

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **10**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MRS	FIRST MARGARET	MI MI	OFFICE USE ONLY	
	NICKNAME	LAST O'BRIEN	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX: PO BOX 571265	APT / SUITE #:	CITY: DALLAS, TX	STATE: TX	ZIP CODE: 75357
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (972)	PHONE NUMBER 897-6427	EXTENSION	Date Received	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MS	FIRST STEFANIE	MI MI	Date Hand-delivered or Del. Postmarked	
	NICKNAME	LAST MCGREGOR	SUFFIX	Receipt # Amount \$	
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); 1201 ELM STREET, STE 1700		APT / SUITE #:	CITY: DALLAS	STATE, ZIP CODE: TX 75270
8 CAMPAIGN TREASURER PHONE	AREA CODE (214)	PHONE NUMBER 939-4400	EXTENSION	Date Processed	
9 REPORT TYPE	<input 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 checked="" 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)				
10 PERIOD COVERED	Month 5	Day 15	Year 22	THROUGH	Month 6 / Day 30 / Year 22
11 ELECTION	ELECTION DATE Month Day Year 11 / 8 / 22		ELECTION TYPE Primary Runoff Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) JUSTICE OF THE PEACE 2-1		13 OFFICE SOUGHT (if known) JUSTICE OF THE PEACE 2-1		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

FILED

2022 JUL 2 AM 9:30

JOHN E. WARRREN
COUNTY CLERK
DALLAS COUNTY

BY DEPUTY

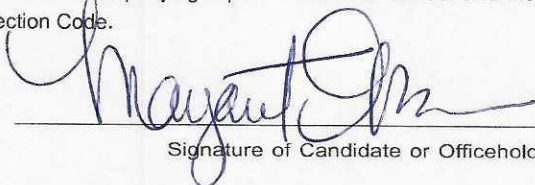
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME MARGARET O'BRIEN		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,200 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 13,334 ⁸²
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,955 ⁴⁸
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 43,000 ⁰⁰

18 SIGNATURE 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.


Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ 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

OR

(2) Unsworn Declaration

My name is MARGARET O'BRIEN, and my date of birth is 11-15-1972.

My address is PO BOX 571265, DALLAS, TX, 75357, USA.
(street) (city) (state) (zip code) (country)

Executed in DALLAS County, State of TEXAS, on the 11 day of JULY, 2022.
(month) (year)


Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

MARGARET O'BRIEN

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,200 ⁰⁰
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	■ SCHEDULE E: LOANS	\$ 43,000 ⁰⁰
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,684 ⁸²
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 5650 ⁰⁰
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	■ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 69 ¹⁰
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2**

2 FILER NAME

MARGARET O'BRIEN

3 Filer ID (Ethics Commission Filers)

4 Date

05/23/2022

5 Full name of contributor

Dr. John Duncan

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

1,500.00

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

Medical Doctor

9 Employer (See Instructions)

Self

Date

05/28/2022

Full name of contributor

Jerry Alexander

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1,000.00

Contributor address;

City;

State;

Zip Code

1201 Elm Street, Ste 2500 Dallas, Tx 75270

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Passman Jones, PC

Date

06/08/2022

Full name of contributor

Melissa Crabtre

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

1204 Shadow Hills Dr Wylie, TX 75098

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Hillpoint Properties

Date

06/12/2022

Full name of contributor

John & Beverly Combs

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

2313 Sylvan Dr Garland, TX 75040

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME <i>Margaret O'Brien</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6/21/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Gwen Daniels</i>	7 Amount of contribution (\$) <i>\$500⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>537 Ivy Way Garland TX 75043</i>		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)
Date <i>6/24/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Michael Payma</i>	Amount of contribution (\$) <i>\$500⁰⁰</i>
Contributor address; City; State; Zip Code <i>812 N. Bishop Ave Dallas TX 75208</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Self</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME MARGARET O'BRIEN		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 3,000.00
5 Date of loan 01/03/2018	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) SELF	9 Loan Amount (\$)
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code PO BOX 571265 DALLAS TX 75357	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) REAL ESTATE BROKER/OWNER		13 Employer (See Instructions) SELF
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 06/28/2021	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) SELF	Loan Amount (\$) 40,000.00
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code PO BOX 571265 DALLAS TX 75357	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) REAL ESTATE BROKER/OWNER		Employer (See Instructions) SELF
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME MARGARET O'BRIEN	3 Filer ID (Ethics Commission Filers)
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4 Date 05/16/2022	5 Payee name The Order Desk
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6 Amount (\$) 7,464.82	7 Payee address; 9840 Monroe Drive, Ste 104	City; Dallas	State; TX	Zip Code 75220
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Postage for Mailers
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret O'Brien	Office sought JP 2-1	Office held JP 2-1
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Date 05/16/2022	Payee name Beyond the Slogan
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Amount (\$) 220.00	Payee address; 2710 Routh Creek #4120	City; Richardson	State; TX	Zip Code 75082
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting/Other	Description Campaign Services/Texting
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret O'Brien	Office sought JP 2-1	Office held JP 2-1
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT** include this page in the report.

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME MARGARET O'BRIEN	3 Filer ID (Ethics Commission Filers)
4 Date 05/19/2022	5 Payee name Beyond the Slogan	
6 Amount (\$) 3,200.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 2710 Routh Creek #4120	City; State; Zip Code Richardson TX 75082
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting/Other	(b) Description Campaign Service/Texting
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret O'Brien	Office sought JP 2-1
		Office held JP 2-1
Date 05/21/2022	Payee name Nby & Leslie Starks	
Amount (\$) 1,150.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 2513 Fuqua Road	City; State; Zip Code Rowlett TX 75088
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Precinct Walking/Poll Greeting
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret O'Brien	Office sought JP 2-1
		Office held JP 2-1
Date 05/24/2022	Payee name Caitlin Hawkins	
Amount (\$) 350.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 509 Kingsbridge	City; State; Zip Code Garland TX 75040
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Precinct Walking/Poll Greeting
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret O'Brien	Office sought JP 2-1
		Office held JP 2-1

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <u>2</u>	2 FILER NAME <u>Margaret O'Brien</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>6-9-22</u>	5 Payee name <u>Terni Hodge</u>	
6 Amount (\$) <u>700⁰⁰</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <u>7106 Abrams Dallas TX 75231</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Consulting Expense</u>	(b) Description
	(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 <u>Margaret O'Brien JP2-1 JP2-1</u>	
Date <u>6-19-22</u>	Payee name <u>Act Blue</u>	
Amount (\$) <u>250⁰⁰</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>Online Secretaire.wmz Somerville MA</u>	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Contributions</u>	Description <u>DCDP + GADE Democratic Party Donations</u>
	<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	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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	

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 1	2 FILER NAME MARGARET O'BRIEN	3 Filer ID (Ethics Commission Filers)
4 Date 05/23/2022	5 Payee name PAY PAL	
6 Amount (\$) 43.84	7 Payee address; 12312 PORT GRACE BLVD	City LAVISTA State NE Zip Code 68128
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) FEES	(b) Description (See instructions regarding type of information required.)
Date 06/08/2022	Payee name PAY PAL	
Amount (\$) 3.38	Payee address; 12312 PORT GRACE BLVD	City LAVISTA State NE Zip Code 68128
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) FEES	Description (See instructions regarding type of information required.)
Date 06/12/2022	Payee name PAY PAL	
Amount (\$) 1.94	Payee address; 12312 PORT GRACE BLVD	City LAVISTA State NE Zip Code 68128
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) FEES	Description (See instructions regarding type of information required.)
Date 06/24/2022	Payee name PAY PAL	
Amount (\$) 14.94	Payee address; 12312 PORT GRACE BLVD	City LAVISTA State NE Zip Code 68128
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) FEES	Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED