CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

FILED
2018 JUL 16 PM 4:26
JOHN F. WARREN
COUNTY CLERK
DALLAS COUNTY
BY _____ DEPUTY

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total Pages Filed: 1

OFFICE USE ONLY
Date Received
Date Hand-delivered or Date Postmarked
Receipt # | Amount $
Date Processed
Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mrs
FIRST: Margaret
MI: E
NICKNAME:
LAST: O'Brien
SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
PO Box 571265 Dallas TX 75357

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (214)
PHONE NUMBER: 716-7294
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); APT / SUITE #; CITY; STATE; ZIP CODE
1201 Elm Street, Ste 1700 Dallas TX 75270

8 CAMPAIGN TREASURER PHONE

AREA CODE: (214)
PHONE NUMBER: 939-4400
EXTENSION:

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 $500 limit
☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: 2 / 25 / 18
THROUGH
Month Day Year: 6 / 30 / 18

11 ELECTION

ELECTION DATE
Month Day Year: 11 / 6 / 18

ELECTION TYPE
☐ Primary
☐ Runoff
☐ Other Description
☑ General
☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)
Justice of the Peace, Pct 2, Pl 1

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME: Margaret O'Brien

15 Filer ID (Ethics Commission Filers):

16 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.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 0
2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 0

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ 0
4.	**TOTAL POLITICAL EXPENDITURES**	$ 6,606.37

CONTRIBUTION BALANCE

5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 1,242.03

OUTSTANDING LOAN TOTALS

6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 3,000.00

18 AFFIDAVIT

NOTARY PUBLIC STATE OF TEXAS
LISA E. ANDERSON
Notary Public, State of Texas
My Commission Expires
May 19, 2019

AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said MARGARET O'BRIEN, this the 16 day of July, 2018, to certify which, witness my hand and seal of office.

Lisa E. Anderson — Signature of officer administering oath

LISA E. ANDERSON — Printed name of officer administering oath

Notary — Title of officer administering oath

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	$ 60.00
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☐ SCHEDULE E: LOANS	$
5.	☑ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 560.00
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	$ 5,986.37
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	$

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 1

2 FILER NAME Margaret O'Brien

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS $ 60-

5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:_____)	8 Amount of Contribution $	9 In-kind contribution description
3/1/18	Garland Democratic Voice 7 Contributor address; City; State; Zip Code 3317 Knights Haven Ln Garland, TX 75144	60	Jan 2018 1/2 page Advertisement ☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) Contributor address; City; State; Zip Code	Amount of Contribution $	In-kind contribution description
			☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 2-23-18	5 Payee name Garland Democratic Voice	
6 Amount ($) 60-	7 Payee address; City; State; Zip Code 3317 Knights Haven Lane Garland, TX 75144	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ 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 JP, Pct 2, Pl 1 / Office held none

Date 6/5/18	Payee name Dallas County Democratic Party	
Amount ($) $500-	Payee address; City; State; Zip Code 4209 Parry Avenue Dallas TX 75223	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Coordinated Campaign	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 Margaret O'Brien	Office sought JP, Pct 2, Pl 1 / Office held none

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, 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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 of 6

2 FILER NAME: Margaret O'Brien

3 Filer ID (Ethics Commission Filers):

4 Date: 2-28-18

5 Payee name: Kim Schlossberg Designs

6 Amount ($): 339.91

☑ Reimbursement from political contributions intended

7 Payee address; City; State; Zip Code: 1714 MacManus Dr. Dallas, TX 75228

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Advertising

(b) Description

☐ 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: JP, Pct 2, P11

Office held: none

Date: 3-3-18

Payee name: Office Depot / Office Max

Amount ($): 27.05

☑ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: 3795 W Emporium Circle Mesquite TX 75150

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Printing Expense

(b) 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: Margaret O'Brien

Office sought: JP, Pct 2, P11

Office held: none

Date: 3-2-18

Payee name: Bakers Ribs Garland

Amount ($): 275.82

☑ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: 488 W IH 30 Garland, TX 75043

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Food/Beverage Expense

(b) 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: Margaret O'Brien

Office sought: JP, Pct 2, P11

Office held: none

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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: 2 of 6

2 FILER NAME: Margaret O'Brien

3 Filer ID (Ethics Commission Filers):

4 Date: 3-5-18

5 Payee name: Friedman + Feiger, LLP

6 Amount ($): $38 75

☑ Reimbursement from political contributions intended

7 Payee address; City; State; Zip Code: 5301 Spring Valley Rd, Ste 200 Dallas TX 75254

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Legal Services

(b) Description
☐ 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: JP, Pct 2, P11
Office held: none

Date: 3-6-18

Payee name: Letha Mae Westbrook

Amount ($): $337 00

☑ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: 2516 Cumberland Garland TX 75041

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Polling Expense

(b) 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: Margaret O'Brien
Office sought: JP, Pct 2, P11
Office held: none

Date: 3-6-18

Payee name: Meltice Cox

Amount ($): $409 00

☑ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: 4209 Blackheath Rd Dallas, TX 75227

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Polling Expense

(b) 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: Margaret O'Brien
Office sought: JP, Pct 2, P11
Office held: none

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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: 3 of 6

2 FILER NAME: Margaret O'Brien

3 Filer ID (Ethics Commission Filers):

4 Date: 3-6-18

5 Payee name: Rebekah Riggins

6 Amount ($): $110-

☐ Reimbursement from political contributions intended

7 Payee address; City; State; Zip Code: 2102 Trellis Place Richardson, TX 75081

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Polling Expense

(b) Description
☐ 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: JP, Pct 2, P11
Office held: none

Date: 3-6-18

Payee name: Mylenda Riggins

Amount ($): 40-

☑ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: 2102 Trellis Place Richardson, TX 75081

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Polling Expense

(b) 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: Margaret O'Brien
Office sought: JP, Pct 2, P11
Office held: none

Date: 3-6-18

Payee name: Debra and Mykayla Johnson

Amount ($): 477.00

☑ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: 2102 Trellis Place Richardson, TX 75081

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Polling Expense

(b) 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: Margaret O'Brien
Office sought: JP, Pct 2, P11
Office held: none

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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: 4 of 6

2 FILER NAME: Margaret O'Brien

3 Filer ID (Ethics Commission Filers):

4 Date: 3-13-18

5 Payee name: Process Rendered LLC

6 Amount ($): 406.00

☑ Reimbursement from political contributions intended

7 Payee address; City; State; Zip Code: PO Box 835511 Richardson, TX 75083

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Legal Services

(b) Description

☐ 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: JP, Pct 2, P11

Office held: none

Date: 3-14-18

Payee name: FedEx Office

Amount ($): $12.95

☑ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: 5500 Greenville Ave Dallas, TX 75206

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Printing Expense

(b) 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: Margaret O'Brien

Office sought: JP, Pct 2, P11

Office held: none

Date: 3-17-18

Payee name: Process Rendered LLC

Amount ($): 180.00

☑ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: PO Box 835511 Richardson, TX 75083

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Legal Services

(b) 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: Margaret O'Brien

Office sought: JP, Pct 2, P11

Office held: none

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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: 5 of 6

2 FILER NAME: Margaret O'Brien

3 Filer ID (Ethics Commission Filers):

4 Date: 3-25-18

5 Payee name: Advanced Doc. + Handwriting Examination Services

6 Amount ($): 750 — ☑ Reimbursement from political contributions intended

7 Payee address; City; State; Zip Code: PO Box 867226 Plano, TX 75086

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Legal Services

(b) Description
☐ 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: JP, Pct 2, P11
Office held: none

Date: 4-3-18

Payee name: Friedman + Feiger, LLP

Amount ($): $35.89 — ☑ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: 5301 Spring Valley Rd, Ste 200 Dallas, TX 75254

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Legal Services

(b) 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: Margaret O'Brien
Office sought: JP, Pct 2, P11
Office held: none

Date: 6-15-18

Payee name: Advanced Doc. + Handwriting Examination Services

Amount ($): 1950 — ☑ Reimbursement from political contributions intended

Payee address; City; State; Zip Code: PO Box 867226 Plano, TX 75086

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Legal Services

(b) 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: Margaret O'Brien
Office sought: JP, Pct 2, P11
Office held: none

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
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Polling Expense
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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: 6 of 6	2 FILER NAME Margaret O'Brien	3 Filer ID (Ethics Commission Filers)
4 Date 6-7-18	5 Payee name Process Rendered, LLC	
6 Amount ($) $577.00 ☑ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 835511 Richardson, TX 75083	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Margaret O'Brien	Office sought JP, Pct 2, P11 / Office held none
Date	Payee name	
Amount ($) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) 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 Margaret O'Brien	Office sought JP, Pct 2, P11 / Office held none
Date	Payee name	
Amount ($) ☐ Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) 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 Margaret O'Brien	Office sought JP, Pct 2, P11 / Office held none

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED