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 20 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Margaret A. The Honorable NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 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 appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE None

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 20

13 C / OH NAME	Poissant, Margaret A	. (The Honorable)	14 Filer ID (00082057	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendir These expenditures may have been made withou d officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		IIZED POLITICAL CONTRIBUTIONS(OTHER THATES OF LOANS, OR CONTRIBUTIONS MADE ELI		\$ 0.00
		TICAL CONTRIBUTIONS	16)	\$ 0.00
EXPENDITURE	· ·	PLEDGES, LOANS, OR GUARANTEES OF LOAI IZED POLITICAL EXPENDITURES	N3)	\$ 0.00
TOTALS				0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 4,012.95
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE ERIOD	LAST DAY OF THE	\$ 34,101.48
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS A: TING PERIOD	S OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penal true and correct and includes under Title 15, Election Code.		
		The Honora	able Margaret A. Pois	sant
		Signature o	of Candidate or Officeholo	der
AFFIX NOT	ГARY STAMP / SEAL AB	OVE		
Sworn to and subsc	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 offic	er administering oath	Printed name of officer administering oath	Title of officer	administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			C	3 of 20
I	LER NAN Dissant,	(Ethics Commission Filers)		
I	ME OF	SUBTOTAL AMOUNT		
1.		SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$
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 CONTRIBUTIONS	5	\$ 3,208.89
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.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 804.06
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	\$

SCHEDULE F1

Advertising Expense Event Exp Accounting/Banking Fees Consulting Expense Food/Bev Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Legal Ser

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to co	-	ete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	_	3 Filer ID (Ethics Commission Filers)
	Sch: 1/12 Rpt: 4/20	Poissant, Margaret A. (The Honorable)		00082057
4	Date	5 Payee name		
	01/31/2025	Amegy Bank		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$2.00	1717 West Loop S.		
		Houston, TX 77027		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Fees	` ,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				paper statement fee
_				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	Date	Payee name		
	02/28/2025	Amegy Bank		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$2.00	1717 West Loop S.		
		Houston, TX 77027		
	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.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				paper statement fee
	Complete ONLY if direct	Candidate/Officeholder name Office sour	abt	Office held
	expenditure to benefit C/OI	•	grit	Office field
	Date	Payee name		
	03/31/2025	Amegy Bank		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$2.00	1717 West Loop S.		
		Houston, TX 77027		
	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
				paper statement fee
				paper statement for
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI	•	ອານ	Since field

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 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: 2/12 Rpt: 5/20	Poissant, Margaret A. (The Honorable) 00082057
4	Date	5 Payee name
	04/30/2025	Amegy Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.00	1717 West Loop S.
		Houston, TX 77027
8	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 paper statement fee
		paper statement rec
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	05/30/2025	Amegy Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.00	1717 West Loop S.
	,	
		Houston, TX 77027
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		paper statement fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	David and the second se
	Date 06/30/2025	Payee name Amegy Bank
	Amount (\$) \$2.00	Payee address; City; State; Zip Code 1717 West Loop S.
	Ψ2.00	1/1/ West 200p 3.
		Houston, TX 77027
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		paper statement fee
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientale to belieff C/OI	<u>'</u>

SCHEDULE F1

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

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

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	m.		
1	Total pages Schedule F1:	FILER NAME	3	Filer ID	(Ethics Commission Filers)
	Sch: 3/12 Rpt: 6/20	Poissant, Margaret A. (The Honorable)		00082057	
4	Date	Payee name			
	03/13/2025	Art League of Houston			
6	Amount (\$)	Payee address; City; State; Zip Code			
	\$100.00	1953 Montrose Blvd.			
		Houston, TX 77006			
8	PURPOSE	A) Category (See Categories listed at the top of this schedule) (b) Description	on		
	OF EXPENDITURE	Event Expense	f travel outs	ide of Texas. Com	
	EXPENDITURE	, -		, officeholder living	expense
		event tic	cket		
<u> </u>					
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought		Office he	eld
	·				
	Date	Payee name			
	03/31/2025	Block 142 parking			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$20.00	710 Walker St.			
		Houston, TX 77002			
	PURPOSE	(b) Description (See Categories listed at the top of this schedule)	on		
	OF EXPENDITURE	Event Expense		ide of Texas. Com	
		event pa		, officeholder living	expense
		eveni pa	arking		
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld .
	expenditure to benefit C/O				
	Date	Payee name			
	04/07/2025	Diamond Way Buddhism			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$40.00	5102 Center St.			
	Ψ-0.00	0102 Genter Gt.			
		Houston, TX 77007			
	DUDD005	<u> </u>			
	PURPOSE OF	(b) Description (See Categories listed at the top of this schedule)		ide of Texas. Com	nlete Schedule T
	EXPENDITURE	Contributions/Donations wade by		, officeholder living	•
		donation	ı		
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office he	eld
	expenditure to benefit C/O				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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: 4/12 Rpt: 7/20	Poissant, Margaret A. (The Honorable) 00082057
4 Date	5 Payee name
06/02/2025	Diamond Way Buddhism
6 Amount (\$) \$15.00	7 Payee address; City; State; Zip Code 5102 Center St. Houston, TX 77007
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 Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/11/2025	GlassTire
Amount (\$) \$350.00	Payee address; City; State; Zip Code PO Box 1489
	Houston, TX 77251
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense event ticket
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/10/2025	Grantham, Pilar
Amount (\$) \$200.00	Payee address; City; State; Zip Code 5116 Chenevert
	Houston, TX 77004
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense holiday bonus
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1: Sch: 5/12 Rpt: 8/20	2 FILER NAME Poissant, Margaret A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00082057
4	Date 03/03/2025	5 Payee name Hilton Americas Valet
6	Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 1600 Lamar St. Houston, TX 77010
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 event parking
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/26/2025	Houston Bar Association
	Amount (\$) \$312.00	Payee address; City; State; Zip Code 1111 Bagby St. Houston, TX 77002
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bench/Bar CLE
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/14/2025	Houston Bar Sections
	Amount (\$) \$52.00	Payee address; City; State; Zip Code 1111 Bagby St.
		Houston, TX 77002
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense lunch ticket
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al 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	5)
	Sch: 6/12 Rpt: 9/20	Poissant, Margaret A. (The Honorable) 00082057	
4	Date	5 Payee name	
	06/16/2025	Houston Lawyers Association	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$250.00	1111 Bagby St.	
		Houston, TX 77002	
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.	
	LAFLINDITORE	Check if Austin, TX, officeholder living expense	
		gala ticket	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	п	
	Date	Payee name	
	05/13/2025	Houston Millenials	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$129.69	2425 W. Loop S.	
		Houston, TX 77027	
\vdash	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 Check if Austin, TX, officeholder living expense	
		donation	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H .	
	Date	Payee name	
	04/24/2025	Houston Trial Lawyers Association	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$50.00	777 Post Oak Blvd.	
	400.00		
		Houston, TX 77056	
	PURPOSE	I	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		membership dues	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	н	

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	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/12 Rpt: 10/20	Poissant, Margaret A. (The Honorable) 00082057
4	Date	5 Payee name
	05/15/2025	La Mexicana
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$57.24	1018 Fairview St.
		Houston, TX 77006
8	PURPOSE	
0	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		campaign meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/02/2025	Mexican American Bar Association Houston
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	PO Box 303
		Houston, TX 77001
	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
		gala ticket
	Operation ONLY if allowed	Out in the Coffice hald
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/10/2025	Monument Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.54	500 S. Austin Ave.
		Georgetown, TX 78626
	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
		lunch during CPS Section Committee meeting
		idness during of a accuse a constitution
	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

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	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: 8/12 Rpt: 11/20	Poissant, Margaret A. (The Honorable) 00082057
4	Date	5 Payee name
	02/24/2025	On The Street Parking
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.50	2020 McKinney St.
		Houston, TX 77003
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		event parking
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/26/2025	On The Street Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.60	2020 McKinney St.
		Houston, TX 77003
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		event parking
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/22/2025	On The Street Parking
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.80	2020 McKinney St.
		Houston, TX 77003
	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
		event parking
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

vertising Expense
counting/Banking

Event Expense
Counting/Banking

Event Expense
Counting/Banking

Event Expense
Coffice Overhead/Rental Expense

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

Fees Office Overhead/r
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/C

	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: 9/12 Rpt: 12/20	Poissant, Margaret A. (The Honorable) 00082057
4	Date	5 Payee name
	01/14/2025	Patel, William
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$97.50	2319 McClendon St
		Houston, TX 77030
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	-	Check if Austin, TX, officeholder living expense contract labor
		Contract labor
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Davisa nama
	02/12/2025	Payee name
		Saltgrass Tyler
	Amount (\$)	Payee address; City; State; Zip Code
	\$52.06	7214 S. Broadway Ave
		Tyler, TX 75703
	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
		judges lunch
		judgee tarion
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	03/11/2025	Shell
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.68	3423 Katy Fwy
	Ψ20.00	3423 Raty Fwy
		Houston TV 77007
		Houston, TX 77007
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		fuel for Georgetown CLE trip
	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 C

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

ense ges/Contract Labor (

	Candidate/Officeholder/Politica Credit Card Payment	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: 10/12 Rpt: 13/20	Poissant, Margaret A. (The Honorable) 00082057
4	Date	5 Payee name
	02/04/2025	State Bar of Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	1414 Colorado St.
		Austin, TX 78701
8	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
		dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/23/2025	Texas Gulf Coast AFL-CIO
	Amount (\$)	Payee address; City; State; Zip Code
	\$225.00	2505 Sutherland St.
		Houston, TX 77023
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	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
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
F	Date	Payee name
	02/18/2025	The Heritage Society
L		
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 1100 Bagby St.
	φ500.00	1100 Bayby St.
		Haveton TV 77000
		Houston, TX 77002
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	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
		donation
\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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schodula F1:		_
	Total pages Schedule F1:		
L	Sch: 11/12 Rpt: 14/20	Poissant, Margaret A. (The Honorable) 00082057	
4	Date	5 Payee name	
	02/24/2025	Walker @ Main parking	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$15.00	820 Main St.	
		Houston, TX 77002	
8	PURPOSE		_
o	OF	(a) Category (See Categories listed at the top of this schedule) Fyent Fynense (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	
		event parking	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
\vdash	Data		_
	Date	Payee name	
	05/08/2025	Wix	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$33.82	500 Terry A Francois Blvd.	
		6th FI	
		San Francisco, CA 94158	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		website hosting	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	\neg
	expenditure to benefit C/OI	H	
H	Date	Payee name	=
	05/23/2025	Wix	
_			
	Amount (\$)	Payee address; City; State; Zip Code	
	\$220.83	500 Terry A Francois Blvd.	
		6th FI	
		San Francisco, CA 94158	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	LA LIBITORE	Check if Austin, TX, officeholder living expense	
		website hosting	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	CAPETIGITUTE TO DETICITE C/OF		

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	/ - al Committee	Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services The Instruction Guide e	Salaries/	Expense Wages/Contract Labor		n District uut of District (enter a category not listed above)	
1	Total pages Schedule F1:					3 Filer II		s)
L	Sch: 12/12 Rpt: 15/20		Margaret A. (The Hor	norable)		00082	2057	
4	Date	5 Payee nam						
L	03/05/2025	flowershop						
6	Amount (\$)	7 Payee addr	•	State; Zip C	ode			
	\$86.63	PO Box 46	518					
		Mission Vi	iejo, CA 92690					
8	PURPOSE	(a) Category	(See Categories listed at the top	of this schedule)	(b) Description			
	OF EXPENDITURE	Gift/Award	ls/Memorials Expense	е			as. Complete Schedule T. der living expense	
					flowers for o		der living expense	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/O H	fficeholder name	Office so	ught	O	ffice held	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Polli y - Gift/Awards/Memorials Expense Prin	ce Overhead/Rental Expense ing Expense ting Expense uries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
	Credit Cara r dyment	The Instruction Guide explains how	to complete this form.					
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
	Sch: 1/5 Rpt: 16/20	Poissant, Margaret A. (The Honorable)		00082057				
4	Date	5 Payee name						
ľ	03/06/2025	2020 Market Scratch Kitchen & Bar						
_			. Cada					
6	Amount (\$)	7 Payee address; City; State; Zip	Code					
	\$137.29	1500 Rivery Blvd.						
	Reimbursement from political contributions							
	intended	Georgetown, TX 78628						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense				
	EXPENDITORE		lunch with new m	nembers of ARC Child Protection				
			Section					
9		Candidate/Officeholder name	Office sought	Office held				
	expenditure to benefit							
	C/OH							
	Date	Payee name						
	03/07/2025	Avis						
	Amount (\$)	Payee address; City; State; Zig	Code					
	\$164.15	379 Interpace Pkwy						
		l cre me pass r mry						
	Reimbursement from political contributions	Davis and NJ 07054						
	intended	Parsippany, NJ 07054	_					
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Travel Out of District	L	Check if Austin, TX, officeholder living expense				
			rental for ARC Co	ommittee CLE				
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought	Office held				
	C/OH							
H		<u> </u>						
	Date	Payee name						
L	06/01/2025	Dollar Tree						
	Amount (\$)	Payee address; City; State; Zip	Code					
	\$20.30	6331 Stewart Ave.						
	Reimbursement from							
	x political contributions intended	Galveston, TX 77551						
\vdash	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.				
	OF	Gift/Awards/Memorials Expense		Check if Austin, TX, officeholder living expense				
	EXPENDITURE		prizes for TAFDA	CLE Talk				
			ľ					
	Complete ONLY if direct	Landidate/Officeholder name	Office sought	Office held				
	expenditure to benefit	Sandado Omocholdo name	Since Sought	Cinice Hold				
L	C/OH	<u> </u>						

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Comm Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services	Polling Ex se Printing E		T	ravel in Dis ravel Out o		
	Credit Card Payment		The Instruction Guide e	xplains how to co	omplete this form.				
1	Total pages Schedule G:	2 FILER	NAME			3 F	iler ID	(Ethics Commission Filers)	
	Sch: 2/5 Rpt: 17/20	Poiss	ant, Margaret A. (The Hor	orable)		0	008205	57	
4	Date	5 Payee	name			<u> </u>			
	02/11/2025		ein Bros.						
6	Amount (\$)	7 Payee	address; City;	State; Zip Co	ode				
	\$11.36	4500	S. Broadway Ave.						
	Reimbursement from								
	X political contributions intended	Tyler,	TX 75703						
8	PURPOSE	(a) Catego	Ory (See Categories listed at the top	of this schedule)	(b) Description	Che	ck if travel o	outside of Texas. Complete Schedule T.	
	OF EXPENDITURE	Food/	Beverage Expense			Che	ck if Austin,	TX, officeholder living expense	
	EXPENDITURE				breakfast with jud	dge a	t Child	Protection CLE	
9	Complete ONLY if direct	Candidate/	Officeholder name		Office sought			Office held	
	expenditure to benefit C/OH								
	Date	Payee	name						
	06/13/2025	Exxor	1						
	Amount (\$)	Payee address; City; State; Zip Code							
	\$45.25	3228 Broadway Ave.							
	Reimbursement from								
	x political contributions intended	Galve	ston, TX 77550						
	PURPOSE	Catego	Dry (See Categories listed at the top of	of this schedule)	Description	Che	ck if travel o	outside of Texas. Complete Schedule T.	
	OF	-	In District	,				TX, officeholder living expense	
	EXPENDITURE				fuel for TAFDA C	_ CLE ta	alk		
	Complete ONLY if direct	Candidate/	Officeholder name		Office sought			Office held	
	expenditure to benefit				Ū				
	C/OH								
	Date	Payee	name						
	02/14/2025	On Th	e Street Parking						
	Amount (\$)	Payee	address; City;	State; Zip Co	ode				
	\$5.00	2020	McKinney St.						
	Reimbursement from								
	X political contributions intended	Houst	on, TX 77003						
	PURPOSE	Catego	Dry (See Categories listed at the top of	of this schedule)	Description	Che	ck if travel o	outside of Texas. Complete Schedule T.	
	OF EXPENDITURE	Event	Expense			Che	ck if Austin,	TX, officeholder living expense	
	EXPENDITORE				event parking				
		Candidate/	Officeholder name		Office sought			Office held	
	expenditure to benefit C/OH								
L	GOTT								

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Cor	G	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/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 Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
_	Sch: 3/5 Rpt: 18/20		Poissant, Margaret A. (The Honorable))		5	00082057		
4	Date	5	Payee name						
	03/10/2025		Shell						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode				
	\$5.90		3423 Katy Fwy						
	Reimbursement from political contributions intended		Houston, TX 77007						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	Cł	neck if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE		Travel In District			Cł	neck if Austin, TX, officeholder living expense		
	EXPENDITURE				fuel for travel to e	eve	nts		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held		
	Date		Payee name						
	03/03/2025		Sheraton						
	Amount (\$)	T	Payee address; City; State; Zip Code						
	\$328.86		101 Woodlawn Ave.						
	Reimbursement from								
	political contributions intended		Georgetown, TX 78628						
	PURPOSE		Category (See Categories listed at the top of this sche	edule)	Description	Ch	neck if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE		Travel In District			Cł	neck if Austin, TX, officeholder living expense		
	EXI ENDITORE				lodging for ARC	Chi	ld Protection CLE		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	didate/Officeholder name		Office sought		Office held		
	Date	Г	Payee name						
	04/11/2025		Southern Hospitality Services						
_	Amount (\$)	\vdash	Payee address; City; State;	Zip Co	ode				
	\$5.00	1	1709 Dryden Rd.		-				
			1.00 Diyudirika.						
	Reimbursement from political contributions intended		Houston, TX 77030						
	PURPOSE OF	1	Category (See Categories listed at the top of this sche	edule)	Description	=	neck if travel outside of Texas. Complete Schedule T.		
	EXPENDITURE		Event Expense		L	_	neck if Austin, TX, officeholder living expense		
valet for HBA event									
L		L							
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought	_	Office held		

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment				Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Over Polling Ex Printing E			Transportation Equipment & Related Ex Travel in District Travel Out of District OTHER (enter a category not listed abo			
	Credit Card Payment			The Instruction Guide explains I	how to co	omplete this form.					
1	Total pages Schedule G:	2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)		
	Sch: 4/5 Rpt: 19/20		Poissant, M	argaret A. (The Honorable))		(00082057			
4	Date	5	Payee name								
	02/17/2025		Uber								
6	Amount (\$)	7	Payee addres	ss; City; State;	Zip Co	ode					
	\$13.91		17725 3rd S		•						
	Reimbursement from										
	X political contributions intended		San Francis	co, CA 94158							
_		(0)				(h) Description [7 Chr	eck if travel outside of Texas. Complete	Cobodulo T		
8	PURPOSE OF	(a)		ee Categories listed at the top of this scho	edule)	(b) Description	=	eck if Austin, TX, officeholder living exp			
	EXPENDITURE		Travel In Dis	SITICI		car service to po	_				
						car service to po	iiiica	птапу			
9	Complete ONLY if direct	Car	adidato/Officek	ooldor namo		Office sought		Office held			
	expenditure to benefit	Cai	iuiuate/Onicei	iolder flame		Office sought		Office field			
	C/OH										
	Date		Payee name								
	02/17/2025		Uber								
Amount (\$) Payee add				ss; City; State;	Zip Co	ode					
	\$15.90		17725 3rd S	St.							
	Reimbursement from										
	X political contributions intended		San Francis	co, CA 94158							
	PURPOSE		Category (Se	ee Categories listed at the top of this sche	edule)	Description	Che	eck if travel outside of Texas. Complete	Schedule T.		
OF EXPENDITURE			Travel In District					Check if Austin, TX, officeholder living expense			
					car service to po	litica	ıl rally				
		Car	ndidate/Officeh	nolder name		Office sought		Office held			
	expenditure to benefit C/OH										
	D-1-	_	_								
	Date		Payee name								
	03/07/2025	L	Uber								
	Amount (\$)		Payee addres		Zip Co	ode					
	\$8.38		17725 3rd S	ot.							
	Reimbursement from political contributions intended		San Francis	co, CA 94158							
	PURPOSE	\vdash	Category (Se	ee Categories listed at the top of this sche	edule)	Description	Che	eck if travel outside of Texas. Complete	Schedule T.		
	OF EXPENDITURE		Travel In Dis	strict			Che	eck if Austin, TX, officeholder living expe	ense		
car service to pick up rental car											
		Car	ndidate/Officeh	nolder name		Office sought		Office held			
	expenditure to benefit C/OH										
\vdash											

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 5/5 Rpt: 20/20 Poissant, Margaret A. (The Honorable) 00082057 Date Payee name 03/10/2025 Uber 6 Amount (\$) Payee address; City; State; Zip Code 17725 3rd St. \$15.93 Reimbursement from political contributions Х intended San Francisco, CA 94158 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Travel In District **EXPENDITURE** car service to drop off rental car Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/08/2025 Whole Foods Market Amount (\$) Payee address; City; State; Zip Code \$26.83 701 Waugh Drive Reimbursement from political contributions Χ Houston, TX 77019 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE**