

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 **Mrs** FIRST **Margaret** MI
NICKNAME LAST **O'Brien** SUFFIX

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

PO Box 570121 Dallas TX 75357

Change of Address

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(972) 897-6427

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR **Ms** FIRST **Stefanie** MI
NICKNAME LAST **McGregor** SUFFIX

Receipt # Amount \$

Date Processed

Date Imaged

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 **07/01/2025** THROUGH Month Day Year **12/31/25**

11 ELECTION

ELECTION DATE Month Day Year **03/03/2026** ELECTION TYPE ☒ Primary ☐ Runoff ☐ Other Description
☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

Justice of the Peace 2-1

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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

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)

\$

20,416⁶⁷

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$

3468⁹⁴

CONTRIBUTION
BALANCE

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

\$

17,050⁵⁷

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

43,000⁰⁰

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 USA*

(street) (city) (state) (zip code) (country)

Executed in *Dallas* County, State of *Texas*, on the *11th* day of *Jan*, 20 *20*

(month) (year)

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 SUBTOTAL(S) NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. ✓	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>20,416⁶⁷</i>
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. ✓	SCHEDULE E: LOANS	\$ <i>43,000⁰⁰</i>
5. ✓	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.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. ✓	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. ✓	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: 4
2 FILER NAME Margaret O'Brien		3 Filer ID (Ethics Commission Filers)
4 Date 7/1/25	5 Full name of contributor Sean Modjanad out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code 212 W Spry Valley Rd Richardson TX 75081	7 Amount of contribution (\$) \$500⁰⁰
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) MAS Law
Date 7/15/25	Full name of contributor Jeffrey Beltz LAW Contributor address; City; State; Zip Code 3200 Broadway Blvd #170 TX 75043	Amount of contribution (\$) \$500⁰⁰
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Beltz Law Firm
Date 9/25/25	Full name of contributor Cheryl Callenaut Contributor address; City; State; Zip Code 4516 Lovers Lane #275 Dallas TX 75225	Amount of contribution (\$) \$2500⁰⁰
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 9/25/25	Full name of contributor Carlos Cortez Contributor address; City; State; Zip Code 12801 N. Central Expy #300 Dallas TX 75243	Amount of contribution (\$) \$1000⁰⁰
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Cortez Law Firm, PLLC

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: 4
2 FILER NAME Margaret O'Brien		3 Filer ID (Ethics Commission Filers)
4 Date 11/13/25	5 Full name of contributor out-of-state PAC (ID#: Michael Lyons	7 Amount of contribution (\$) \$1,500⁰⁰
6 Contributor address; City; State; Zip Code 2101 Cedar Springs Rd, Ste 1900 Dallas TX 75201		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Lyons + Simmons, LLP
Date 12/8/25	Full name of contributor out-of-state PAC (ID#: Palter Stokley Sims / Kimberly Sims	Amount of contribution (\$) \$200⁰⁰
Contributor address; City; State; Zip Code 4073 Deep Valley Drive Dallas TX 75244		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Palter Stokley Sims
Date 12/8/25	Full name of contributor out-of-state PAC (ID#: Marion Heisey	Amount of contribution (\$) \$500⁰⁰
Contributor address; City; State; Zip Code 2003 Air Lane Drive Friendswood TX 77546		
Principal occupation / Job title (See Instructions) Retired RN		Employer (See Instructions) None
Date 12/8/25	Full name of contributor out-of-state PAC (ID#: Apartment Assoc. of Greater Dallas	Amount of contribution (\$) \$5,000⁰⁰
Contributor address; City; State; Zip Code 2100 W. Walnut Lane Ste 100C Irving TX 75038		
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.

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: 4
2 FILER NAME Margaret O'Brien		3 Filer ID (Ethics Commission Filers)
4 Date 9/25/25	5 Full name of contributor John Greenstade out-of-state PAC (ID#: 6 Contributor address; 1028 Asher Way, Suite 200, Tyler, TX 75703 City; State; Zip Code	7 Amount of contribution (\$) \$4,666⁶⁷
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Biggs + Greenstade, P.C.
Date 10/2/25	Full name of contributor Jack Garland out-of-state PAC (ID#: Contributor address; 20006 Barton Creek G + Katy TX 77850 City; State; Zip Code	Amount of contribution (\$) \$50⁰⁰
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law Office of Jack Garland Jr
Date 10/2/25	Full name of contributor Stuart Dickinson out-of-state PAC (ID#: Contributor address; 4521 Belclaire Ave Highland Park TX 75205 City; State; Zip Code	Amount of contribution (\$) \$1000⁰⁰
Principal occupation / Job title (See Instructions) Prop. Management		Employer (See Instructions) Self
Date 11/11/25	Full name of contributor Jeffrey Simon out-of-state PAC (ID#: Contributor address; 901 Main St, Ste 5900 Dallas, TX 75202 City; State; Zip Code	Amount of contribution (\$) \$1000⁰⁰
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Simon Greenstone Parlatier, PC
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: 4
2 FILER NAME Margaret O'Brien		3 Filer ID (Ethics Commission Filers)
4 Date 12/8/25	5 Full name of contributor Guy Berman out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$1,000⁰⁰
6 Contributor address; City; State; Zip Code 12770 Coit Rd, Ste 800 Dallas TX 75251		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 10/15/25	Full name of contributor Hamilton Wingo / Paul Wingo Contributor address; City; State; Zip Code 325 N. St. Paul St, Ste 3600 Dallas TX 75204 out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$1,000⁰⁰
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hamilton Wingo, LLP
Date	Full name of contributor 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 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: <div style="font-size: 2em; text-align: center;">2</div>		
2 FILER NAME <div style="font-size: 1.5em; font-family: cursive;">Margaret OBrien</div>			3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED LOANS			\$ 3,000 ⁰⁰		
5 Date of loan 1/3/18	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Self		9 Loan Amount (\$) 3000 ⁰⁰		
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code PO Box 570121 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 none			15 <input checked="" type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	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	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.

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: 2	
2 FILER NAME <i>Margaret OBrien</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS		\$ <i>40,000.00</i>	
5 Date of loan <i>6/28/21</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Self</i>	9 Loan Amount (\$) <i>40,000.00</i>	
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <i>PO Box 570121 Dallas TX 75357</i>	10 Interest rate	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions) <i>Real Estate Broker/Owner</i>		13 Employer (See Instructions) <i>Self</i>	
14 Description of Collateral <i>none</i>		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
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#: _____)	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <i>none</i>		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
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		2 FILER NAME Margaret O'Brien		3 Filer ID (Ethics Commission Filers)	
4 Date 8/4/25		5 Payee name Dallas AFL - CIO			
6 Amount (\$) \$100.00		7 Payee address; 1408 N. Washington #246 Dallas TX 75204		City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Labor Day Picnic Ad		
	(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 JP2-1	
Date 8/19/25		Payee name Gaillard NAACP			
Amount (\$) \$135.00		Payee address; PO Box 460944		City; State; Zip Code Shaland TX 75046	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense Event Expense		Description Freedom Fund Breakfast + Ad		
	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 Judge O'Brien		Office sought Office held JP2-1	
Date 9/24/25		Payee name Beyond the Slogan			
Amount (\$) \$1350.00		Payee address; 2710 South Creek Pkwy		City; State; Zip Code St. 1102 Richardson TX 75082	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Door Hangers		
	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 Judge O'Brien		Office sought Office held JP2-1	

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	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	3 Filer ID (Ethics Commission Filers)
2	Margaret O'Brien	
4 Date	5 Payee name	
10/3/25	Mesquite Sports Center + Printing	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$633 ⁵³	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	
11/15/25	Galand NAACP	
Amount (\$)	Payee address;	City; State; Zip Code
\$15 ⁰⁰	PO Box 460944 Galand 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	
12/1/25	Dallas County Democratic Party	
Amount (\$)	Payee address;	City; State; Zip Code
\$1,000 ⁰⁰	1414 N. Washington Ave Dallas TX	75204
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Fees	Candidate JP 2-1 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
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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
<i>1</i>	<i>Margaret O'Brien</i>		
4 Date	5 Payee name		
<i>12/16/25</i>	<i>Canva</i>		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
<i>\$102.84</i> <small>Reimbursement from political contributions intended</small>	<i>110 Kippay Street</i>	<i>Australia</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	<i>Printing</i>		<i>Post Cards</i>
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 <small>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</small>	Candidate / Officeholder name		Office sought Office held
	<i>Judge O'Brien</i>		<i>Jp2-1</i>
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<small>Reimbursement from political contributions intended</small>			
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
<small>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</small>	Candidate / Officeholder name		Office sought Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<small>Reimbursement from political contributions intended</small>			
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
<small>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</small>	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	2 FILER NAME Margaret O'Brien	3 Filer ID (Ethics Commission Filers)
4 Date 10/2/25	5 Payee name PayPal	
6 Amount (\$) \$1.48	7 Payee address; 95 Manton Street	City State Zip Code 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 10/15/25	Payee name PayPal	
Amount (\$) 135³⁹	Payee address; 95 Manton Street	City State Zip Code 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 11/11/25	Payee name PayPal	
Amount (\$) \$35³⁹	Payee address; 95 Manton Street	City State Zip Code 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 11/13/25	Payee name PayPal	
Amount (\$) 952⁸⁴	Payee address; 95 Manton Street	City State Zip Code 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	2 FILER NAME Margaret Obrien		3 Filer ID (Ethics Commission Filers)	
4 Date 12/8/25	5 Payee name PayPal			
6 Amount (\$) \$747	7 Payee address; 95 Horton Street		City New York	State NY
			Zip Code 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.

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

Filer name <u>Margaret Obrien</u>	Filer ID #
--------------------------------------	------------

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

Margaret Obrien
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 Obrien 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 Tx, on the 11 day of Jan, 20 26
(month) (year)
Margaret Obrien
Signature of Filer (Declarant)

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