	Contributor address; City; State; Zip Code			
	Houston, TX 77002			
Contributor's F	I Principal Occupation	Contributor's Job Title		
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)	
If contributor is	s a child, law firm of parent(s) (if any)	•		
L	by Tayas Ethics Commission www.athic	e etato ty ue	Version V/4 1 0 48da51f7	

The Instruc	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 5/5 Rpt: 8/20	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Hassan, Mea	agan E. (The Honorable)		00081810
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
09/17/2024	Stewart J. Guss & Associates		\$1,000.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77070		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
10 Contributor's e	mployer/law firm	<b>11</b> Law firm of contributor's sp	ouse (if any)
10 10 11 1			
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 (\$)
09/17/2024	Vandenberg Rodes, Dorian		\$250.00
	Contributor address; City; State; Zip Code		
	Houston TX 77021		
Cantributaria	Houston, TX 77021	Contributorio Job Title	
Lawyer	rincipal Occupation	Contributor's Job Title Lawyer	
	mployer/law firm	Law firm of contributor's sp	ouse (if any)
	rz Slobin LLP	Law Infit of contributor 3 sp	
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
08/04/2024	Zacharczyk, Arthur	)	\$100.00
	Contributor address; City; State; Zip Code		
	Sun City, AZ 85351		
Contributor's F	Principal Occupation	Contributor's Job Title	
retired		retired	
Contributor's e	mployer/law firm	Law firm of contributor's sp	oouse (if any)
none			
If contributor is	s a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www.ethic	s state tx us	Version V4 1 0 48da51f7

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

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/1 Rpt: 9/20						
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)					
	agan E. (The Honorable)		00081810					
	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$					
5 Date 09/17/2024	<ul> <li>6 Full name of contributor out-of-state PAC (ID#:</li></ul>	8 Amount of 9 In-kind contribution contribution (\$) 6 description \$416.67   Food for campaign fundraiser and meet-and- greet						
	Houston, TX 77006		Check if travel outside of Texas. Complete Schedule T.					
10 Principal occu	pation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)					
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)					
14 Contributor's e	employer/law firm (FOR JUDICIAL)	<b>15</b> Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)					
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I						
Date 09/17/2024	Full name of contributorout-of-state PAC (ID#: Demond, William Contributor address; City; State; Zip Code	Amount of In-kind contribution contribution (\$) description \$206.57   Food and drink for campaign fundraiser Community Bar and Kitchen on Septemb						
	Houston, TX 77008		I Check if travel outside of Texas. Complete Schedule T.					
Principal occu	pation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-JUDICIAL) (See instructions)						
Contributor's   Lawyer	principal occupation (FOR JUDICIAL)	Contributor's job title Lawyer	Contributor's job title (FOR JUDICIAL) (See instructions) Lawyer					
	employer/law firm (FOR JUDICIAL) Court of Appeals	Law firm of contributor's spouse (if any) (FOR JUDICIAL)						
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Date       Full name of contributor       out-of-state PAC (ID#:			Amount of contribution (\$) \$75.99   Food and drink for campaign fundraiser at Community Bar and I Kitchen on September 17,					
Principal occu	Houston, TX 77008 upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON-JUDICIAL) (See instructions)						
Contributor's   Lawyer	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions) Lawyer						
	employer/law firm (FOR JUDICIAL) n Law Office, PLLC	Law firm of contributor's spouse (if any) (FOR JUDICIAL) Jackson Walker						
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)								

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Accounting/Banking         Fees         Office Overhead/Rental Expense         Transportation Equipm           Consulting Expense         Food/Peverage Expense         Polling Expense         Travel in District           Contributions/ Donations Made By -         Gift/Awards/Memorials Expense         Printing Expense         Travel out of District						
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 1/11 Rpt: 10/20		Hassan, Meagan E. (The Honorable)				00081810
4	Date	5	Payee name				
	07/23/2024		Bay Area Democratic Movement				
6	Amount (\$)	7	Payee address; City; State;	Zip Coo	le		
	\$150.00		1215 Bay Area Blvd				
			Houston, TX 77058				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dula)	(b) Description		
-	OF		Contributions/Donations Made By	dule)		outsi	de of Texas. Complete Schedule T.
	EXPENDITURE		Candidate/Officeholder/Political Commi	ttee	Check if Austin	, TX	officeholder living expense
					Donation to I	оса	l Democratic club
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Officeholder name O	ffice soug	ht		Office held
	Date		Payee name				
	09/12/2024		Baytown Democrats				
	Amount (\$)		Payee address; City; State;	Zip Coo	le		
	\$250.00		PO Box 2158				
	+200.00						
			Baytown, TX 77522				
	PURPOSE OF		Category (See Categories listed at the top of this sche	dule)	(b) Description		
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Commi	ttoo			de of Texas. Complete Schedule T. officeholder living expense
			Candidate/Onicenoiden/Political Commi	liee			I Democratic club
					Denation to r	000	
_	Complete ONLY if direct		andidate/Officeholder name O	ffice souc	ht		Office held
	expenditure to benefit C/OI						
-	Date		Payee name				
	07/17/2024		Brazoria County Democratic Party				
_	Amount (\$)			Zip Coo			
	\$1,000.00		4010 Lotus Drive	Zip Cut	ie		
	Φ1,000.00		4010 Lotus Drive				
			Pearland, TX 77584				
_	DUDDOOF				7.) <u> </u>		
	PURPOSE OF		Category (See Categories listed at the top of this sche	dule)	(b) Description	Untei	de of Texas. Complete Schedule T.
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Commi	ttee			officeholder living expense
					Donation to d		
							-
-	Complete ONLY if direct	<u>с</u>	andidate/Officeholder name O	ffice soug	ht		Office held
	expenditure to benefit C/OI						
-							

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	nittee Legal Service	je Expense Iemorials Expense	Office Overhe Polling Expen Printing Expen Salaries/Wage	nse es/Contract Labor	Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F1:		· · · · · · · · · · · · · · · · · · ·			3 Filer ID	(Ethics Commission Filers)
	Sch: 2/11 Rpt: 11/20	lassan, Meagan E. (	The Honorable)			00081810	
4	Date 07/06/2024	Payee name Canva					
6	Amount (\$) \$15.00	Payee address; Cit 200 E 6th St Austin, TX 78701	y; State;	Zip Code			
8	PURPOSE OF EXPENDITURE	Category (See Categories Advertising Expense	listed at the top of this sche	edule) (b	Check if Austin	outside of Texas. Com n, TX, officeholder living vare for campaig	expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder n	ame C	Office sough		Office he	eld
	Date	ayee name					
	09/01/2024	Constant Contact					
	Amount (\$) \$79.95	Payee address; Cit .601 Trapelo Road Suite 329 Valtham, MA 02451	y; State;	Zip Code			
	PURPOSE OF EXPENDITURE	Category <sub>(See Categories</sub> Advertising Expense	listed at the top of this sche	<sub>edule)</sub> (b		outside of Texas. Com n, TX, officeholder living <b>CIVICE</b>	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder n	ame C	Office sough	:	Office he	eld
	Date	Payee name					
	08/01/2024	Constant Contact					
	Amount (\$) \$79.95	Payee address; Cit .601 Trapelo Road Guite 329 Valtham, MA 02451	y; State;	Zip Code			
	PURPOSE OF EXPENDITURE	Category <sub>(See Categories</sub> Advertising Expense	listed at the top of this sche	edule) (b		outside of Texas. Com n, TX, officeholder living <b>CIVİCE</b>	
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder n	ame C	Office sough	1	Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense         Loan Repayment/Reimbursement         Solicitation/Fundraising Expen           Fees         Office Overhead/Rental Expense         Transportation Equipment & R           Food/Beverage Expense         Polling Expense         Travel in District           Gift/Awards/Memorials Expense         Printing Expense         Travel Out of District						quipment & Related Expense trict			
1	Total pages Schedule F1:	2						2	Filer ID	(Ethics Commission Filers)		
T	Sch: 3/11 Rpt: 12/20	2		gan E. (The Ho	norable)			<sup>3</sup>	00081810			
4	Date	6			Погарісу				00001010			
4	07/01/2024	3	Payee name Constant Con	taat								
_		<u> </u>										
6	Amount (\$)	7	Payee address;		State	; Zip Co	de					
	\$79.95		1601 Trapelo	Road								
			Suite 329									
			Waltham, MA	02451								
8	PURPOSE	(a)	Category (See 0	Categories listed at the	top of this sch	edule)	(b) Description					
	OF EXPENDITURE		Advertising Ex						ide of Texas. Com			
								in, TX, officeholder living expense				
							Bulk email se	ervi	ce			
_												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Office	holder name	(	Office sou	ght		Office he	eld		
	Date		Payee name									
	09/17/2024		Fired Up 559									
	Amount (\$)		Payee address;	City;	State	; Zip Co	de					
	\$250.00		3377 Winrock									
			Apt 322									
			Houston, TX 7	7057								
	PURPOSE	(a)					(b) Description					
	OF	(~)		Categories listed at the	top of this sch	iedule)		outs	ide of Texas. Com	plete Schedule T.		
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							expense			
							GOTV	GOTV				
	Complete ONLY if direct		Candidate/Office	holder name	(	Office sou	ght		Office he	eld		
	expenditure to benefit C/OI	H										
	Date		Payee name									
	07/28/2024		Galveston Co	unty Democrati	ic Party							
	Amount (\$)		Payee address;	City;	State	; Zip Co	de					
	\$500.00		509 Laurel St									
			La Marque, T	X 77568								
	PURPOSE OF	(a)		Categories listed at the		edule)	(b) Description					
	EXPENDITURE			Donations Mac					ide of Texas. Com			
			Candidate/Off	iceholder/Politi	cal Comm	nittee			, officeholder living	expense		
							Donation to o	JUU	ny pally			
	Complete ONUM Station		Denalidat - 10ff	halder ec					0.45			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	noider name	(	Office sou	yni		Office he	210		

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers	s)		
	Sch: 4/11 Rpt: 13/20		Hassan, Meagan E. (The	Honorable)				00081810	,		
4	Date	5	Payee name								
	07/02/2024		Hampton Inn Nashville Va	anderbilt							
6	Amount (\$)	7	Payee address; City; State; Zip Code								
	\$673.61		1919 West End Ave								
			Nashville, TN 37203								
8	PURPOSE	(0)				b) Decemination					
0	OF	(a)	Category (See Categories listed a Travel Out of District	at the top of this sch	edule)	b) Description Check if travel	outsi	ide of Texas. Complete Schedule T.			
	EXPENDITURE							, officeholder living expense			
						Hotel for NC.	JI c				
9	Complete ONLY if direct		andidate/Officeholder name	C	Office soug	ht		Office held			
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	07/17/2024		Harris County Democratio	: Party							
_	Amount (\$)		Payee address; City;	State:	Zip Cod	e					
	\$11,500.00		4619 Lyons Ave	Otato,	p 000	•					
	ψ11,500.00										
			Houston, TX 77020								
	PURPOSE	(a)	Category (See Categories listed a	at the top of this sch	edule)	b) Description					
	OF EXPENDITURE		Contributions/Donations N					ide of Texas. Complete Schedule T.			
		Candidate/Officeholder/Political Committee					tin, TX, officeholder living expense				
						Donation to o	cou	nty party			
	-										
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held									
_	_	_									
	Date		Payee name	<b>D</b> . 4							
	08/18/2024		Harris County Democratio	-							
	Amount (\$)		Payee address; City;	State;	Zip Cod	e					
	\$1,397.50		4619 Lyons Ave								
			Houston, TX 77020								
	PURPOSE	(a)	Category (See Categories listed a	at the top of this sch	edule)	b) Description					
	OF EXPENDITURE		Event Expense					ide of Texas. Complete Schedule T.			
	EXPENDITORE							, officeholder living expense			
						Table for JJF	t di	nner			
	Complete ONLY if direct		andidate/Officeholder name	C	Office soug	ht		Office held			
	expenditure to benefit C/OI										

EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 5/11 Rpt: 14/20		Hassan, Meagan E. (The Honorable)				00081810		
4	Date	5	Payee name						
	09/24/2024		Innovative Solutions						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le				
	\$175.00		10862 Redstone Ct						
			Missouri City, TX 77459						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Printing Expense	ŕ			ide of Texas. Complete Schedule T.		
							, officeholder living expense		
					TDW-FB pus	h c	ards		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jht		Office held		
	Date		Payee name						
	07/26/2024		Katy Area Democrats						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$150.00		P.O. Box 6952						
	\$100100								
			Katy, TX 77491						
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Contributions/Donations Made By				ide of Texas. Complete Schedule T.		
	-		Candidate/Officeholder/Political Committ	littee			TX, officeholder living expense		
					Donation to h	JUC			
					- la 4				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office sou	Int		Office held		
	- p	-							
	Date		Payee name						
	08/30/2024		Mancillas, Claudia						
	Amount (\$)		Payee address; City; State;	Zip Co	le				
	\$500.00		141 Treasure Drive						
			Houston, TX 77076						
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description	_			
	OF EXPENDITURE		Consulting Expense				ide of Texas. Complete Schedule T.		
							, officeholder living expense alking/phone banking)		
						vvc			
	Complete ONUM Station				- la 4				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jrit		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Loan Repayment/Reimin Fees Office Overhead/Rental Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contrac The Instruction Guide explains how to complete this	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME	3	Filer ID (Ethics Commission Filers)			
	Sch: 6/11 Rpt: 15/20		Hassan, Meagan E. (The Honorable)		00081810			
4	Date	5	Payee name					
	09/25/2024		Mancillas, Claudia					
6	Amount (\$)	7	Payee address; City; State; Zip Code					
	\$500.00		141 Treasure Drive					
			Houston, TX 77076					
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b) Desc	cription				
	OF			•	tside of Texas. Complete Schedule T.			
	EXPENDITURE			Check if Austin, TX, officeholder living expense				
			GOT	TV (blockw	alking and phone banking)			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sought		Office held			
	Date		Payee name					
	09/14/2024		Meyerland Area Democrats					
	Amount (\$)		Payee address; City; State; Zip Code					
	\$100.00		9603 Chatfield					
	\$100.00							
			Houston, TX 77025					
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b) Desc	cription				
	OF EXPENDITURE			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
					ocal Democratic club			
	Complete ONLY if direct		Candidate/Officeholder name Office sought		Office held			
	expenditure to benefit C/OI							
	Date		Payee name					
	09/16/2024		Monarch Printing					
	Amount (\$)		Payee address; City; State; Zip Code					
	\$577.33		6605 McGrew St					
			Houston, TX 77087					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule) (b) Desc	•				
	EXPENDITURE				tside of Texas. Complete Schedule T. X, officeholder living expense			
				A card expe				
-	Complete ONLY if direct	L(	Candidate/Officeholder name Office sought		Office held			
	expenditure to benefit C/Oł		Child Sought		2			
-								

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Credit Card Payment			Fees C Food/Beverage Expense F Gift/Awards/Memorials Expense F	Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 7/11 Rpt: 16/20		Hassan, Meagan E. (The Honorable)				00081810	
4	Date	5	Payee name					
	09/14/2024		Moon, Felicia					
6	Amount (\$)	7	Payee address; City; State;	Zip Coo	le			
	\$70.00		3311 Raleigh Row					
			0					
			Missouri City, TX 77457					
_			-					
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedu	ule)	b) Description			
	EXPENDITURE		Consulting Expense				ide of Texas. Complete Schedule T. , officeholder living expense	
					Supplies for			
					Supplies for	00		
9	Complete ONLY if direct		Candidate/Officeholder name Offi	fice soug	ht		Office held	
9	expenditure to benefit C/Oł			lice soug	III		Office field	
	Date		Payee name					
	09/26/2024		Nasrullah, Mohammed					
	Amount (\$)		Payee address; City; State; 2	Zip Coo	le			
	\$500.00		13515 Robin Hill Ct					
			Houston, TX 77059					
	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	ule)	<b>b)</b> Description			
	OF EXPENDITURE		Consulting Expense				ide of Texas. Complete Schedule T.	
						, TX	, officeholder living expense	
					GOTV work			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name Offi	fice soug	ht		Office held	
	experiatore to benefit 0/01							
	Date		Payee name					
	08/04/2024		Raise the Money, Inc.					
	Amount (\$)		Payee address; City; State;	Zip Coo	le			
	\$5.15		P.O. Box 26466					
			Little Rock, AR 72221					
	DUDDOOD			<u> </u>				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedu	ule)	<b>b)</b> Description	outo	ide of Toylog, Complete Celedule T	
	EXPENDITURE		Fees				ide of Texas. Complete Schedule T. , officeholder living expense	
					Credit Card F			
					e.e.a. ouru i		··································	
_	Complete ONLV if direct	Ļ	andidato/Officaboldor pama	fico couro	ht		Office hold	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name Offi	fice soug	in in		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Fees         Office Overhead/Rental Expense         Transportation Equipment & Rel           Food/Beverage Expense         Polling Expense         Travel in District           Gift/Awards/Memorials Expense         Printing Expense         Travel out of District						
1	Total pages Schedule F1:	2	FILER NAME		-	3	Filer ID (Ethics Commission Filers)			
-	Sch: 8/11 Rpt: 17/20		Hassan, Meagan E. (The Honorable)				00081810			
4	Date 08/31/2024		Payee name Raise the Money, Inc.							
			-	7.00	-1 -					
6	Amount (\$) \$5.15		Payee address; City; State P.O. Box 26466	; Zip Co	ue					
			Little Rock, AR 72221							
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description					
	EXPENDITURE		Fees				ide of Texas. Complete Schedule T.			
					Check if Austin, TX, officeholder living expense Credit Card Processing Fee					
					Credit Card I	100				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sou	ght		Office held			
	Date		Payee name							
	09/16/2024		Raise the Money, Inc.							
	Amount (\$)		Payee address; City; State	; Zip Co	de					
	\$245.25		P.O. Box 26466	, 1						
	\$2 10120									
			Little Rock, AR 72221							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sch Fees	nedule)		, тх	ide of Texas. Complete Schedule T. , officeholder living expense Cessing Fee			
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held								
-	Date		Payee name							
	09/17/2024		Raise the Money, Inc.							
	Amount (\$)		Payee address; City; State	; Zip Co	de					
	\$35.30		P.O. Box 26466	, _,						
			Little Rock, AR 72221							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description					
	EXPENDITURE		Fees				ide of Texas. Complete Schedule T.			
					Credit Card F		, officeholder living expense cessing Fee			
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 9/11 Rpt: 18/20		Hassan, Meagan E. (The Honorable)				00081810	
4	Date 09/19/2024		Payee name Raise the Money, Inc.					
6	Amount (\$) \$49.50		Payee address; City; State; P.O. Box 26466 Little Rock, AR 72221	Zip Coo	le			
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Fees	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense cessing Fee	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name C	Office soug	ht		Office held	
	Date		Payee name					
	09/20/2024		Raise the Money, Inc.					
	Amount (\$) \$73.75	I	Payee address; City; State; P.O. Box 26466	Zip Coo	e			
	PURPOSE OF EXPENDITURE	(a)	Little Rock, AR 72221 Category (See Categories listed at the top of this sche Fees	edule)		, TX,	de of Texas. Complete Schedule T. officeholder living expense CeSSING Fee	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
	Date		Payee name					
	07/03/2024		Southern Brazoria County Democrats					
	Amount (\$) \$40.00		Payee address; City; State; 55 Pin Oak Court	Zip Coo	le			
			Lake Jackson, TX 77566-5928	i				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Contributions/Donations Made By Candidate/Officeholder/Political Comm	,	Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense I Democratic club	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name C	Office soug	ht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)					
	Sch: 10/11 Rpt: 19/20	Hassan, Meagan E. (The Honorable)	00081810					
4	Date 09/06/2024	5 Payee name Thomas, Barbara						
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 7323 Curry Road Houston, TX 77093						
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense Walking and handing out flyers)					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	08/09/2024	Thomas, Barbara						
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 7323 Curry Road						
		Houston, TX 77093						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense valking)					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	07/12/2024	Thomas, Barbara						
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 7323 Curry Road						
		Houston, TX 77093						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		F F G nmittee L	EXPENDITOR vent Expense ees ood/Beverage Expens ift/Awards/Memorials egal Services The Instruction Gu	e Expense	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbi rhead/Rental B iense pense ages/Contract	ursement Expense t Labor		Travel in District Travel Out of Dis	quipment & Related Expen	se
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission F	ilers)
_	Sch: 11/11 Rpt: 20/20			igan E. (The Ho	onorable)					00081810	,	,
4	Date	5	Payee name						•			
	09/25/2024			e Politics LLC								
6	Amount (\$) \$2,500.00	7	Payee address 5206 Madder Houston, TX	n Lane	State;	Zip Co	de					
8	PURPOSE OF EXPENDITURE	(a)	Category <sub>(See</sub> Consulting E	Categories listed at th XPENSE	ne top of this sche	edule)		eck if travel o		de of Texas. Com officeholder living		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Office	eholder name	C	office sou	jht			Office he	eld	
	Date		Payee name									
	09/25/2024		iAspire Youth	Program								
	Amount (\$)	-	Payee address	-	State <sup>.</sup>	Zip Co	10					
	\$250.00			Lake Houston I		p 00						
	PURPOSE OF EXPENDITURE	(a)	Category <sub>(See</sub> Consulting E	Categories listed at th XPENSE	ne top of this sche	edule)		eck if travel o		de of Texas. Com officeholder livinç	plete Schedule T. expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	eholder name	C	office sou	jht			Office he	eld	