

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: <u>2</u>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Mrs.</u> FIRST <u>Margaret</u> MI NICKNAME <u>O'Brien</u> LAST SUFFIX	OFFICE USE ONLY Date Received: <u>SEP-5 PM 3:12</u> JANE WARMEN COUNTY CLERK TARRANT COUNTY TEXAS FILED									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX: <u>PO Box 570121</u> APT / SUITE #: CITY: <u>Dallas, TX</u> STATE: <u>TX</u> ZIP CODE: <u>75357</u>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <u>972</u> PHONE NUMBER <u>1897 6427</u> EXTENSION										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>Ms</u> FIRST <u>Stefanie</u> MI NICKNAME <u>McGregor</u> LAST SUFFIX										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): <u>1201 Elm Street, Ste 1100</u> APT / SUITE #: CITY: <u>Dallas</u> STATE: <u>TX</u> ZIP CODE: <u>75270</u>										
8 CAMPAIGN TREASURER PHONE	AREA CODE <u>(214)</u> PHONE NUMBER <u>939-4428</u> EXTENSION										
9 REPORT TYPE	☐ January 15 ☐ July 15 ☒ 30th day before election ☐ 8th day before election ☐ Runoff ☐ Exceeded Modified Reporting Limit ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☐ Final Report (Attach C/OH - FR)										
10 PERIOD COVERED	Month Day Year <u>07 / 01 / 2026</u> THROUGH Month Day Year <u>09 / 24 / 2026</u>										
11 ELECTION	ELECTION DATE Month Day Year <u>11 / 03 / 2026</u> ELECTION TYPE ☐ Primary ☒ General ☐ Runoff ☐ Special ☐ Other Description										
12 OFFICE	OFFICE HELD (if any) <u>Justice of the Peace 21</u>	13 OFFICE SOUGHT (if known) <u>← Same</u>									
14 NOTICE FROM POLITICAL COMMITTEE(S) ☐ Additional Pages	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. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;">☐ GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;">☐ SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	☐ GENERAL	COMMITTEE ADDRESS	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
☐ GENERAL	COMMITTEE ADDRESS										
☐ SPECIFIC	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 <u>Margaret O'Brien</u>		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)	\$ <u>650⁰⁰</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>346⁰⁷</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>21,426⁹⁸</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>43,000⁰⁰</u>

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 TX, on the 5th day of Oct, 20 26
(month) (year)
Margaret O'Brien
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Margaret O'Brien

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 650 ⁰⁰
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	\$ 25 ⁰⁰
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	\$ 321 ⁰¹
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	\$

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>1</u>
2 FILER NAME <u>Margaret O'Brien</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>9-11-26</u>	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) <u>Ryan + Kimberly Sims</u> 6 Contributor address; City; State; Zip Code <u>4073 Deep Valley Dr. Dallas TX 75244</u>	7 Amount of contribution (\$) <u>\$150⁰⁰</u>
8 Principal occupation / Job title (See Instructions) <u>Attorneys</u>		9 Employer (See Instructions)
Date <u>7-15-26</u>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <u>Garland Area Democratic Club</u> Contributor address; City; State; Zip Code <u>P.O. Box 462444 Garland TX 75046</u>	Amount of contribution (\$) <u>\$500⁰⁰</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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: 2
2 FILER NAME Margaret O'Brien		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 3,000⁰⁰
5 Date of loan 1-3-18	7 Name of lender ☐ out-of-state PAC (ID#: _____) Self	9 Loan Amount (\$) \$3000⁰⁰
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)
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		\$ 40,000⁰⁰
5 Date of loan 6-28-21	7 Name of lender ☐ out-of-state PAC (ID#: _____) Self	9 Loan Amount (\$) \$40,000⁰⁰
6 Is lender a financial Institution? Y ☒ N ☐	8 Lender address; City; State; Zip Code P.O. 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	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#: _____)	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	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: 1	2 FILER NAME Margaret O'Brien	3 Filer ID (Ethics Commission Filers)
4 Date 9-19-26	5 Payee name NAAEP Garland Unit	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code PO Box 460944 Garland TX 75046 ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adv. Expense	(b) Description Freedom Fund Breakfast Program 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 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 <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 ☐ 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 <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

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: 1	2 FILER NAME Margaret O'Brien	3 Filer ID (Ethics Commission Filers)
4 Date 7-11-26	5 Payee name African American Museum	
6 Amount (\$) \$200 ☒ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1438 Coliseum Dallas Tx 75210 ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adv. Expense	(b) Description 37th Tx Black Inuit Rodeo
	(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 Margaret O'Brien JP2-1 JP2-1		
Date 8-28-26	Payee name Gaillard NAACP Freedom Fund Event	
Amount (\$) \$121.07 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code PO Box 460944 Gaillard Tx 75046 ☐ Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event + Adv. Expense	Description Ticket for event + Ad
	☐ 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 Margaret O'Brien JP2-1 JP2-1		
Date	Payee name	
Amount (\$) ☐ Reimbursement from political contributions intended	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.

Filer name	Filer ID #
------------	------------

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	2026 OCT 5 PM 3:12
Receipt #	Amount
Date Processed	
Date Imaged	

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 October 5, 2026 report due on October 5, 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

NOTARY STAMP / SEAL

Signature of Filer

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 TX, on the 5th day of October, 20 26.
(month) (year)
Signature of Filer (Declarant)

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