

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:	15
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mrs</i>	FIRST <i>Margaret</i>	MI	OFFICE USE ONLY	
	NICKNAME	LAST <i>O'Brien</i>	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>POBox 570121 Dallas Tx 75357</i>			BY 2026 JAN 16 AM 11:52	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>972</i>	PHONE NUMBER <i>897-6427</i>	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Date Processed	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mrs</i>	FIRST <i>Stefanie</i>	MI	Amount \$ Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>1201 Elm Street, Ste 1100 Dallas Tx 75270</i>				
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(214)</i>	PHONE NUMBER <i>939-4428</i>	EXTENSION		
9 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)
10 PERIOD COVERED	Month <i>07</i>	Day <i>01</i>	Year <i>2025</i>	Month <i>12</i>	Day <i>31</i>
11 ELECTION	ELECTION DATE Month <i>03</i> Day <i>03</i> Year <i>2026</i>		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) <i>Judge of the Peace 21</i>			13 OFFICE SOUGHT (if known)	
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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME			
		COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

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)

\$ *20,416 67*

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ *3468 94*

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ *17,050 57*

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.

Margaret O'Brien

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 570121, Dallas, TX, 75357-0841

Executed in Dallas (street) County, State of Texas, on the 11 day of Jan (month) 2026 (year)

Margaret O'Brien
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/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>20,416⁶⁷</i>
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ <i>43,008⁵³</i>
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>3,233⁵³</i>
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ <i>102⁸⁴</i>
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		\$ <i>132⁵¹</i>
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: <u>4</u>
2 FILER NAME <u>Margaret O'Brien</u>			3 Filer ID (Ethics Commission Filers)
4 Date <u>7/1/25</u>	5 Full name of contributor <u>Sean Modjavan</u>	out-of-state PAC (ID#: <u>75081</u>)	7 Amount of contribution (\$) <u>\$500.00</u>
	6 Contributor address; <u>212 W Spry Valley Rd Richardson TX</u>	City: _____ State: _____ Zip Code: _____	
8 Principal occupation / Job title (See Instructions) <u>Attorney</u>		9 Employer (See Instructions) <u>MAS Law</u>	
Date <u>9/15/25</u>	Full name of contributor <u>Jeffrey Bittel L AW</u>	out-of-state PAC (ID#: <u>75043</u>)	Amount of contribution (\$) <u>\$500.00</u>
	Contributor address; <u>3200 Broadway Blvd #170 TX</u>	City: <u>Galveston</u> State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions) <u>Attorney</u>		Employer (See Instructions) <u>The Bittel Law Firm</u>	
Date <u>9/25/25</u>	Full name of contributor <u>Cheryl Callendar</u>	out-of-state PAC (ID#: <u>75225</u>)	Amount of contribution (\$) <u>\$2,500.00</u>
	Contributor address; <u>4516 Lover Lane #275 Dallas TX</u>	City: _____ State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions) <u>Attorney</u>		Employer (See Instructions) <u>Saf</u>	
Date <u>9/25/25</u>	Full name of contributor <u>Carlos Cortez</u>	out-of-state PAC (ID#: <u>75243</u>)	Amount of contribution (\$) <u>\$1000.00</u>
	Contributor address; <u>12801 N Central Expressway #300 Dallas TX</u>	City: _____ State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions) <u>Attorney</u>		Employer (See Instructions) <u>Cortez Law Firm, PLLC</u>	

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: <i>4</i>
2 FILER NAME <i>Margaret O'Brien</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>11/13/25</i>	5 Full name of contributor <i>Michael Lyons</i>	out-of-state PAC (ID#: ____)	7 Amount of contribution (\$) <i>\$1,500</i>
	6 Contributor address: <i>2101 Cedar Springs Rd, Ste 1900 Dallas TX 75201</i>	City: _____ State: _____ Zip Code: _____	
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>Lyons + Simmons, LLP</i>	
Date <i>12/8/25</i>	Full name of contributor <i>Palter Stokley Sims / Kimberly Sims</i>	out-of-state PAC (ID#: ____)	Amount of contribution (\$) <i>\$200</i>
	Contributor address: <i>4073 Deep Valley Drive Dallas TX 75247</i>	City: _____ State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Palter Stokley Sims</i>	
Date <i>12/8/25</i>	Full name of contributor <i>Marian Heisey</i>	out-of-state PAC (ID#: ____)	Amount of contribution (\$) <i>\$500</i>
	Contributor address: <i>2003 Airline Drive Friendswood TX 77546</i>	City: _____ State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions) <i>Retired RN</i>		Employer (See Instructions) <i>None</i>	
Date <i>12/8/25</i>	Full name of contributor <i>Apartment Assoc. of Greater Dallas</i>	out-of-state PAC (ID#: ____)	Amount of contribution (\$) <i>\$5,000</i>
	Contributor address: <i>2100 W. Walnut Lane Ste 100C Irving TX 75038</i>	City: _____ State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions) <i>—</i>		Employer (See Instructions) <i>—</i>	

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: <i>4</i>
2 FILER NAME <i>Margaret O'Brien</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>9/25/25</i>	5 Full name of contributor <i>John Greenslade</i>	out-of-state PAC (ID#: <i>54200</i>)	7 Amount of contribution (\$) <i>\$4,666 67</i>
6 Contributor address; <i>1028 Asher Way</i>		City: <i>TX</i> State: <i>Tyler, TX</i> Zip Code <i>75703</i>	
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>Biggs + Greenslade P.C.</i>	
Date <i>10/2/25</i>	Full name of contributor <i>Jack Garland</i>	out-of-state PAC (ID#: <i>7750</i>)	Amount of contribution (\$) <i>\$50 00</i>
Contributor address; <i>20006 Barton Creek Ct</i>		City: <i>Katy</i> State: <i>TX</i> Zip Code <i>77450</i>	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Law Office of Jack Garland Jr</i>	
Date <i>10/2/25</i>	Full name of contributor <i>Stuart Dickinson</i>	out-of-state PAC (ID#: <i>75205</i>)	Amount of contribution (\$) <i>\$1000 00</i>
Contributor address; <i>4521 Belclaire Ave</i>		City: <i>Highland Park</i> State: <i>TX</i> Zip Code <i>75205</i>	
Principal occupation / Job title (See Instructions) <i>Prop. Management</i>		Employer (See Instructions) <i>Seff</i>	
Date <i>11/11/25</i>	Full name of contributor <i>Jeffrey Simon</i>	out-of-state PAC (ID#: <i>75202</i>)	Amount of contribution (\$) <i>\$1000 00</i>
Contributor address; <i>901 Main St, Ste 5900</i>		City: <i>Dallas, TX</i> State: <i>TX</i> Zip Code <i>75202</i>	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Simon Greenstone Paratiel, PC</i>	

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: <i>4</i>
2 FILER NAME <i>Margaret O'Brien</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>12/8/25</i>	5 Full name of contributor <i>Gay Beaman</i>	out-of-state PAC (ID#: <i></i>)	7 Amount of contribution (\$) <i>\$1,000</i>
	6 Contributor address; <i>12770 Coit Rd, Ste 800 Dallas TX</i>	City; State; Zip Code <i>75251</i>	
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>Self</i>	
Date <i>10/15/25</i>	Full name of contributor <i>Hamilton Wingo / Paul Wingo</i>	out-of-state PAC (ID#: <i></i>)	Amount of contribution (\$) <i>\$1,000</i>
	Contributor address; <i>325 N. St. Paul St, Ste 3600 TX</i>	City; State; Zip Code <i>Dallas 75201</i>	
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Hamilton Wingo, LLP</i>	
Date	Full name of contributor	out-of-state PAC (ID#: <i></i>)	Amount of contribution (\$)
	Contributor address;	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	out-of-state PAC (ID#: <i></i>)	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: <u>2</u>
2 FILER NAME <u>Margaret O'Brien</u>			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS			\$ <u>3,000.00</u>
5 Date of loan <u>1/3/18</u>	7 Name of lender <u>Self</u>	8 Lender address; City: State; Zip Code <u>POBox 570121 Dallas TX 75357</u>	
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	9 Loan Amount (\$) <u>3000</u>		10 Interest rate
11 Maturity date			
12 Principal occupation / Job title (See Instructions) <u>Real Estate Broker/Owner</u>		13 Employer (See Instructions) <u>Self</u>	
14 Description of Collateral 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	Name of lender	□ out-of-state PAC (ID#:)	
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code		Loan Amount (\$) Interest rate Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION 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.

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: <u>2</u>
2 FILER NAME <u>Margaret O'Brien</u>			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS			\$ <u>40,000.00</u>
5 Date of loan <u>6/28/21</u>	7 Name of lender <u>Self</u>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	9 Loan Amount (\$) <u>40,000.00</u>
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <u>PO Box 570121 Dallas TX 75357</u>		10 Interest rate
12 Principal occupation / Job title (See Instructions) <u>Real Estate Broker/Owner</u>			11 Maturity date
14 Description of Collateral none			13 Employer (See Instructions) <u>Self</u>
16 GUARANTOR INFORMATION 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	Name of lender	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code		Interest rate
Principal occupation / Job title (See Instructions)			Maturity date
Description of Collateral none			Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION 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 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: <i>2</i>	2 FILER NAME <i>Margaret O'Brien</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>8/4/25</i>	5 Payee name <i>Dallas AFL-CIO</i>	
6 Amount (\$) <i>\$100</i>	7 Payee address; <i>1408 N. Washington #246 Dallas TX 75204</i>	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Labor Day Picnic Ad</i>
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <i>Judge O'Brien</i>	
Date <i>8/19/25</i>	Payee name <i>Garland NAACP</i>	Office sought
Amount (\$) <i>\$135</i>	Payee address; <i>PO Box 460944</i>	Office held <i>JP2-1</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense Event Expense</i>	Description <i>Freedom Fund Breakfast + Ad</i>
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH <i>Judge O'Brien</i>	
Date <i>9/24/25</i>	Payee name <i>Beyond the Slogan</i>	Office sought
Amount (\$) <i>\$1350</i>	Payee address; <i>2710 South Creek Pkwy</i>	Office held <i>JP2-1</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Door Hangers</i>
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH <i>Judge O'Brien</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	3 Filer ID (Ethics Commission Filers)	
2	Margaret O'Brien		
4 Date	5 Payee name	6 Amount (\$)	
10/3/25	Mesquite Sports Center + Printing	8633 53	
7 Payee address:	City:	State; Zip Code	
	321 Gross Rd	Mesquite TX 75149	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Printing Expense	Tshirts + Hats	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Judge O'Brien		JP 2-1
Date	Payee name	Amount (\$)	Payee address; City; State; Zip Code
11/15/25	Gairland NAACP	015 00	PO Box 460944 Gairland TX 75046
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Event Expense	MLK Parade Entry	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Judge O'Brien		JP 2-1
Date	Payee name	Amount (\$)	Payee address; City; State; Zip Code
12/1/25	Dallas County Democratic Party	1000	1414 N. Washington Ave Dallas TX 75204
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Fees	Applicant filing fee for 2026	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Judge O'Brien		JP 2-1

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	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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	Margaret O'Brien	
4 Date	5 Payee name	
12/16/25	Carra	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$102.84	110 Kippay Street	Australia
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description Post Cards
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Judge O'Brien	Office sought
		Office held JP24
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T.	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
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T.	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.

1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
2	Margaret O'Brien	
4 Date	5 Payee name	
10/2/25	PayPal	
6 Amount (\$)	7 Payee address; City State Zip Code	
\$1.48	95 Manton Street New York NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) fees	(b) Description (See instructions regarding type of information required.) PayPal Collection fee
Date	Payee name	
10/15/25	PayPal	
Amount (\$)	Payee address; City State Zip Code	
\$135.39	95 Manton Street New York NY 10014	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) fees	Description (See instructions regarding type of information required.) Collection fee
Date	Payee name	
11/11/25	PayPal	
Amount (\$)	Payee address; City State Zip Code	
\$35.39	95 Manton Street New York NY 10014	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) fees	Description (See instructions regarding type of information required.) Collection fee
Date	Payee name	
11/13/25	PayPal	
Amount (\$)	Payee address; City State Zip Code	
\$52.84	95 Manton Street New York NY 10014	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) fees	Description (See instructions regarding type of information required.) Collection fee

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.

1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
2	Margaret O'Brien	
4 Date	5 Payee name	
12/8/25	PayPal	
6 Amount (\$)	7 Payee address:	City State Zip Code
47.77	95 Morton Street	New York NY 10014
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Fees	(b) Description (See instructions regarding type of information required.) Collection 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.)
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.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2025, a candidate or officeholder who has accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name	Filer ID #

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

1. I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$33,910 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the Jan 15 report due on Jan 15 2026. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

Signature of Filer

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 P.O. Box 570121 (street) Dallas (city) TX (state) 75257 (zip code) USA (country).
Executed in Dallas County, State of TX on the 15 day of Jan (month) 2026 (year).

Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**