FORM C/OH **CANDIDATE / OFFICEHOLDER COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS/MRS/MR **FIRST** MI CANDIDATE / **OFFICEHOLDER** Karen NAME **NICKNAME** LAST **SUFFIX** Brennan CANDIDATE / ZIP CODE Date Hand-delivered or Date Postmarked ADDRESS / PO BOX; APT / SUITE #; CITY; **OFFICEHOLDER** MAILING Receipt # **ADDRESS** Change of Address Keller, TX 76248 Date Processed Date Imaged МІ CAMPAIGN MS / MRS / MR **FIRST TREASURER** NAME Matt NICKNAME **SUFFIX** LAST **Brennan** STATE; ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; CAMPAIGN **TREASURER ADDRESS** (Residence or Business) Keller, TX 76248 **EXTENSION CAMPAIGN** AREA CODE PHONE NUMBER **TREASURER** PHONE 846-2166 817 8 REPORT **TYPE** 15th day after campaign treasurer 30th day before election Runoff January 15 appointment (officeholder only) Final Report (Attach C/OH-FR) **Exceeded modified** Х July 15 8th day before election reporting limit PERIOD Month Day Year Day Year Month COVERED **THROUGH** 06/30/2024 05/08/2024 **ELECTION TYPE** 10 ELECTION **ELECTION DATE** Other Month Runoff Day Year Primary 08/31/2024 X Special General 12 OFFICE SOUGHT (if known) 11 OFFICE OFFICE HELD (if any)

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1480

Keller City Council, Place 3 Place 3

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

				2 of 13
13 C / OH NAME	Brennan, Karen	,	14 Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures may have been made without to officeholders are required to report this information	he candidate's or officeh	older's knowledge or
Additional Pages	COMMITTEE TYPE GENERAL	COMMITTEE NAME		
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	s)	\$ 2,149.17
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 649.30
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	AST DAY OF THE	\$ 6,500.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 5,000.00
17 AFFIDAVIT	SHERRI R WEBER Notary ID #1342376 My Commission Expi March 7, 2027	res Laures		be reported by me
	TARY STAMP / SEAL ABoribed before me, by the s	ove aid <u>Kas en Brennan</u> ertify which, witness my hand and seal of office.	, this the 9^{4}	// day
Sheva K Signature of office	2 Weber cer administering	Sherri R. Weber Printed name of officer administering	1) of the control of	Pablic administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 of 13

18	FILER N	ME 19 Filer I	ID	91 137 F p
	Brennar	, Karen		
20	SCHEDU	LE SUBTOTALS	SUBTOT	AL AMOUNT
	NAME O	SCHEDULE	002.01	
	1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	2,149.17
	2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
	3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
	4. X	SCHEDULE E: LOANS	\$	5,000.00
	5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	649.30
	6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
	7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	a akamat
	8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
	9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	1 1841 - 41
	10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
	11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
	12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURN TO FILER	\$	0.13
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MONET	TARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	.E A1
The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/13	
2 FILER NAME Brennan, Ka			3	Filer ID	
1 Date 05/30/2024	 Full name of contributor out-of-state PAC (ID#:_Anderson, Carol Contributor address; City; State; Zip Code 8500 Revenue Way North Richland Hills, TX 76182 		7	Amount of Contribution (\$)	\$100.00
3 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)		
Date 06/02/2024	Full name of contributor out-of-state PAC (ID#:_ Bailey, Dana Contributor address; City; State; Zip Code 4739 Spring Brook Court Bellingham, WA 98226			Amount of Contribution (\$)	\$100.00
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)		
Date 06/14/2024	Full name of contributor out-of-state PAC (ID#:_ Burt, Bob Contributor address; City; State; Zip Code 2385 Floyd Hampton Road			Amount of Contribution (\$)	\$104.48
Principal occu	Crowley, TX 76036 upation / Job title (See Instructions)	Employer (See Instructions))		
Date 06/22/2024	Full name of contributor out-of-state PAC (ID#:_ Fickes, Kathy Contributor address; City; State; Zip Code 4716 Cabernet Circle Colleyville, TX 76034)		Amount of Contribution (\$)	\$104.48
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions))		
Date 05/30/2024	Full name of contributor out-of-state PAC (ID#:_ Hunn, Debbie Contributor address; City; State; Zip Code 500 Throckmorton Street #3006 Fort Worth, TX 76102			Amount of Contribution (\$)	\$100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/3 Rpt: 5/13 3 Filer ID FILER NAME Brennan, Karen 7 Amount of Contribution (\$) Date 5 Full name of contributor out-of-state PAC (ID#: \$104.48 06/21/2024 McConnell, Stewart 6 Contributor address; City; State; Zip Code 809 Talbot Street Keller, TX 76248 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$100.00 06/24/2024 McCoy, Susan Contributor address; City; State; Zip Code 6406 Champion Way Colleyville, TX 76034 **Employer (See Instructions)** Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#:_ Date 06/26/2024 \$260.73 McKibben, Lydia Contributor address; City; State; Zip Code 1013 Pienza Path Keller, TX 76248 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$125.00 06/02/2024 Mogged, Chuck Contributor address; City; State; Zip Code 1217 Tuscany Dr Colleyville, TX 76034 **Employer (See Instructions)** Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$500.00 05/30/2024 Page, Carey Contributor address; City; State; Zip Code 1467 Highland Ct Keller, TX 76262 Principal occupation / Job title (See Instructions) **Employer (See Instructions)**

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDUL	E A1
	The Instruction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 3/3 Rpt: 6/13	
2	FILER NAME Brennan, Karen	3	Filer ID	
4	Date 06/08/2024 Femley, Valerie Joe Contributor address; City; State; Zip Code 6803 Fallbrook Court Colleyville, TX 76034	7	Amount of Contribution (\$)	\$250.00
8	Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)		
	Date Full name of contributor out-of-state PAC (ID#: 06/01/2024 Taylor, Linda Contributor address; City; State; Zip Code 1201 Bourland Road, Keller, TX, USA Keller, TX 76248)	Amount of Contribution (\$)	\$300.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)		

	LOANS				SCHEDULE E
	The Instructio	n Guide explains how to complete this f	orm.		ges Schedule E: 1 Rpt: 7/13
2	FILER NAME Brennan, Karen		Section 1	3 Filer ID	
4	TOTAL OF UN	ITEMIZED LOANS			\$
5	Date of loan 05/16/2024	7 Name of lender out-of-state PA Brennan, Karen	C (ID#:)	9 Loan Amount (\$) \$5,000.00
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate
	No	Keller, TX 76248			11 Maturity Date
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions Retired	s)	
14	Description of Coll X None	ateral	15 Check if personal funds w	ere deposited	d into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City; State;	Zip Code		
20	Principal occupation	on	21 Employer (See Instruction	s)	•
				7 - 2 - 2	0

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expe Legal Services The Instruction Guide	ense Pr Sa		se s/Contract Labor	Travel Out of Distriction OTHER (enter a c	rict ategory not listed above)
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1	Total pages Schedule F1:						3 Filer ID	
	Sch: 1/5 Rpt: 8/13	Brennan, K	aren					
4	Date	5 Payee name						
	06/10/2024	CFO Shield	l, LLC					
6	Amount (\$)	7 Payee addre	ess; City;	State; Z	in Code			
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8	PURPOSE	(a) Category (s	see Categories listed at the to	of this schedule	e) (b)	Description		
l	OF EXPENDITURE	Accounting				Check if travel	outside of Texas. Compl	ete Schedule T.
	EXPENDITORE		_			Check if Austin	n, TX, officeholder living e	expense
					1	Campaign B	ookkeeping Serv	ices & Support
9	Complete ONLY if direct	Candidate/Off	iceholder name	Offic	e sought		Office hel	d
	expenditure to benefit C/OI	Н						
F	Date	I 5						
l		Payee name						
L	05/28/2024	Harland Cl	arke Corporation					
	Amount (\$)	Payee addre	ess; City;	State; Z	ip Code			
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		San Antoni	o, TX 78249					
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SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co

EXPENDITURE CATEGORIES FOR BOX 8(a) 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 OTHER (enter a cate

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1	Total pages Schedule F1:	2			_	3 Filer ID
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4	05/30/2024	3	Revv Fundraising Platform			
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6	Amount (\$)	7		Zip Coo	ie	
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			Washington, DC 20005			
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this scho	edule)	(b)	Description
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9	Complete ONLY if direct	Ц,	Candidate/Officeholder name	Office soug	tht	Office held
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Ec	rms provided by Texas E	∃thi	cs Commission www.ethics.s	state.tx.u	S	Version V4.1.0.d378aba

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide (:		ages	e /Contract Labor		Travel In District Travel Out of District OTHER (enter a category not listed above)	
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Sch: 3/5 Rpt: 10/13		Brennan, K	aren							
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06/02/2024		Revv Fund	raising Platform							
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		Washingtor	n, DC 20005							
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Date		Payee name								
06/02/2024		Revv Fund	raising Platform							
Amount (\$)		Payee addre	ess; City;	State;	Zip Coc	de				
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		Washington	n, DC 20005							
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	
	Sch: 4/5 Rpt: 11/13	Brennan, Karen	
4	Date	5 Payee name	
	06/21/2024	Revv Fundraising Platform	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$4.48	1101 K Street NW	
		Washington, DC 20005	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Fundraising Platform Fee	
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	Date	Payee name	
	06/22/2024	Revv Fundraising Platform	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4.48	1101 K Street NW	
		Washington, DC 20005	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
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	06/24/2024	Revv Fundraising Platform	
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Т	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
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SCHEDULE F1

CONTRIBUTIONS **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Accounting/Banking Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel in District Polling Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 5/5 Rpt: 12/13 Brennan, Karen 4 Date 5 Payee name 06/26/2024 **Revv Fundraising Platform** Amount (\$) Payee address; City; State; Zip Code \$10.73 1101 K Street NW Washington, DC 20005 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Fundraising Platform Fee Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Date Payee name 06/16/2024 **VistaPrint** Amount (\$) Payee address; City; State; Zip Code \$142.88 275 Wyman Street Waltham, MA 02451 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign Table Banners Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	CONTR	IB	BUTIONS RETURNED TO FILER				
	The Instru	cti	on Guide explains how to complete this form.		Sch: 1	ages Schedule K: ./1 Rpt: 13/13	
2	FILER NAME Brennan, Ka			3	Filer ID)	
4	Date 06/04/2024	5	Name of person from whom amount is received Frost Bank Address of person from whom amount is received; City; State; Zip Code 1240 Keller Pkwy, Suite 100 Keller, TX 76248			8 Amount (\$)	\$0.13
		7	Purpose for which amount is received	ooliti	cal conti	I ribution returned to fi	ler
			Interest Earned				