CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
The C/OH Instruction (Guide explains how	to complete this form.		8	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MRS	FIRST Margaret	МІ	OFFICE USE ONLY	
1000 000 000	NICKNAME	O'Brien	SUFFIX	Date Received 2023 J	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	PO BOX 57		city; state; zip code allas TX 75357	JAN -9 AM JOHN F. WARR COUNTY CLE	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (972)	PHONE NUMBER 897-6427	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MS NICKNAME	Stefanie LAST	MI	Receipt # Amount \$ Date Processed	
		McGregor		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE): APT / S reet, Ste 1700	UITE #; CITY; Dallas	TX 75270	
8 CAMPAIGN TREASURER PHONE	area code (214)	939-4428	EXTENSION		
9 REPORT TYPE	January 15 July 15	30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month 10	Day Year / 30 / 22	THROUGH 12	Day Year / 31 / 22	
11 ELECTION	Month Day	Year Primary 22 General	Runoff Other Description Special		
12 OFFICE	Justice of t	he Peace 2-1	13 OFFICE SOUGHT (If known Justice of the P		
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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
000000000000000000000000000000000000000	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME		
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
		GO ТО	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIG	N FINANCE REPORT	0012110121102
15 C/OH NAME Margaret O'Brien		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THA PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$ 150.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,550.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,210.00
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	\$ 1,293.89
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS C LAST DAY OF THE REPORTING PERIOD	\$ 43,000.00
(1) Affidavit	Please complete either option below	w:
NOTARY STAMP/SEA Sworn to and subscribed 20, to certify		day of,
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	MARK IN THE WALLENGER
(2) Unsworn Declaration		
My name is Margaret		Nov. 15, 1972
My address is PO BO	C 571265 Dallas T	X , 75357 , USA
Executed in DALLAS	(street) County, State of TEXAS, on the State of the day of the da	(state) (zip code) (country) (year) (country)
	Signature of Cand	idate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Margaret O'Brien	100 10 (2.1100 00)			sion Filers)
21 SCHEDULE SUBTOTAL NAME OF SCHEDULE	s		100 m 10	SUBTOTAL AMOUNT
1. SCHEDULE	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			1,550.00
2. SCHEDULE	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			150.00
3. SCHEDULE E	SCHEDULE B: PLEDGED CONTRIBUTIONS			
4. SCHEDULE	■ SCHEDULE E: LOANS			43,000.00
5. SCHEDULE	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			5,210.00
6. SCHEDULE F	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7. SCHEDULE	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8. SCHEDULE	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			
9. SCHEDULE	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			
10. SCHEDULE F	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11. SCHEDULE I:	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			46.28
12. SCHEDULE F	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	1 Total pages Schedule A1: 1			
2 FILER NAME Margaret	O'Brien	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC Dr. John Duncan	7 Amount of contribution (\$)			
11/07/2022	6 Contributor address; City; 349 E Las Colinas Blvd, Suite C Irvir	State; Zip Code	1,500.00		
A 10 10 10 10 10 10 10 10 10 10 10 10 10	pation / Job title (See Instructions)	9 Employer (See Instruct Self - ViaScan	ions)		
Date		C (ID#)	Amount of contribution (\$)		
11/12/2022	John Combs Contributor address; City; 2313 Sylvan Dr Garland	State; Zip Code	50.00		
Principal occupation / Job title (See Instructions) Retired Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC	C (ID#)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC	C (ID#)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)		

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	I information is not applicable, Do	O NOT in	clude this pa	ge in the re	port.	
The Instruction Guide explains how to complete this form.				1 Total pages Schedule E:		
2 FILER NAME Margaret O'Brien				3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED LOANS				\$		
5 Date of loan 01/03/2018	SELF		ID#:)	9 Loan Amount (\$) 3,000.00	
6 Is lender a financial Institution?	8 Lender address; City		State;	Zip Code	10 Interest rate	
☐ Y ■ N	PO BOX 571265 Da	allas	TX	75357	11 Maturity date	
and the second of the second s	on / Job title (See Instructions) E BROKER/OWNER		Employer (See	Instructions)		
14 Description of Coll	ateral	15		if personal fund it (See Instruct	ds were deposited into political ions)	
16 GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)	
not applicable	18 Guarantor address; City		State;	Zip Code		
20 Principal Occupat	ion (See Instructions)	21	Employer (See	Instructions)		
Date of loan 06/28/2021	Name of lender	of-state PAC (ID#:)	Loan Amount (\$) 40,000.00	
Is lender a financial Institution?	Lender address; City PO BOX 571265 DA	y: LLAS	State; TX	Zip Code 75357	Interest rate Maturity date	
I was a second by the second b	E BROKER/OWNER	S	Employer (See	Instructions)		
Description of Colla	ateral			if personal fund at (See Instruct	ds were deposited into political ions)	
GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)	
not analicable	Guarantor address; City	y;	State;	Zip Code		
not applicable Principal Occupati	on (See Instructions)		Employer (See	Instructions)		
If le	ATTACH ADDITIONAL					

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) Margaret O'Brien 4 Date 5 Payee name 11/04/2022 JR 6 Amount (\$) 7 Payee address: City: State: Zip Code Farmers Branch TX 700.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Polling Expense Poll Greeting PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Margaret O'Brien JP 2-1 JP 2-1 Payee name 11/04/2022 Joe Amount (\$) Payee address; City: State: Zip Code 300.00 Category (See Categories listed at the top of this schedule) Description Polling Expense Poll Greeting **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Margaret O'Brien JP 2-1 JP 2-1 Payee name Date 11/04/2022 Bankem Printing Amount (\$) Pavee address: City; State: Zip Code 2357 S. Collins Street Arlington TX 76014 500.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Printing Expense Poll Cards OF EXPENDITURE 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

Office sought

JP 2-1

Candidate / Officeholder name

Margaret O'Brien

Office held

JP 2-1

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 Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental 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 co	emplete this form.					
1 Total pages Schedule F1:	2 FILER NAME Margaret O'Br	ien	3 Filer ID (Ethics	s Commission Filers)			
4 Date 11-10-22	5 Payee name Degond the Slo	gan					
6 Amount (\$)	7 Payee address Pouth Ciel #4	J city; 120 Rilla	State:	Zip Code 75082			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (c) Check if travel outside (Tokas, Complete Schedule T.	(b) Description FCCS Check if Austin	Campai TX. officeholder living	M RINGS Xty expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held			
Date 2-9-22	NAACP Garland	Unit					
Amount (\$)	Po Box 460944	City: Exercen	State;	75046			
PURPOSE OF EXPENDITURE	EVENT Expense	Description ALK (arade				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living	expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held			
Date	Рауее пате						
Amount (\$)	Payee address;	City;	State;	Zip Code			
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held			
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEE	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

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

	The Instruction Guide explains how to co	emplete this form.	
1 Total pages Schedule I: 1 4 Date 11/07/2022	2 FILER NAME Margaret O'Brien 5 Payee name PayPal	3	Filer ID (Ethics Commission Filers)
6 Amount (\$) 44.34	7 Payee address; 12312 Port Grace Blvd	City LaVista	State Zip Code NE 68128
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) FEES	(b) Description (See instructive required.) PayPal Fee	ctions regarding type of information
Date 11/12/2022	Payee name PayPal		
Amount (\$) 1.94	Payee address; 12312 Port Grace Blvd	_{City} LaVista	State Zip Code NE 68128
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) FEES	Description (See instruction required.) PayPal Fee	ctions regarding type of information
Date	Payee name	1	
Amount (\$)	Payee address;	City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instruction required.)	ctions regarding type of information
Date	Payee name		
Amount (\$)	Payee address;	City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instruction required.)	ctions regarding type of information
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDEL)