### JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to co	mplete this form.	1 Filer ID (Ethics Commis 00082057	,	2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST	1 20002001	MI		
OFFICEHOLDER	The Honorable	Margaret A.			OFFICE	JSE ONLY
NAME	The Honorable	Margaret 7.			Date Received	
					ELECTRONICA	ALLY FILED
	NICKNAME	LAST		SUFFIX	01/15/2025	
	Meg	Poissant				
	-					
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; A	PT / SUITE #; CI	ΓY;	ZIP CODE	Date Hand-delivered or	Date Postmarked
MAILING	5102 Center Street					-
ADDRESS					Receipt #	Amount
Change of Address	Houston, TX 77007					
					Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST			MI	
NAME	Mr.	Lester				
	NICKNAME	LAST			SUFFIX	
		Marks				
6 CAMPAIGN	STREET ADDRESS (NO	PO BOX PI FASE)	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER	2808 Rice Blvd.		74		017	
ADDRESS	2000 Rice Divu.					
(Residence or Business)						
	Houston, TX 77005					
7. CAMDAICN						
7 CAMPAIGN TREASURER		IONE NUMBER	EXTENSION			
PHONE	(713) 882-6830					
0 DEDODT						
8 REPORT TYPE	lanuary 15	20th day befor	a algoritan	Dunoff	1 If the day offer car	nnoign tropouror
	X January 15	30th day before		Runoff	15th day after car appointment (offic	ceholder only)
	July 15	8th day before	election	Exceeded modified	Final Report (Atta	ch C/OH-FR)
				reporting limit	_	
9 PERIOD	Month Day Ye	ar		Month Day	Year	
COVERED	10/27/2024		HROUGH	12/31/202		
				;•_;•_•		
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Ye		Primary		Other	
		~   L'	lindiy			
			General	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	None					
		GO '	TO PAGE 2			
Forms provided by Te	xas Ethics Commission	www.e	thics.state.tx.u	6	Versio	on V4.1.0.5dd2ace2

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

FORM JC/OH COVER SHEET PG 2 2 of 14

I

13 C / OH NAME	Poissant, Margaret A	. (The Honorable)	14 Filer ID 00082057	(Ethics Comn	nission Filers)					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without d officeholders are required to report this informatio	the candidate's or offic	eholder's know	wledge or					
Additional Pages										
	GENERAL	COMMITTEE ADDRESS								
		COMMITTEE CAMPAIGN TREASURER NAME	RER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS							
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00					
		ICAL CONTRIBUTIONS		\$	100.00					
EXPENDITURE	· · · · ·	PLEDGES, LOANS, OR GUARANTEES OF LOAN IZED POLITICAL EXPENDITURES	¢	0.00						
TOTALS	4. TOTAL POLIT			\$	0.00					
		ICAL EXPENDITORES		\$	11,324.18					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L	AST DAY OF THE	\$	37,310.37					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE LAST DAY	\$	0.00					
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.								
		The Honora	ble Margaret A. Poi	ssant						
		Signature o	f Candidate or Officeho	older						
AFFIX NO	TARY STAMP / SEAL AB	OVE								
Sworn to and subs		_day								
of	, 20, to co	ertify which, witness my hand and seal of office.								
Signature of offi	cer administering oath	Printed name of officer administering oath	Title of office	er administerin	g oath					
Forms provided by Te	exas Ethics Commission	www.ethics.state.tx.us		Version V4.	1.0.5dd2ace2					

### SUBTOTALS - JC/OH

### FORM JC/OH COVER SHEET PG 3

3 of 14

18 FILER NAME Poissant, Margaret A. (The Honorable)	(Ethics Commission Filers)				
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	1	SUBTOTAL AMOUNT			
1. X SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		<b>\$</b> 100.00			
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3. SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$			
4. SCHEDULE E(J): LOANS (JUDICIAL)		\$			
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	<b>\$</b> 11,324.18				
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$				
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUT	IONS	\$			
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$			
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$			
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$			
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$			

### MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A(J)1

	The Instru	ction Guide explains hov	orm.		Total pages Schedule A(J)1: Sch: 1/1 Rpt: 4/14		
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Poissant, Ma	argaret A. (The Honorable)		00082057			
4	Date	5 Full name of contributor	)	7	Amount of Contribution (\$)		
	10/30/2024	Piazza, Richard			\$100.00		
		6 Contributor address; City; S	state; Zip Code				
		Houston, TX 77055					
8		Principal Occupation		9 Contributor's Job Title			
	Retired			Retired			
10	Contributor's e	employer/law firm		<b>11</b> Law firm of contributor's sp	oouse	e (if any)	
12	If contributor is	s a child, law firm of parent(s) (if	any)				

	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         Fees       Office Overhead/Rental Expense         Food/Beverage Expense       Polling Expense         Gift/Awards/Memorials Expense       Printing Expense         Legal Services       Salaries/Wages/Contract Labor         The Instruction Guide explains how to complete this form.	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:	FILER NAME	3 Filer ID (Ethics Commission Filers)								
	Sch: 1/10 Rpt: 5/14	Poissant, Margaret A. (The Honorable)	00082057								
4	Date	Payee name									
	11/19/2024	12 Oaks Parking									
6	Amount (\$)	Payee address; City; State; Zip Code									
	\$15.00										
		Ste. B									
		Roswell, GA 30075									
8	PURPOSE										
0	PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Event Expense       (b) Description         Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense event parking										
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	11/05/2024	3 Brothers Bakery									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$38.20 4606 Washington Ave.										
		Houston, TX 77007									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense <b>VORKETS</b>								
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held								
	Date	Payee name									
	11/19/2024	51Fifteen									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$36.19	5175 Westheimer Rd.									
		Houston, TX 77056									
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense Ŋ								
	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	Fees C Food/Beverage Expense F Gift/Awards/Memorials Expense F	oan Repayment/Reimbursemu office Overhead/Rental Expense orling Expense salaries/Wages/Contract Labor w to complete this form.	se Transportation Equipment & Related Expense Travel in District Travel Out of District r OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	ILER NAME		3 Filer ID (Ethics Commission Filers)					
	Sch: 2/10 Rpt: 6/14	Poissant, Margaret A. (The Honorable)		00082057					
4	Date 10/31/2024	Payee name Amegy Bank							
6	Amount (\$) \$2.00	Payee address; City; State; 2 717 West Loop S. Houston, TX 77027	Zip Code						
8       PURPOSE OF EXPENDITURE       (a) Category       (See Categories listed at the top of this schedule)       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if Austin, TX, officeholder living expense statement fee									
9	Complete ONLY if direct expenditure to benefit C/OF	Indidate/Officeholder name Offi	ice sought	Office held					
	Date	Payee name							
	11/29/2024	megy Bank							
	Amount (\$) \$2.00	Payee address; City; State; 2 717 West Loop S. Houston, TX 77027	Zip Code						
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu Cees	Check if tr	ravel outside of Texas. Complete Schedule T. austin, TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name Offi	ice sought	Office held					
	Date	Payee name							
	12/31/2024	megy Bank							
	Amount (\$) \$2.00	Payee address; City; State; 2 717 West Loop S.	Zip Code						
		louston, TX 77027							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu Cees	Check if tr	ravel outside of Texas. Complete Schedule T. austin, TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	undidate/Officeholder name Offi	ice 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		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	rhead/ bense pense ages/0	e 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: 3/10 Rpt: 7/14		Poissant, Margaret A. (The Honorable)	)				00082057		
4	Date 10/29/2024	5	Payee name Bayou City Strategies							
6	Amount (\$) \$6,000.00	7	Payee address; City; State; PO Box 667204 Houston, TX 77266	Zip Co	de					
<ul> <li>8 PURPOSE OF EXPENDITURE</li> <li>(a) Category (See Categories listed at the top of this schedule) Consulting Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense fundraising, compliance, and general consulting August, September, October</li> </ul> </li> </ul>						<sup>expense</sup> I general consulting -				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	office sou	ght			Office he	eld	
	Date		Payee name							
	11/19/2024		Bayou City Strategies							
	Amount (\$)		Payee address; City; State;	Zip Co	de					
	\$2,000.00		PO Box 667204 Houston, TX 77266							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Consulting Expense	edule)	I	Check if Austin,	, TX,	de of Texas. Com officeholder living pliance, and		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name O	office soug	ght			Office he	eld	
	Date		Payee name	_						
	10/28/2024		CVS							
	Amount (\$) \$33.62		Payee address;City;State;5401 Washington Ave.	Zip Co	de					
			Houston, TX 77007	r						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)	I		, тх,	de of Texas. Com officeholder living K <b>EIS</b>		
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name O	office sou	ght			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 Fees Food/Beverage Expense Gift/Awards/Memorials Ex Inmittee Legal Services The Instruction Guid		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				· · · · · ·	3	Filer ID (Ethics Commission Filers)	$\neg$
-	Sch: 4/10 Rpt: 8/14		Poissant, Margaret A. (The H	Honorable	e)			00082057	
4	Date	5	Payee name						
	11/04/2024		Cafe Ginger						
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le			
	\$75.08		1574 W. Gray St.						
			Houston, TX 77019						
8	PURPOSE	(a)				(b) Description			_
ľ	OF	[ <sup>(a)</sup>	Category (See Categories listed at the	top of this sch	nedule)	(b) Description	outs	ide of Texas. Complete Schedule T.	
	EXPENDITURE		Food/Beverage Expense					c, officeholder living expense	
						campaign dir			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Dffice soug	ht		Office held	
	Date		Payee name						_
	10/29/2024		Cantu, Jennifer						
		<u> </u>		Chata	. 7:0 000				
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le			
	\$333.00		527 Jeff Davis Drive						
			Richmond, TX 77459						
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Consulting Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T</li> <li>Check if Austin, TX, officeholder living expense</li> <li>GOTV efforts</li> </ul>							
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ht		Office held	
	Date		Payee name						-
	11/12/2024		Dent, Almeda						
	Amount (\$)	-	Payee address; City;	Stato	; Zip Coo	10			_
				State,	, zip cot	ie			
	\$250.00		7900 Morley st.						
			Houston, TX 77061						
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	nedule)	(b) Description			
			Consulting Expense			Check if travel	outs	ide of Texas. Complete Schedule T.	
	EXPENDITURE		5 .			Check if Austir	ı, TX	, officeholder living expense	
						GOTV efforts	5		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office soug	ht		Office held	
									$\neg$

	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 explain	Office Ov Polling Ex Printing E Salaries/V	erhea kpense xpens Vages	se s/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	· · · ·		•		3	Filer ID (Ethics Commission Filers)		
-	Sch: 5/10 Rpt: 9/14	-	Poissant, Margaret A. (The Honorab	le)				00082057		
4	Date	5	Payee name							
	11/04/2024		Dunkin Donuts							
6	Amount (\$)	7	Payee address; City; Stat	e; Zip Co	ode					
	\$33.06		2002 Yale St.							
			Houston, TX 77008							
8	DUDDOSE				(b)	<b></b>				
ð	PURPOSE OF	(a)	Category (See Categories listed at the top of this s	chedule)	(D)	Description	outei	de of Texas. Complete Schedule T.		
	EXPENDITURE		Food/Beverage Expense					officeholder living expense		
								npaign workers		
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held		
	Date		Payee name							
	11/01/2024		Harry's							
	Amount (\$)		Payee address; City; Stat	e; Zip Co	ode					
	\$76.54		318 Tuam St.	о, др ос	540					
	φr 0.54									
			Houston, TX 77006							
	PURPOSE OF EXPENDITURE	(a)	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Food/Beverage Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>campaign meeting</li> </ul>			officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held		
	Date		Payee name							
	11/18/2024		Harry's							
	Amount (\$)		-	e; Zip Co	nde					
	\$64.76		318 Tuam St.	о, <u>-</u> р ос	540					
	¢omo									
			Houston, TX 77006							
	PURPOSE	(a)	Category (See Categories listed at the top of this s	chedule)	(b)	Description				
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T.		
								officeholder living expense		
					1	campaign me	etii	ng		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ught			Office held		

		EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	ers)				
Ĺ	Sch: 6/10 Rpt: 10/14	Poissant, Margaret A. (The Honorable)	,10,				
4	Date 12/02/2024	5 Payee name Hurley, Tate					
6	Amount (\$) \$774.00	7 Payee address; City; State; Zip Code 123 Requested Houston, TX 77002					
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor       (b) Description         Image: Contract Labor       Image: Contract Labor       Image: Contract Labor         Image: Contract Labor       Image: Contract Labor       Image: Contract Labor         Image: Contract Labor       Image: Contract Labor       Image: Contract Labor         Image: Contract Labor       Image: Contract Labor       Image: Contract Labor         Image: Contract Labor       Image: Contract Labor       Image: Contract Labor         Image: Contract Labor       Image: Contract Labor       Image: Contract Labor         Image: Contract Labor       Image: Contract Labor       Image: Contract Labor         Image: Contract Labor       Image: Contract Labor       Image: Contract Labor         Image: Contract Labor       Image: Contract Labor       Image: Contract Labor         Image: Contract Labor       Image: Contract Labor       Image: Contract Labor         Image: Contract Labor       Image: Contract Labor       Image: Contract Labor         Image: Contract Labor       Image: Contract Labor       Image: Contract Labor         Image: Contract Labor       Image: Contract Labor       Image: Contract Labor         Image: Contract Labor       Image: Contract Labor       Image: Contract Labor							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H					
	Date	Payee name					
	12/16/2024	Hurley, Tate					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$420.00	206 Oarwood Place Spring, TX 77389					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)       (b) Description         Salaries/Wages/Contract Labor       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense campaign/courthouse wrap-up help					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H	nt Office held				
	Date	Payee name					
	11/04/2024	Mademoiselle Louise					
	Amount (\$) \$20.57	Payee address; City; State; Zip Code 1725 Main St. Ste. 1 Houston, TX 77002					
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Food/Beverage Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense campaign lunch</li> </ul> </li> </ul>					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorial ee Legal Services	Fees       Office Overhead/Rental Expense         Food/Beverage Expense       Polling Expense         Gift/Awards/Memorials Expense       Printing Expense         Legal Services       Salaries/Wages/Contract Labor				Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2 FIL	ER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 7/10 Rpt: 11/14		issant, Margaret A. (Th	e Honorable	)			00082057	· · ·
4	Date 12/18/2024		yee name ortons Steakhouse						
6	Amount (\$) \$229.26	10	vee address; City; 01 McKinney St. uston, TX 77002	State;	Zip Code	2			
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense staff holiday lunch									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	C	Office sough	it		Office he	ld
	Date	Pa	yee name						
	12/15/2024	Мо	ota, Alex						
	Amount (\$) \$200.00		yee address; City; 1 Fannin St.	State;	Zip Code	2			
		Ho	uston, TX 77002						
	PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Salaries/Wages/Contract Labor</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T</li> <li>Check if Austin, TX, officeholder living expense</li> <li>holiday bonus</li> </ul>							
	Complete ONLY if direct expenditure to benefit C/OF		didate/Officeholder name	С	Office sough	it		Office he	eld
	Date	Pa	yee name						
	11/19/2024	Of	ice Depot						
	Amount (\$) \$64.93		yee address; City; 76 W. Gray St.	State;	Zip Code	2			
			uston, TX 77019						
	PURPOSE OF EXPENDITURE		tegory (See Categories listed at ice Overhead/Rental Ex		edule) (I		η, TX, ι	officeholder living	
	Complete ONLY if direct expenditure to benefit C/OF		didate/Officeholder name	С	Office sough	it		Office he	ld

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/B Gift/Aw Legal S	ixpense everage Expense ards/Memorials Expense ervices instruction Guide explains	Office Overhe Polling Expen Printing Expe Salaries/Wag	nse es/Contract Labor	ר ר ר	Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:					3 F	-iler ID	(Ethics Commission Filers)	
	Sch: 8/10 Rpt: 12/14		et A. (The Honorable	e)			00082057	· · · ·	
4	Date 11/12/2024	Payee name Patel, William							
6	Amount (\$) \$360.00	<sup>D</sup> ayee address; 2319 McClendon Houston, TX 770	St	; Zip Code					
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense campaign labor									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officehold	ler name C	Office sough	t		Office he	ld	
	Date	Payee name							
	12/23/2024	Patel, William							
	Amount (\$) \$100.00	Payee address; 2319 McClendon	St	; Zip Code					
	PURPOSE OF EXPENDITURE	Houston, TX 770 Category <sub>(See Cateç</sub> Salaries/Wages/(	pories listed at the top of this sch	ledule) (b		i, TX, o	e of Texas. Comp fficeholder living	olete Schedule T. expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officehold	ler name C	Office sough	t		Office he	ld	
	Date	<sup>D</sup> ayee name							
	10/30/2024	Raise the Money							
	Amount (\$) \$5.15	Payee address; PO Box 26466	City; State	; Zip Code					
		Little Rock, AR 7	2221						
	PURPOSE OF EXPENDITURE	Category <sub>(See Cateç</sub> Fees	pories listed at the top of this sch	edule) (b		i, TX, o	e of Texas. Comp fficeholder living	olete Schedule T. expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officehold	ler name C	Office sough	t		Office he	ld	

EXPENDITURE CATEGORIES FOR BOX 8(a)										
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment			Event Expense L Fees C Food/Beverage Expense P Gift/Awards/Memorials Expense P		yment/Reimbursement head/Rental Expense ense ages/Contract Labor <b>nplete this form.</b>		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: 9/10 Rpt: 13/14		Poissant, Margaret A. (The Honorable) 00082057							
4	Date 11/04/2024	5 Payee name Shell								
6	Amount (\$) \$4.20		7 Payee address; City; State; Zip Code 5333 Katy Fwy. Houston, TX 77007							
8 PURPOSE OF EXPENDITURE			<ul> <li>(b) Description</li> <li>Food/Beverage Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>campaign snacks</li> </ul>							
9	9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
	Date		Payee name							
	11/04/2024		Shell							
Amount (\$) Payee address; City; State; Zip Code \$51.92 5333 Katy Fwy. Houston, TX 77007										
PURPOSE OF EXPENDITURE			A) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outs				ide of Texas. Complete Schedule T. , officeholder living expense In vehicle			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	ht	Office held					
Date Payee name										
	12/17/2024		Specs							
	Amount (\$) \$69.41		Payee address; City; State; 2410 Smith St.	Zip Coo	le					
Houston, TX 77006										
PURPOSE OF EXPENDITURE		(a)	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense			n, TX	de of Texas. Complete Schedule T. officeholder living expense tmas gifts			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name O	office soug	ht		Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)														
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			_egal Services	Office Overhead/Rental Expense Beverage Expense Polling Expense vards/Memorials Expense Printing Expense					Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schodule E1:	2							2	Filer ID	(Ethics C	Commission Filers)		
-	Total pages Schedule F1:2FILER NAMSch: 10/10 Rpt:14/14Poissant, M			ME Margaret A. (The Honorable)						00082057				
4	Date 10/28/2024		Payee name The Grove											
6	Amount (\$)	7	7 Payee address; City; State; Zip Code											
Ū	\$27.45		1611 Lamar Houston, TX	st.	Claid	, בוף סטנ								
8	PURPOSE	(2)	Cotogon				(h)	Description						
J	OF	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Food/Beverage Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Drinks at Houston Young Lawyers Associati</li> </ul> </li> </ul>												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Offic	eholder name	(	Office sou	jht			Office he	eld			
	Date		Payee name											
11/25/2024 The Houstonian														
	Amount (\$)		Payee addres	s; City;	State	; Zip Coo	le							
	\$21.00		111 N. Post Houston, TX											
PURPOSE OF EXPENDITURE			Event Expense				Check if Austin	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Darking for event						
Complete <u>ONLY</u> if direct expenditure to benefit C/O			Candidate/Officeholder name Office sought H					Office held						
	Date		Payee name											
	12/16/2024		Wholefoods											
	Amount (\$)Payee address;City;State;Zip Code\$14.84701 Waugh Dr.													
	Houston, TX 77019													
	PURPOSE OF EXPENDITURE			e Categories listed a age Expense	at the top of this sch	nedule)	(b)	Check if Austin	, тх, ella		expense	<sup>ule т.</sup> mmittee child		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		andidate/Offic	eholder name	(	Office soug	ht			Office he	eld			