

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	FIRST	MI	OFFICE USE ONLY			
	Mrs	Margaret					
	NICKNAME	LAST	SUFFIX	Date Received			
		O'Brien		Date Hand Delivered or Date Postmarked Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;				STATE;
Change of Address	PO Box 571265		Dallas	TX	75357		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand Delivered or Date Postmarked			
	(972)	897-6427		Receipt # _____ Amount \$ _____			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Processed			
	MS	Stefanie		Date Imaged			
	NICKNAME	LAST	SUFFIX				
		McGregor					
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE	
(Residence or Business)	1201 Elm Street, Ste 1700			Dallas	TX	75270	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(214)	939-4400					
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	02	20	22		05	14	22
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	Primary	<input checked="" type="checkbox"/> Runoff	Other Description	
	05	24	22	General	Special		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
	Justice of the Peace 2-1			Justice of the Peace 2-1			
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	COMMITTEE NAME					
	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

FILED
2022 MAY 13 AM 9:36
JOHN W. WARREN
COUNTY CLERK
DALLAS COUNTY
DEPUTY

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

16 C/OH NAME <i>Margaret O'Brien</i>		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)	\$ <i>12,000⁰⁰</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>20,948⁷⁶</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>9,504⁴⁰</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>43,000⁰⁰</i>

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 511265*, *Dallas*, *TX*, *75357* *USA*
(street) (city) (state) (zip code) (country)
 Executed in *Dallas* County, State of *TX*, on the *May* day of *2022*
(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. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 12,000 ⁰⁰
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 43,000 ⁰⁰
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 16,723 ⁷⁷
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. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 4,164 ²⁵
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 60.74
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 3/5/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Debbi Compans	7 Amount of contribution (\$) \$ 500⁰⁰
6 Contributor address; City; State; Zip Code 3842 Brookside Drive Bedford TX 76021		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 2/24/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Jason Simon	Amount of contribution (\$) 900⁰⁰
Contributor address; City; State; Zip Code 5728 LBJ Pkwy #100 Dallas TX 75240		
Principal occupation / Job title (See Instructions) Govt Affairs Director		Employer (See Instructions) AAGID - Govt Affairs
Date 3/16/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cowl Donovan	Amount of contribution (\$) \$ 500⁰⁰
Contributor address; City; State; Zip Code 6333 McWhorter Lake Dr 147 Dallas TX 75214		
Principal occupation / Job title (See Instructions) Attorney/Mediator		Employer (See Instructions) Self
Date 3/18/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carl Dinsberg	Amount of contribution (\$) \$ 500⁰⁰
Contributor address; City; State; Zip Code 200 Paul Howard St 210 Kerville TX 78028		
Principal occupation / Job title (See Instructions) Attorney/Arbitrator		Employer (See Instructions) JWA

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

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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 3/23/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gray Berman	7 Amount of contribution (\$) \$2500⁰⁰
	6 Contributor address; City; State; Zip Code 12770 Coit Rd, Ste 800 Dallas TX 75251	
8 Principal occupation / Job title (See Instructions) Mediator / Attorney		9 Employer (See Instructions) Law offices of Gray Berman
Date 4/8/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Apartment Assoc. of Greater Dallas	Amount of contribution (\$) \$1500⁰⁰
	Contributor address; City; State; Zip Code 5728 LBJ Fwy # 100 Dallas TX 75240	
Principal occupation / Job title (See Instructions) Organization		Employer (See Instructions)
Date 4/8/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) CNA - Local 6215	Amount of contribution (\$) \$750⁰⁰
	Contributor address; City; State; Zip Code 1408 N. Washington Ave, Ste 300 Dallas TX 75204	
Principal occupation / Job title (See Instructions) Union		Employer (See Instructions)
Date 4/27/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TRE PAC MetroTex Assoc. of Realtors	Amount of contribution (\$) \$3000⁰⁰
	Contributor address; City; State; Zip Code PO Box 2246 Austin TX 78768	
Principal occupation / Job title (See Instructions) Pol. Action Committee		Employer (See Instructions) Tx Ass. of Realtors

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME <i>Margaret O'Brien</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/27/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Teamsters 745</i>	7 Amount of contribution (\$) <i>\$500⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>1007 Opnell Ave Dallas TX 75217</i>		
8 Principal occupation / Job title (See Instructions) <i>Union</i>		9 Employer (See Instructions)
Date <i>4/26/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>PC Mathew</i>	Amount of contribution (\$) <i>\$100⁻</i>
Contributor address; City; State; Zip Code <i>6246 Broadway Blvd #100 Garland TX 75043</i>		
Principal occupation / Job title (See Instructions) <i>Accountant</i>		Employer (See Instructions) <i>Self Employed</i>
Date <i>5/4/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Mac+Janice Smith</i>	Amount of contribution (\$) <i>\$1000⁰⁰</i>
Contributor address; City; State; Zip Code <i>120 Palo Pinto St. Weatherford TX 76086</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Harris - Farley - Boyle</i>
Date <i>5/4/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Russell Serafin</i>	Amount of contribution (\$) <i>\$250⁰⁰</i>
Contributor address; City; State; Zip Code <i>2511 Evergreen Bay Ct Hurst TX 76059</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME <i>Margaret Brien</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/11/22</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Alex Gamez</i>	7 Amount of contribution (\$) <i>\$ 300⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>308 Parkview Dr. Sunnyvale TX 75182</i>		
8 Principal occupation / Job title (See Instructions) <i>Transport Business</i>		9 Employer (See Instructions) <i>Self employed</i>
Date <i>5/14/22</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Joseph Persner</i>	Amount of contribution (\$) <i>\$ 500⁰⁰</i>
Contributor address; City; State; Zip Code <i>1722 Routh St, #1500 Dallas TX 75201</i>		
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>Thompson Knight LLP</i>
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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
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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: 1
2 FILER NAME Margaret O'Brien		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 3,000.00
5 Date of loan 01/03/2018	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Self	9 Loan Amount (\$)
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code PO BOX 571265 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 <input checked="" type="checkbox"/> 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 06/28/2021	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Self	Loan Amount (\$) 40,000.00
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code PO BOX 571265 Dallas TX 75357	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) Real Estate Broker/Owner		Employer (See Instructions) Self
Description of Collateral none		<input checked="" type="checkbox"/> 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 | 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: <i>4</i>	2 FILER NAME <i>Margaret O'Brien</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>2-26-22</i>	5 Payee name <i>Beyond the Stages</i>		
6 Amount (\$) <i>\$6500⁰⁰</i>	7 Payee address; City; State; Zip Code <i>2710 Routh Creek #4120 Richardson TX 76082</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting/Other</i>	(b) Description <i>Campaign Services + GOTV Texting</i>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Judge Margaret O'Brien</i>	Office sought <i>JP2-1</i>	Office held <i>JP2-1</i>
Date <i>3-11-22</i>	Payee name <i>USPS</i>		
Amount (\$) <i>\$564⁸⁰</i>	Payee address; City; State; Zip Code <i>1000 W Walnut St Garland TX 75040</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Stamps</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Judge Margaret O'Brien</i>	Office sought <i>JP2-1</i>	Office held <i>JP2-1</i>
Date <i>3-11-22</i>	Payee name <i>Office Depot</i>		
Amount (\$) <i>\$553⁶</i>	Payee address; City; State; Zip Code <i>950 W Centerlink Rd ^{unit A} Garland TX 75041</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Office/Envelopes</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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: 4	2 FILER NAME Margaret O'Brien	3 Filer ID (Ethics Commission Filers)
4 Date 3-5-11	5 Payee name Tar N Dallas Democrats 802	
6 Amount (\$) \$100-	7 Payee address; City; State; Zip Code PO Box 795247 Dallas TX 75379	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising / Food	(b) Description Ad / Breakfast
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 JP21
Date 3-10-11	Payee name Senate District 16	Office held JP2-1
Amount (\$) \$150⁰⁰	Payee address; City; State; Zip Code 2504 Summit Dr Irving TX 75062	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising / Food	Description Ad / Breakfast
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret O'Brien	Office held JP2-1
Date 3-24-22	Payee name AFL-CIO	Office sought JP2-1
Amount (\$) \$100-	Payee address; City; State; Zip Code 1408 N. Washington #240 Dallas TX 75240	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Union Picnic
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Office held		

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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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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: 1	2 FILER NAME Maryann O'Brien	3 Filer ID (Ethics Commission Filers)
4 Date 3-24-22	5 Payee name Print Place	
6 Amount (\$) \$954.77	7 Payee address; City; State; Zip Code 1130 Ave H East Arlington TX 76011	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Door Hangers
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Judge Maryann O'Brien	Office sought JP2-1
Date 4-1-22	Payee name Edwards + Patterson	
Amount (\$) \$1974.16	Payee address; City; State; Zip Code 203 S Beltline Rd Irving TX 75060	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Signs/Banner
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Judge Maryann O'Brien	Office held JP2-1
Date 4/5/22	Payee name USPS	
Amount (\$) \$364.00	Payee address; City; State; Zip Code 8624 Ferguson Rd Dallas TX 75228	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Exp.	Description PO Box fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Judge Maryann O'Brien	Office held JP21

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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: 4	2 FILER NAME Margaret E'Brien	3 Filer ID (Ethics Commission Filers)
4 Date 4-13-22	5 Payee name 123 Print	
6 Amount (\$) \$732.99	7 Payee address; City; State; Zip Code 2020 Leal Out Dr North Mankato MN 56003	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Note Pads
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4-21-22	Payee name Sign Settlers	
Amount (\$) \$600-	Payee address; City; State; Zip Code www.signsettlersandmore.com	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Sign Placement
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Judge Margaret O'Brien	Office sought Office held JP21 JP2-1
Date 5-4-22	Payee name Reilly + Echols	
Amount (\$) \$4,627.69	Payee address; City; State; Zip Code 1710 S. Harwood Dallas TX 75215	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description mailers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Judge Margaret O'Brien	Office sought Office held JP2-1 JP2-1

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 | 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 G: <u>1</u>	2 FILER NAME <u>Margaret O'Brien</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>Renewed 2022</u>	5 Payee name <u>Go Daddy</u>	
6 Amount (\$) <u>415.25</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <u>14455 N. Hayden Rd Ste 219 Scottsdale AZ 85260</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>	(b) Description <u>Website / Domain Renewal</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Judge Margaret O'Brien JP2-1</u>	Office sought <u>JP2-1</u>
		Office held <u>JP2-1</u>
Date <u>4-4-22</u>	Payee name <u>Doortodoor Dallas Flyers</u>	
Amount (\$) <u>\$3749.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>www.doortodoordallasflyers.com</u>	
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>	Description <u>Flyers</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Judge Margaret O'Brien JP2-1</u>	Office sought <u>JP2-1</u>
		Office held <u>JP2-1</u>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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 2-24-22	5 Payee name Pay Pal				
6 Amount (\$) \$3.38	7 Payee address; 12312 Port Grace Blvd		City LaVista	State NE	Zip Code 68128
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Fees		(b) Description (See instructions regarding type of information required.)		
Date 3-16-22	Payee name Pay Pal				
Amount (\$) \$14.94	Payee address; 12312 Port Grace Blvd		City LaVista	State NE	Zip Code 68128
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Fees		Description (See instructions regarding type of information required.)		
Date 3-18-22	Payee name Pay Pal				
Amount (\$) 14.94	Payee address; 12312 Port Grace Blvd		City LaVista	State NE	Zip Code 68128
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Fees		Description (See instructions regarding type of information required.)		
Date 4-26-22	Payee name Pay Pal				
Amount (\$) \$3.38	Payee address; 12312 Port Grace Blvd		City LaVista	State NE	Zip Code 68128
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Fees		Description (See instructions regarding type of information required.)		

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**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 5-11-22	5 Payee name PayPal			
6 Amount (\$) \$9.16	7 Payee address; 12312 Port Grace Blvd	City LaVista	State NE	Zip Code 68128
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Fees		(b) Description (See instructions regarding type of information required.)	
Date 5-11-22	Payee name PayPal			
Amount (\$) \$14.94	Payee address; 12312 Port Grace Blvd	City LaVista	State NE	Zip Code 68128
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Fees		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.)	

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