

# 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)

2 Total pages filed:

13

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mrs Margaret  
O'Brien

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

PO Box 570121 Dallas TX  
75357

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(922) 897-6427

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Ms Stefanie  
McGregor

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #

CITY;

STATE;

ZIP CODE

(Residence or Business)

1201 Elm Street, Ste 1100 Dallas TX 75270

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 939-4428

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign  
treasurer appointment  
(Officeholder Only)

☒ July 15

☐ 8th day before election

☐ Exceeded Modified  
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

Month

Day

Year

01 / 01 / 2025 THROUGH 06 / 30 / 2025

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other  
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

FILED

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

2025 JUL 14 PM 2:25  
JOHN F. HARRIS  
COUNTY CLERK  
DALLAS COUNTY  
DEPUTY

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

15 JC/OH NAME <u>Margaret O'Brien</u>		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)	\$ <u>50<sup>00</sup></u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2,150<sup>00</sup></u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>757<sup>37</sup></u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>3,815<sup>76</sup></u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>43,000<sup>00</sup></u>

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.

Margaret O'Brien  
Signature of Candidate/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 570121 Dallas TX 75357 USA  
(street) (city) (state) (zip code) (country)  
Executed in Dallas County, State of Texas, on the 13<sup>th</sup> day of July, 20 25  
(month) (year)  
Margaret O'Brien  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - JC/OH

FORM JC/OH  
COVER SHEET PG 3

19 FILER NAME <i>Margaret O'Brien</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2,150<sup>00</sup></i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>50<sup>00</sup></i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>43,000<sup>00</sup></i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>243<sup>56</sup></i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>506<sup>05</sup></i>
10.	<input type="checkbox"/> 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	\$ <i>176</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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 A(J)1: <b>3</b>
2 FILER NAME <b>Margaret O'Brien</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/9/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Dregory Shamoun</b>	7 Amount of contribution (\$) <b>\$500<sup>00</sup></b>
6 Contributor address: City: State: Zip Code <b>1800 Valley View Ln #200 Farmers Branch TX 75234</b>		
8 Contributor's principal occupation <b>Attorney</b>		9 Contributor's job title
10 Contributor's employer/law firm <b>Shamoun + Norman LLP</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

  

Date <b>6/9/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Cass Keramidas</b>	Amount of contribution (\$) <b>\$500<sup>00</sup></b>
Contributor address: City: State: Zip Code <b>801 E. Campbell Rd Ste 515 Richardson TX 75081</b>		
Contributor's principal occupation <b>Attorney</b>		Contributor's job title
Contributor's employer/law firm <b>Keramidas Law Firm</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

  

Date <b>6/9/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>Israel Sustar</b>	Amount of contribution (\$) <b>\$500<sup>00</sup></b>
Contributor address: City: State: Zip Code <b>1316 Village Creek Dr. Plano TX 75093</b>		
Contributor's principal occupation <b>Attorney</b>		Contributor's job title
Contributor's employer/law firm <b>The Sustar Law Group, PLLC</b>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**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 (JUDICIAL)

SCHEDULE A(J)1

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 of Schedule A(J)1: <b>3</b>
2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$)
6/11/25	John + Beverly Combs	\$50.00
6 Contributor address; City; State; Zip Code		
2313 Sylvan Dr. Garland TX 75040		
8 Contributor's principal occupation	9 Contributor's job title	
Retired		
10 Contributor's employer/law firm	11 Law firm of contributor's spouse (if any)	

12 If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$)
6/30/25	Larry + Gwendolyn Daniels	\$75.00
Contributor address; City; State; Zip Code		
537 Ivy Way Garland TX 75043		
Contributor's principal occupation		Contributor's job title
Retired		
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)		

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$)
6/30/25	Ms Peggy McCarty	\$25.00
Contributor address; City; State; Zip Code		
728 Hawthorne Drive Garland TX 75041		
Contributor's principal occupation		Contributor's job title
Retired		
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)		

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  
(JUDICIAL)**

**SCHEDULE A(J)1**

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 A(J)1: <div style="font-size: 2em; text-align: center;">3</div>
<b>2</b> FILER NAME <div style="font-size: 1.5em; font-family: cursive;">Margaret O'Brien</div>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <div style="font-size: 1.5em; font-family: cursive;">6/25/25</div>	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <div style="font-size: 1.5em; font-family: cursive;">Bill Owen</div>	<b>7</b> Amount of contribution (\$) <div style="font-size: 2em; font-family: cursive;">\$ 500<sup>00</sup></div>
<b>6</b> Contributor address; City; State; Zip Code <div style="font-size: 1.5em; font-family: cursive;">222 Newson Rd Mesquite TX 75149</div>		
<b>8</b> Contributor's principal occupation <div style="font-size: 1.5em; font-family: cursive;">Retired</div>		<b>9</b> Contributor's job title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:  Contributor address; City; State; Zip Code	Amount of contribution (\$)
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)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:  Contributor address; City; State; Zip Code	Amount of contribution (\$)
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)		

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1	
2 FILER NAME Margaret O'Brien		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 50 <sup>00</sup>	
5 Date 4/18/25	6 Full name of contributor John Clark 7 Contributor address; 111 N. 6th Street Garland TX 75040 City; State; Zip Code	8 Amount of Contribution \$ 50 <sup>00</sup>	9 In-kind contribution description Campaign Loop Hats for MLK Parade
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Store Owner		11 Employer (FOR NON-JUDICIAL)(See Instructions) Self	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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



# LOANS (JUDICIAL) SCHEDULE E(J)

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

1 Total pages Schedule E(J): 2

2 FILER NAME Margaret O'Brien

4 TOTAL OF UNITIZED LOANS \$ 3,000

5 Date of loan 1/3/18

7 Name of lender Self ☐ out-of-state PAC (ID# \_\_\_\_\_)

9 Loan Amount (\$) 3,000

6 Is lender a financial institution? ☒ Y ☐ N

8 Lender address: City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

10 Interest rate 3000%

11 Maturity date \_\_\_\_\_

12 Lender's Principal Occupation Real Estate Broker/Owner

13 Lender's Job Title Self

14 Lender's Employer/Law Firm \_\_\_\_\_

15 Law Firm of lender's spouse (if any) \_\_\_\_\_

16 If lender is a child, law firm of parent(s) (if any) \_\_\_\_\_

17 Description of Collateral ☐ none

18 ☐ Check if personal funds were deposited into political account (See Instructions)

19 GUARANTOR INFORMATION

20 Name of guarantor \_\_\_\_\_

21 Guarantor address: City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

22 Amount Guaranteed (\$) \_\_\_\_\_

23 Guarantor's Principal Occupation \_\_\_\_\_

24 Guarantor's Job Title \_\_\_\_\_

25 Guarantor's Employer/Law Firm \_\_\_\_\_

26 Law Firm of guarantor's spouse (if any) \_\_\_\_\_

27 If guarantor is a child, law firm of parent(s) (if any) \_\_\_\_\_

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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



**LOANS (JUDICIAL)****SCHEDULE E(J)**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 E(J): <div style="text-align: center; font-size: 2em; font-family: cursive;">2</div>
<b>2</b> FILER NAME <div style="font-size: 1.5em; font-family: cursive;">Margaret O'Brien</div>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$ <div style="font-size: 1.5em; font-family: cursive;">40,000<sup>00</sup></div>
<b>5</b> Date of loan <div style="font-size: 1.5em; font-family: cursive;">6/28/21</div>	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.5em; font-family: cursive;">Self</div>	
<b>6</b> Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		<b>9</b> Loan Amount (\$) <div style="font-size: 1.5em; font-family: cursive;">\$40,000<sup>00</sup></div>
<b>8</b> Lender address; City; State; Zip Code <div style="font-size: 1.5em; font-family: cursive;">PO Box 570121 Dallas TX 75357</div>		<b>10</b> Interest rate
		<b>11</b> Maturity date
<b>12</b> Lender's Principal Occupation <div style="font-size: 1.5em; font-family: cursive;">Real Estate Broker/Owner</div>		<b>13</b> Lender's Job Title <div style="font-size: 1.5em; font-family: cursive;">Self</div>
<b>14</b> Lender's Employer/Law Firm		<b>15</b> Law Firm of lender's spouse (if any)
<b>16</b> If lender is a child, law firm of parent(s) (if any)		
<b>17</b> Description of Collateral <input type="checkbox"/> none		<b>18</b> <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>19</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>20</b> Name of guarantor	
	<b>21</b> Guarantor address; City; State; Zip Code	
<b>23</b> Guarantor's Principal Occupation		<b>22</b> Amount Guaranteed (\$)
<b>24</b> Guarantor's Job Title		
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)
<b>27</b> If guarantor is a child, law firm of parent(s) (if any)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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  
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 F1: 2 FILER NAME: Margaret O'Brien 3 Filer ID (Ethics Commission Filer):

4 Date: 1/15/25 5 Payee name: Broken Printing

6 Amount (\$): \$243.56 7 Payee address: 2357 S. Collins Street Arlington, TX 76014

8 PURPOSE OF EXPENDITURE: (a) Category (See Categories listed at the top of this schedule) (b) Description: Printing Expense Campaign Cards (c) Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ☐ Office held ☐ Office sought

9 Complete ONLY if direct expenditure to benefit C/OH

Date: Amount (\$): Payee address: City: State: Zip Code

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule) Description: Payee name: Amount (\$): Payee address: City: State: Zip Code

Complete ONLY if direct expenditure to benefit C/OH

Date: Payee name: Amount (\$): Payee address: City: State: Zip Code

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule) Description: Payee name: Amount (\$): Payee address: City: State: Zip Code

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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  
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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
<div>2</div>	<div>Margaret OBrien</div>		
<b>4</b> Date	<b>5</b> Payee name		
<div>4/12/25</div>	<div>US Postal Service</div>		
<b>6</b> Amount (\$)	<b>7</b> Payee address;	City;	State; Zip Code
<div>210<sup>00</sup></div>	<div>8624 Ferguson Rd</div>	<div>Dallas</div>	<div>TX 75228</div>
<input type="checkbox"/> Reimbursement from political contributions intended			
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)		<b>(b)</b> Description
	<div>Fees</div>		<div>Annual Fees for PO Box Rental</div>
	<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 Office sought Office held			
Date	Payee name		
<div>4/26/25</div>	<div>Gwendolyn Daniels</div>		
Amount (\$)	Payee address;	City;	State; Zip Code
<div>150<sup>00</sup></div>	<div>537 Ivy Way</div>	<div>Garland</div>	<div>TX 75043</div>
<input type="checkbox"/> Reimbursement from political contributions intended			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description
	<div>Event Expense</div>		<div>Trailblazer Luncheon</div>
	<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		
<div>4/30/25</div>	<div>Canva Canva.com</div>		
Amount (\$)	Payee address;	City;	State; Zip Code
<div>4450</div>	<div>110 Kippap St</div>	<div>Australia</div>	
<input type="checkbox"/> Reimbursement from political contributions intended			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description
	<div>Printing Expense</div>		<div>Campaign Donation Cards</div>
	<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

# 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  
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: <b>2</b>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
---------------------------------------	--------------	---------------------------------------

4 Date <b>5/13/25</b>	5 Payee name <b>US Post Office</b>
--------------------------	---------------------------------------

6 Amount (\$) <b>9855</b>	7 Payee address; <b>8624 Ferguson Rd. Dallas TX 75228</b>	City; <b>Dallas</b>	State; <b>TX</b>	Zip Code <b>75228</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <b>Stamps</b>
	(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
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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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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 6/11/25	<b>5</b> Payee name PayPal	
<b>6</b> Amount (\$) 176	<b>7</b> Payee address; 95 Horton Street City New York State NY Zip Code 10014	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See instructions for examples of acceptable categories.) Fees	<b>(b) Description</b> (See instructions regarding type of information required.) PayPal fee
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See instructions for examples of acceptable categories.)	<b>Description</b> (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See instructions for examples of acceptable categories.)	<b>Description</b> (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See instructions for examples of acceptable categories.)	<b>Description</b> (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED