# 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: 7

**3 CANDIDATE / OFFICEHOLDER NAME**
MS / MRS / MR: Mrs. | FIRST: Margaret | MI:
NICKNAME | LAST: O'Brien | SUFFIX

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**
☐ Change of Address
ADDRESS / PO BOX: PO Box 570121 | APT / SUITE #: | CITY: Dallas | STATE: TX | ZIP CODE: 75357

**5 CANDIDATE/ OFFICEHOLDER PHONE**
AREA CODE: (972) | PHONE NUMBER: 897-6427 | EXTENSION:

**6 CAMPAIGN TREASURER NAME**
MS / MRS / MR: Ms. | FIRST: Stefanie | MI:
NICKNAME | LAST: McGregor | SUFFIX

**7 CAMPAIGN TREASURER ADDRESS** (Residence or Business)
STREET ADDRESS (NO PO BOX PLEASE): 1201 Elm Street, Ste 1100 | APT / SUITE #: | CITY: Dallas | STATE: TX | ZIP CODE: 75270

**8 CAMPAIGN TREASURER PHONE**
AREA CODE: (214) | PHONE NUMBER: 939-4428 | EXTENSION:

**OFFICE USE ONLY**
Date Received: FILED 2026 OCT 26 PM 1:32 JOHN F. WARREN COUNTY CLERK DALLAS COUNTY
Date Hand-delivered or Date Postmarked
Receipt # | Amount $
Date Processed
Date Imaged

**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: 09 / 25 / 2026 THROUGH 10 / 24 / 2026

**11 ELECTION**
ELECTION DATE: Month / Day / Year: 11 / 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): ← Same

**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: ☐ GENERAL ☐ 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) | $ |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | $ |
| | 4. | **TOTAL POLITICAL EXPENDITURES** | $ 141.91 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 21,285.07 |
| 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.

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 (street), Dallas (city), TX (state), 75357 (zip code), USA (country).

Executed in Dallas County, State of Texas, on the 24th day of Oct (month), 2026 (year).

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

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

| 19 FILER NAME | 20 Filer ID (Ethics Commission Filers) |
|---|---|
| Margaret O'Brien | |

| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | SUBTOTAL AMOUNT |
|---|---|---|---|
| 1. | ☐ | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | $ |
| 2. | ☐ | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | $ |
| 3. | ☐ | SCHEDULE B: PLEDGED CONTRIBUTIONS | $ |
| 4. | ☑ | SCHEDULE E: LOANS | $ 43,000.00 |
| 5. | ☑ | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ 141.91 |
| 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 | $ |
| 10. | ☐ | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | $ |
| 11. | ☐ | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ |
| 12. | ☐ | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | $ |

# 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: Margaret O'Brien

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: Self ☐ out-of-state PAC (ID#: _____)

9 Loan Amount ($): $ 3000.00

6 Is lender a financial Institution? Y (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 ☐ 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)

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Date of loan

Name of lender ☐ out-of-state PAC (ID#: _____)

Loan Amount ($)

Is lender a financial Institution? Y 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

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: 2

2 FILER NAME: Margaret O'Brien

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: $ 40,000

5 Date of loan: 6-28-21

7 Name of lender: Self ☐ out-of-state PAC (ID#: _____ )

9 Loan Amount ($): 40,000

6 Is lender a financial Institution? Y (N)

8 Lender address; City; State; Zip Code: PO Box 570120 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 ☑ 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)

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Date of loan

Name of lender ☐ out-of-state PAC (ID#: _____ )

Loan Amount ($)

Is lender a financial Institution? Y 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

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: 1 | 2 FILER NAME: Margaret O'Brien | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|

**4 Date:** 10-12-26
**5 Payee name:** Mesquite Sports Center
**6 Amount ($):** $116.91
**7 Payee address:** 321 Gross Rd; City: Mesquite; State: TX; Zip Code: 75149
☐ Check if individual's residence address.

**8 PURPOSE OF EXPENDITURE**
**(a) Category** (See Categories listed at the top of this schedule): Printing Expense
**(b) Description:** Campaign T-Shirts
**(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: Margaret O'Brien; Office sought: JP2-1; Office held: JP2-1

**Date:** 9-25-26
**Payee name:** NAACP Galveston Unit
**Amount ($):** $25.00
**Payee address:** PO Box 460944; City: Galveston; State: TX; Zip Code: 75046
☐ Check if individual's residence address.

**PURPOSE OF EXPENDITURE**
**Category** (See Categories listed at the top of this schedule): Event Expense
**Description:** Ad. invoice
☐ 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: Margaret O'Brien; Office sought: JP2-1; Office held: JP2-1

**Date:**
**Payee name:**
**Amount ($):**
**Payee address:** City: State: Zip Code:
☐ Check if individual's residence address.

**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 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, 2026, a candidate or officeholder who has accepted more than $34,890 in political contributions or made more than $34,890 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 | Filer ID # |
|---|---|
| | |

1. I swear or affirm that I have not accepted more than $34,890 in political contributions or made more than $34,890 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 $34,890 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 Oct 26 2026 report due on Oct 26, 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 11-15-1972.

My address is PO Box 570121 (street), Dallas (city), TX (state), 75357 (zip code), USA (country).

Executed in Dallas County, State of TX, on the 26th day of Oct (month), 20 26 (year).

Margaret O'Brien
Signature of Filer (Declarant)

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