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: 13
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MRS	FIRST Margaret	МІ	OFFICE USE ONLY
NAME	NICKNAME	O'Brien	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	PO BOX 571	THE SECOND CONTRACTOR OF THE SECOND CONTRACTOR	city; state; zip code allas TX 75357	2022 OC: 2022 OC: 50 50 0 AL
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	FIRST Stefanie	MI	Date Processed 3
	NICKNAME	McGregor	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	CARACTERIST - 22 - 27 - 27 - 27 - 27 - 27 - 27 - 2	(NO PO BOX PLEASE); APT / SI reet, Ste 1700	uite #; city; Dallas	STATE; ZIP CODE TX 75270
8 CAMPAIGN TREASURER PHONE	AREA CODE (214)	PHONE NUMBER 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 9	Day Year / 30 / 22	THROUGH 10	Day Year / 29 / 22
11 ELECTION	Month Day	Year Primary 22 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	EHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CANI	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TRE	ASURER NAME	

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	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)	\$ 1,170.08
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 25,722.21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	\$ 5,000.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	\$ 43,000.00
(1) Affidavit	Please complete either option below:	didåte or Officeholder
NOTARY STAMP/SEAL		
Sworn to and subscribed	before me by this the	day of,
20, to certify v	which, witness my hand and seal of office.	
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath
	OR	A THE RESERVE OF A SAME
(2) Unsworn Declaration	on .	
My name is Margaret		Nov. 15, 1972
My address is PO BOX	. 571265 Dallas TX	75357 USA
Executed in DALLAS	(street) County, State of TEXAS TEXAS	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FI	LER NAME Grant Brien 20 Filer ID (Ethics Cor	nmission Filers)					
	CHEDULE SUBTOTALS O	SUBTOTAL AMOUNT					
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,200.00					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$					
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS						
4.	4. ■ SCHEDULE E: LOANS						
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS						
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS						
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS						
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD						
9.	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	\$ 29.92					
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.

Th	e Instruction Guide explains how	to complete t	his form.	1 Total pages Schedule A1:
FILER NAMI Nargaret		HED EXC	CEL SHEET	3 Filer ID (Ethics Commission Filers)
Date 3-22	5 Full name of contributor Contributor address;	out-of-state	PAC (ID#:)	7 Amount of contribution (\$)
10-27-2	Contributor address;	City;	State; Zip Code	tetal
Principal occ	cupation / Job title (See Instructions)		9 Employer (See Instructi	ions)
Date	Full name of contributor	out-of-state	PAC (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occi	upation / Job title (See Instructions)		Employer (See Instructi	ions)
Date	Full name of contributor	out-of-state	PAC (ID#:)	Amount of contribution (\$)
			State; Zip Code	
Principal occ	upation / Job title (See Instructions)		Employer (See Instructi	ions)
Date	Full name of contributor	out-of-state	PAC (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occ	upation / Job title (See Instructions)	· · · · · · · · · · · · · · · · · · ·	Employer (See Instructi	ions)

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

	8 Day Report	9/30-10/29					
10/3/22	10/3/22 Garland Area Democratic Womens Club	Donation Payment	\$	50.00	ş	(1.94)	Political Organization
	728 Hawthorne Garland, TX 75041						
10/12/22	10/12/22 John Combs	Donation Payment	\$	50.00	\$	(1.94)	Retired
	2313 Sylvan Dr Garland, TX 75040						
10/18/22	10/18/22 Rhonda Thompson	Donation Payment	\$	100.00	\$	(3.38)	Attorney
	700 N Pearl, Ste 2500 Dallas, TX 75201						
10/18/22	10/18/22 Shawn Phelan	Donation Payment	⋄	250.00		\$ (7.72)	Attorney
	700 N Pearl, Ste 2500 Dallas, TX 75201						
10/21/22 CWA	CWA	Donation Payment	s	250.00			Union Group
	1408 N. Washington Ave, Suite 300 Dallas, TX 75204						
10/27/22	10/27/22 Sean Mojarrod	Donation Payment	\$	500.00 \$ (14.94)	\$	14.94)	Attorney
	212 W Spring Valley Rd Richardson, TX 75081						
			Ş	\$ 1,200.00	\$	\$ (29.92)	
			s	\$ 1,170.08			

LOANS

SCHEDULE E

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

and the second s				
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E: 1	
² FILER NAME Margaret O'E	Brien		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UN	NITEMIZED LOANS		\$	
5 Date of loan 01/03/2018	SELF	PAC (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 Dallas	TX 75357	11 Maturity date	
	ion / Job title (See Instructions) TE BROKER/OWNER	13 Employer (See Instructions) SELF		
14 Description of Col	lateral	Check if personal fundaccount (See Instruct	ds were deposited into political tions)	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
not applicable	18 Guarantor address; City;	State; Zip Code		
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)	
06/28/2021	SELF		40,000.00	
Is lender a financial Institution?	Lender address; City; PO BOX 571265 DALLAS	State; Zip Code S TX 75357	Interest rate	
□ Y ■ N	The state of the s		Maturity date	
	ion / Job title (See Instructions) TE BROKER/OWNER	Employer (See Instructions) SELF		
Description of Coll	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicable				
Principal Occupati	ion (See Instructions)	Employer (See Instructions)		
		IES OF THIS SCHEDULE AS NEE		
IT IE	ender is out-of-state PAC please see Ins	struction quide for additional re-	norting requirements	

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

Credit Card Payment

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense **Event Expense** Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Printing Expense Travel In District Gift/Awards/Memorials Expense Travel Out Of District Candidate/Officeholder/Political Committee 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 F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Margaret O'Brien 5 Payee name

9-30-22	5 Payee name
6 Amount (\$)	7 Payee address; City; State; Zip Code,
965000	2232 Dell Range Rd, Ste 287 Chayenne, 32009
8	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	Polling Expense Texting
	(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/OI	Candidate / Officeholdername Office sought Range Office held 2-1
Date	Payee name
10-1-22	Bankem Prinding
Amount (\$)	Payee address; City; State; Zip Code
\$400	2357 Collins St. Arbyton TX 76014
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	Punting Expense Letters/Envelopes
	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 Mayant OB nen Pa-1 Office held Pa-1
Date	Payee name
10-27-22	- Bison Svotegies
Amount (\$)	Payee address; City; State; Zip Code
14,13684	2148 Gladstone Tonace Oklehama Ok 73120
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	Puntry Expense mailers
	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 August DBran Office sought P2-1
	ATTACHARDITIONAL CODIES OF THIS SCHEDULE AS NEEDED

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries A The Instruction Guide explains how to	Nages/Contract Labor O	ther (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Margaret O'Brien	3	Filer ID (Ethics Commission Filers)
4 Date 10-29-22	5 Payee name Puntin	~	
4550°5	7 Payee address; 2357 Collins H.	O city; Allehyfor	State; Zip Code 76014
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description()	uds
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	X, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Office holdername Nought DBuer	Office sought	Poffice held
Date	Payee name		0
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	K, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
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	K, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	D

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 Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor	Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
1 Total pages Schedule G:	2 FILER NA	me ret O'Brien			3 Filer ID (Ethics	Commission Filers)
4 Date	The second second	A Company of the Comp		T. Hardware		
10-1-22	5 Payee nar	land Clin	e stopp	sews		
6 Amount (\$)	7 Payee add	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended	189	1-toust love	. ,	failand	TK	75042
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of the	is schedule) (b) Description Ticket for	· foodie	Auchia
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	, TX, officeholder living e	xpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name	de	office sought 2 -	-1 9	Office held
Date 10-9-22	Payeenar	Canal Foods	blice 1	Perer Wall	n Alone-	toundation
Amount (\$)	Payee add	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended	P. D. 6	Box 4601	47	Harlar	rel TX	75046
PURPOSE OF EXPENDITURE	Category E	(See Categories listed at the top of the Company)	dischedule)	Description Table F	on 10 - Dr	Smo 1.
Control Control, With Control Control Strategic Control Contro		Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name	0	ffice sought		Office held
Date 10-18-22	Payeeman	erly in	C.			
Reimbursement from political contributions intended	Payee add	Dell Rouxe 1	d,8e2	.87 Chege	State; Enne WY	Zip Code 82009
PURPOSE OF EXPENDITURE	Ofh	(See Categories listed at the top of th		Description	Messa	xiz
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austin,	TX, officeholder living e	xpense 🔾
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	ate / Officeholder name	er °	ffice sought	Af	Office held
	ATTA	CH ADDITIONAL COPIES	OF THIS SCH	IEDULE AS NEED	ED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

		EXI ENDITOR	LCATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	Office O Polling E opense Printing	payment/Reimbursement werhead/Rental Expense Expense Expense Wages/Contract Labor	Travel In District Travel Out Of Distr	ipment & Related Expense
Credit Card Payment		The Instruction Guid	de explains how to	complete this form.	•	
1 Total pages Schedule G:	2 FILER NA				3 Filer ID (Ethi	cs Commission Filers)
7 3		ret O'Brien				
4 Date	5 Payee nar	$ ho^{\rm e}$				
10-1F-22		ousen of	Valego	0		
Reimbursement from political contributions intended	7 Payee add		tone la	wace Or	lahoma (01
8 PURPOSE	(a) Category	(See Categories listed at the	top of this schedule)	(b) Description	5	
OF EXPENDITURE	Yn	intry W	Dense	Maul	01	
	(c) (heck if travel outside of Texas. (Complete Schedule T.	Check if Austir	n, TX, officeholder living	ı expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Bandid.	ate / Officenologi nam	ne	Office sought	C	Office held
Date 10-4-22	Payee nan	Squile	Sports	Center	u u	
Reimbursement from political contributions intended	Payee add	Iress; U	s Rol	City;	wife TX	zip Code 75149
PURPOSE OF EXPENDITURE	Thin	(See Categories listed at the	nse	Description Cop5	TV W	Contraction of the Contraction o
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candida	ate / Officeholder name		Office sought	n, TX, officeholder living	Office held
Date 10-25-22	Payee nam	actor 8	rupples			
Reimbursement from political contributions intended	Payee add	Delfle	nefd	city;	state;	Zip Code X 75149
PURPOSE OF EXPENDITURE	A	(See Categories listed at the the second sec	Expense	Description Check Pustin	Stakes , TX, officeholder living	2
Consoliste ONIX IC II		ate / Officeholder nam	/	Office sought	, 12t, officerloider living	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Ma	At D	4 0 1	00024	\cap	201

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.

		EXPEN	IDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Gift/Awards/Me Legal Services	Expense emorials Expense	Office Ov Polling Ex Printing E		Transp Travel Travel	In District Out Of District	ment & Related Expense
or tall data raymon.		The Instruc	tion Guide expla	ins how to	complete this form.			
1 Total pages Schedule G:	2 FILER NA	ME				3 File	er ID (Ethics	Commission Filers)
1 3	Marga	ret O'Br	ien				(20,100	Commission Phersy
4 Date 10-29-22	5 Payee nan	-	۵					
6 Amount (\$)	7 Payee add	ress;	Control Control		City;	The William Control	State;	Zip Code
Reimbursement from political contributions intended	444	14 N	- Sallo	way	Ne	Mess	juste	TX 75150
8 PURPOSE	(a) Category	(See Categories I	isted at the top of this	schedule)	(b) Description		1	
OF EXPENDITURE	Holi	/entix	in ixpo	use	Sign	Stah		
The second secon	(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	Çandida	ate / Officeho	Idername Ph	ر	Office sought	-1	9	Office held
Date 10-1-22	Payee nam	Öffi	ce Dep	Cof-			0	
Amount (\$) 99 Reimbursement from political contributions intended	Payee add		ter ville	Rd	Lale	and	State;	Zip Code 750 \$1
PURPOSE	Category	(See Categories I	isted at the top of this	schedule)	Description	77		
OF EXPENDITURE	Offi	10 OV	erhead	<u> </u>	Suppl	ies		
			de of Texas. Complete S	ichedule T.		ustin, TX, offic	eholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	10	ate / Office tro	Ider name	ien	Office sought	1	5	Office held
Date	Payee nam							
Amount (\$)	Payee add	ress;			City;		State;	Zip Code
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category	(See Categories li	sted at the top of this	schedule)	Description			
	С	heck if travel outsid	e of Texas, Complete S	chedule T.	Check if A	ustin, TX, office	eholder living e	xpense
Complete ONLY if direct expenditure to benefit C/OH	Candida	ate / Officeho	lder name		Office sought			Office held
	ATTA	CH ADDITIO	NAL COPIES C	OF THIS S	CHEDULE AS NE	EDED		

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	mplete this form.	
1 Total pages Schedule I: 4 Date 10/03/2022	2 FILER NAME Margaret O'Brien 5 Payee name PayPal	3 Filer ID	(Ethics Commission Filers)
6 Amount (\$) 1012 29.92	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 instructions regarded.) See Excel Sheet Attach donation fees	
Date	Payee name		
Amount (\$)	Payee address;	City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarequired.)	ording 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 instructions regar required.)	rding 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 instructions regar required.)	rding type of information
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED	

	8 Day Report	9/30-10/29					
10/3/2.	10/3/22 Garland Area Democratic Womens Club	Donation Payment	\$	50.00	\$	(1.94)	Political Organization
	728 Hawthorne Garland, TX 75041						
10/12/2.	10/12/22 John Combs	Donation Payment	Ş	50.00	Ş	(1.94)	Retired
	2313 Sylvan Dr Garland, TX 75040						
10/18/2	10/18/22 Rhonda Thompson	Donation Payment	Ş	100.00	\$	(3.38)	Attorney
	700 N Pearl, Ste 2500 Dallas, TX 75201						
10/18/2.	10/18/22 Shawn Phelan	Donation Payment	Ş	250.00 \$ (7.72)	\$	7.72)	Attorney
	700 N Pearl, Ste 2500 Dallas, TX 75201						
10/21/22 CWA	2 CWA	Donation Payment	Ş	250.00			Union Group
	1408 N. Washington Ave, Suite 300 Dallas, TX 75204						
10/27/2	10/27/22 Sean Mojarrod	Donation Payment	Ş	500.00 \$ (14.94)	\$ (1	4.94)	Attorney
	212 W Spring Valley Rd Richardson, TX 75081						
			\$ 1	\$ 1,200.00 \$ (29.92)	\$ (2	9.92)	
			\$ 1	\$ 1,170.08			