

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM JC/OH
COVER SHEET PG 1**

| | | | | | | |
|---|---|---|--|--|---------------------------------|--------------------------------|
| The JC/OH Instruction Guide explains how to complete this form. | | | 1 Filer ID (Ethics Commission Filers) 00090347 | 2 Total pages filed: 8 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST Mark H. | MI | OFFICE USE ONLY | | |
| | NICKNAME | LAST Hanna | SUFFIX | Date Received ELECTRONICALLY FILED 01/15/2026 | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE | | | Date Hand-delivered or Date Postmarked | | |
| | REDACTED PER 254.0313, GOVT CODE | | | Receipt # | Amount | |
| | | | | Date Processed | | |
| | | | | Date Imaged | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST Mrs. | MI | | | |
| | NICKNAME | LAST Janie | SUFFIX | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); | | APT / SUITE #; | CITY; | STATE; | ZIP CODE |
| | REDACTED PER 254.0313, GOVT CODE | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE (281) | PHONE NUMBER 851-7127 | EXTENSION | | | |
| 8 REPORT TYPE | <input checked="" type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | |
| | <input type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded modified reporting limit | <input type="checkbox"/> Final Report (Attach C/OH-FR) | | |
| 9 PERIOD COVERED | Month 11/19/2025 | Day | Year | Month 12/31/2025 | Day | Year |
| 10 ELECTION | ELECTION DATE Month 03/03/2026 | | Day | ELECTION TYPE | | |
| | | | Year | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other |
| 11 OFFICE | OFFICE HELD (if any) District Judge District 502nd Fort Bend | | | 12 OFFICE SOUGHT (if known) District Judge District 502 | | |

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

**FORM JC/OH
COVER SHEET PG 2**

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| | | | |
|--|---|--------------------------------------|---|
| 13 C / OH NAME | Hanna, Mark H. | | 14 Filer ID (Ethics Commission Filers) 00090347 |
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | <p>This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.</p> | | |
| <input type="checkbox"/> Additional Pages | COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME | |
| | | COMMITTEE ADDRESS | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | | \$ 1,100.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | | \$ 2,160.69 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 1,031.23 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 0.00 |

17 AFFIDAVIT

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

Mark H. Hanna

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - JC/OH**FORM JC/OH
COVER SHEET PG 3**

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| | |
|--|--|
| 18 FILER NAME Hanna, Mark H. | 19 Filer ID (Ethics Commission Filers) 00090347 |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | |
| 1. <input checked="" type="checkbox"/> SCHEDULE A(J): MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ 1,100.00 | |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ | |
| 3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$ | |
| 4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL) \$ | |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 28.47 | |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ | |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ | |
| 8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 316.11 | |
| 9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ 1,816.11 | |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ | |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ | |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$ | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 1/1 Rpt: 4/8 |
| 2 FILER NAME Hanna, Mark H. | | 3 Filer ID (Ethics Commission Filers) 00090347 |
| 4 Date 12/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boissonneault, Jane 6 Contributor address; City; State; Zip Code Houston, TX 77083 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Contributor's Principal Occupation Retired | | 9 Contributor's Job Title Retired |
| 10 Contributor's employer/law firm Retired | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 12/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Newell, Reelect Judge David Newell Campaign Fund Contributor address; City; State; Zip Code Richmond , TX 77406 | Amount of Contribution (\$) \$1,000.00 |
| Contributor's Principal Occupation | | Contributor's Job Title |
| Contributor's employer/law firm | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|--|--|--|-------------|
| 1 Total pages Schedule F1: Sch: 1/1 Rpt: 5/8 | 2 FILER NAME Hanna, Mark H. | 3 Filer ID (Ethics Commission Filers) 00090347 | |
| 4 Date 12/18/2025 | 5 Payee name Bank of America | | |
| 6 Amount (\$) \$28.47 | 7 Payee address; City; 100 N. Tryon St Charlotte, NC 28255 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Checks | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | 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 F4: Sch: 1/1 Rpt: 6/8 | 2 FILER NAME Hanna, Mark H. | | 3 Filer ID (Ethics Commission Filers) 00090347 |
| 4 CREDIT CARD ISSUER | Name of financial institution Visa | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ |
| 6 PAYMENT | (a) Amount Charged \$21.11 | (b) Date of Charge 12/01/2025 | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name Zazzle | | (b) Payee address; City, State, Zip Code 1200 Chestnut Street Menlo Park, CA 94025 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description Campaign Name Tag |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$250.00 | (b) Date of Charge 12/01/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name UPS Store | | (b) Payee address; City, State, Zip Code 17211 W Grand Parkway South Sugar Land, TX 77479 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | | (b) Description Campaign P.O. Box |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |
| PAYMENT | (a) Amount Charged \$45.00 | (b) Date of Charge 12/01/2025 | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name Fort Bend Republican Party | | (b) Payee address; City, State, Zip Code 14019 SW Freeway Ste340 Sugar Land, TX 77478 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | | (b) Description Republican Party Christmas Party |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought Office held |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|---|-------------|
| 1 Total pages Schedule G: Sch: 1/2 Rpt: 7/8 | 2 FILER NAME Hanna, Mark H. | 3 Filer ID (Ethics Commission Filers) 00090347 | |
| 4 Date 12/02/2025 | 5 Payee name Fort Bend Republican Party | | |
| 6 Amount (\$) \$1,500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 14019 SW Freeway Ste340 Sugar Land, TX 77478 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Filing Fee | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 12/01/2025 | Payee name Fort Bend Republican Party | | |
| Amount (\$) \$45.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 14019 SW Freeway Ste340 Sugar Land, TX 77478 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Event Expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 12/01/2025 | Payee name UPS Store | | |
| Amount (\$) \$250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 17211 W Grand Parkway South Sugar Land, TX 77479 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Mailbox | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule G: Sch: 2/2 Rpt: 8/8 | 2 FILER NAME Hanna, Mark H. | 3 Filer ID (Ethics Commission Filers) 00090347 |
| 4 Date 12/01/2025 | 5 Payee name Zazzle | |
| 6 Amount (\$) \$21.11 | 7 Payee address; City; 1200 Chestnut Street Menlo Park, CA 94025 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Name Tag |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |