

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <b>8</b>	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <b>Mrs</b>	FIRST <b>Margaret</b>	MI <b></b>	<div style="border: 2px solid black; padding: 5px;"> <p><b>OFFICE USE ONLY</b></p> <p>Date Received</p> <p style="font-size: 2em; color: blue; font-weight: bold;">FILED</p> <p style="font-size: 1.2em; color: blue; font-weight: bold;">2022 FEB 21 AM 8:54</p> <p style="font-size: 0.8em; color: blue;">JOHN F. WARRER COUNTY CLERK DALLAS COUNTY DEPUTY</p> <p>Date Handled, Canceled or Date Postmarked</p> <p>Receipt #      Amount \$</p> <p>Date Processed</p> <p>Date Imaged</p> </div>
	NICKNAME	LAST <b>O'Brien</b>	SUFFIX	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX; <b>PO BOX 571265</b>	APT / SUITE #;	CITY;      STATE;      ZIP CODE <b>Dallas      TX      75357</b>	
Change of Address	AREA CODE <b>( 972 )</b>	PHONE NUMBER <b>897-6427</b>	EXTENSION	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	MS / MRS / MR <b>Ms</b>	FIRST <b>Stefanie</b>	MI <b></b>	
<b>6 CAMPAIGN TREASURER NAME</b>	NICKNAME	LAST <b>McGregor</b>	SUFFIX	
	<b>7 CAMPAIGN TREASURER ADDRESS</b>	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE <b>1201 Elm Street, Ste 1700      Dallas      TX      75270</b>		
(Residence or Business)	AREA CODE <b>( 214 )</b>	PHONE NUMBER <b>939-4400</b>	EXTENSION	
<b>8 CAMPAIGN TREASURER PHONE</b>	<b>9 REPORT TYPE</b>			
<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 type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)	
<b>10 PERIOD COVERED</b>	Month      Day      Year <b>1      21      22</b>	THROUGH	Month      Day      Year <b>2      19      22</b>	
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year <b>3      1      22</b>	ELECTION TYPE <input checked="" type="checkbox"/> Primary      Runoff      Other Description <input type="checkbox"/> General      Special		
<b>12 OFFICE</b>	OFFICE HELD (if any) <b>Justice of the Peace 2-1</b>	<b>13 OFFICE SOUGHT (if known)</b> <b>Justice of the Peace 2-1</b>		
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

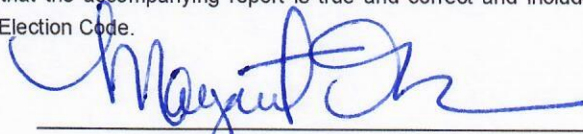
**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Margaret O'Brien		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	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)	\$ 47.43
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 18,396. <sup>00</sup>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 14,288. <sup>92</sup>
<b>OUTSTANDING LOAN TOTALS</b>	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 11-15-72  
 My address is PO Box 571265, Dallas, TX 75357, USA  
 (street) (city) (state) (zip code) (country)  
 Executed in Dallas County, State of TX, on the 20<sup>th</sup> day of Feb, 20 22  
 (month) (year)  
 \_\_\_\_\_  
 Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> Margaret O'Brien		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 47.43
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 43,000.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
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. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 18,393.43
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 2.57
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.		<b>1</b> Total pages Schedule A1: <b>1</b>
<b>2</b> FILER NAME <b>Margaret O'Brien</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>02/01/2022</b>	<b>5</b> Full name of contributor out-of-state PAC (ID# _____) <b>Larry Kriv</b> ..... <b>6</b> Contributor address; City; State; Zip Code <b>1405 Eagle Pass Garland, TX 75040</b>	<b>7</b> Amount of contribution (\$)  <b>23.79</b>
<b>8</b> Principal occupation / Job title (See Instructions) <b>Engineer</b>		<b>9</b> Employer (See Instructions)
<b>Date</b> <b>02/14/2022</b>	<b>Full name of contributor</b> out-of-state PAC (ID# _____) <b>Michael Lozano</b> ..... <b>Contributor address; City; State; Zip Code</b> <b>2725 Serena Ct Garland TX 75040</b>	<b>Amount of contribution (\$)</b>  <b>23.64</b>
<b>Principal occupation / Job title (See Instructions)</b> <b>IT</b>		<b>Employer (See Instructions)</b> <b>Contractor</b>
<b>Date</b>	<b>Full name of contributor</b> out-of-state PAC (ID# _____) ..... <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b>	<b>Full name of contributor</b> out-of-state PAC (ID# _____) ..... <b>Contributor address; City; State; Zip Code</b>	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**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: <b>1</b>
2 FILER NAME <b>Margaret O'Brien</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>1-3-18</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Margaret O'Brien</b>	9 Loan Amount (\$) <b>3,000.00</b>
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <b>PO BOX 571265 Dallas TX 75357</b>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <b>Real Estate Broker</b>		13 Employer (See Instructions) <b>Self</b>
14 Description of Collateral  none		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor  ..... 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <b>6-28-21</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Margaret O'Brien</b>	Loan Amount (\$) <b>40,000.00</b>
Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code <b>PO BOX 571265 Dallas TX 75357</b>	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) <b>Real Estate Broker</b>		Employer (See Instructions) <b>Self</b>
Description of Collateral  none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor  ..... Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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 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.

<b>1</b> Total pages Schedule G: <u>2</u>	<b>2</b> FILER NAME <u>Margaret O'Brien</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date: <u>4/21/22</u>	<b>5</b> Payee name <u>Door to Door / Premier Marketing</u>	
<b>6</b> Amount (\$): <u>\$3000.00</u> <small>Reimbursement from political contributions intended</small>	<b>7</b> Payee address; City; State; Zip Code <u>doortodoor dallas flyers.com</u>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	<b>(b)</b> Description <u>Door Hangers</u>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Margaret O'Brien</u>	Office sought <u>JP 2-1</u>
		Office held <u>JP 2-1</u>
Date: <u>4/21/22</u>	Payee name <u>Edwards and Patterson Signs</u>	
Amount (\$): <u>\$303.81</u> <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code <u>203 S. Belt Line Rd Irving TX 75060</u>	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	Description <u>Badges / Banners</u>
	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 <u>Margaret O'Brien</u>	Office sought <u>JP 2-1</u>
		Office held <u>JP 2-1</u>
Date: <u>2/11/22</u>	Payee name <u>Bankem Printing</u>	
Amount (\$): <u>\$125.00</u> <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code <u>2357 S. Collins E. Arlington TX 76014</u>	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>	Description <u>Push Cards</u>
	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.

<b>1</b> Total pages Schedule G: <i>2</i>	<b>2</b> FILER NAME <b>Margaret O'Brien</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>02/02/2022</b>	<b>5</b> Payee name <b>The Order Desk</b>	
<b>6</b> Amount (\$) <b>10,054.40</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; <b>9840 Monroe Drive, Ste 104</b>	City; State; Zip Code <b>Dallas TX 75220</b>
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Other</b>	<b>(b)</b> Description <b>Postage</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Margaret O'Brien</b>	Office sought <b>JP 2-1</b>
		Office held <b>JP 2-1</b>
Date <b>02/08/2022</b>	Payee name <b>Reilly Echols Printing</b>	
Amount (\$) <b>4,910.22</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; <b>1710 South Harwood</b>	City; State; Zip Code <b>Dallas TX 75215</b>
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Mailers</b>
	<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 <b>Margaret O'Brien</b>	Office sought <b>JP 2-1</b>
		Office held <b>JP 2-1</b>
Date	Payee name	
Amount (\$)  Reimbursement from political contributions intended	Payee address;	City; State; Zip Code
<b>8</b> 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: 1	<b>2</b> FILER NAME Margaret O'Brien	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/01/2022	<b>5</b> Payee name PayPal	
<b>6</b> Amount (\$) 1.21	<b>7</b> Payee address; 2211 N 1st Street	City San Jose State CA Zip Code 95131
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Donation Fee	(b) Description (See instructions regarding type of information required.) Fee
Date 2/14/22	Payee name Paypal	
Amount (\$) \$1.36	Payee address; 2211 N. 1st Street	City San Jose State CA Zip Code 95131
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Donation fee	Description (See instructions regarding type of information required.) Fee
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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