CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complet	te this form.		Total pages filed: 9
3 CANDIDATE / OFFICEHOLDER NAME		FIRST Karen	MI	OFFICE USE ONLY
NAME				7/31/2024 7
		LAST Brennan	SUFFIX	//31/2024 4/
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT /	SUITE#; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked
MAILING ADDRESS				Receipt # Amount
Change of Address	Keller, TX 76248		0	Date Processed
				Date Imaged
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	
NAME		Matt	Р.	
1 × "	NICKNAME L	AST	SUFFIX	
		Brennan		
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO B	BOX PLEASE); AP	T / SUITE #; CITY;	STATE; ZIP CODE
(Residence or Business)	Keller, TX 76248			
7 CAMPAIGN TREASURER		NUMBER EXTENSION		
PHONE	817 846-	2166		
8 REPORT TYPE	January 15 X	30th day before election	Runoff Exceeded modified	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)
		can any person election.	reporting limit	
9 PERIOD COVERED	Month Day Year 07/01/2024	THROUGH	Month Day 07/22/2024	Year I
10 ELECTION	ELECTION DATE Month Day Year	Primary	ELECTION TYPE	Other
	08/31/2024	General	X Special	
11 OFFICE	OFFICE HELD (if any) None		12 OFFICE SOUGHT Keller City Counc	
		GO TO PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH **COVER SHEET PG 2**

				2 of 9						
13 C / OH NAME	Brennan, Karen		14 Filer ID							
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	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 ADDRESS								
		COMMITTEE CAMPAIGN TREASURER NAME								
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS							
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMI OR GUARANTE	ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC	N PLEDGES, LOANS, CTRONICALLY)	\$ 0.00						
			S)	\$ 6,189.07						
EXPENDITURE TOTALS	3. TOTAL UNITEMI		\$ 0.00							
	4. TOTAL POLITIC		\$ 651.43							
CONTRIBUTION BALANCE	5. TOTAL POLITICATION REPORTING PE	AST DAY OF THE	\$ 12,038.02							
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP. OF THE REPORT	Karen 14 Filer ID for notice of political contributions accepted or political expenditures made by political committees to support the officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or andidates and officeholders are required to report this information only if they receive notice of such expenditures. TEE TYPE COMMITTEE NAME ERAL COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS CAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 0.00 CAL POLITICAL CONTRIBUTIONS CAL POLITICAL EXPENDITURES CAL POLITICAL EXPENDITURES CAL POLITICAL EXPENDITURES CAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY CAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY S 5,000.00 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. CALIFYA ALL ROLLINGS COMMITTEE NAME C								
17 AFFIDAVIT		true and correct and includes all	y of perjury, that the acco Il information required to	mpanying report is be reported by me						
Notary	NITIN D MANDALIYA Official Seal Public - State of Illinois Ission Expires Dec 12, 202		Candidate or Officeholds	-						
ACEIV NO	TARY STAND / SEAL AR	Č	Candidate of Officerolide	şr						
Sworn to and subsc	cribed before me, by the sa	aid KAREN BRENNAN ertify which, witness my hand and seal of office.								
Signature of offic	er administering	Printed name of officer administering	Title of officer a	dministering oath						

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	Γ'		
ΛΕ Karen	19 Filer ID		
E SUBTOTALS		SUBTOTAL AMO	 DUNT
SCHEDULE			
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	6,189.07
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
SCHEDULE E: LOANS		\$	
SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	651.43
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$	
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	0.38
	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS TO FILER	E SUBTOTALS SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	E SUBTOTALS SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ SCHEDULE E: LOANS \$ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ SCHEDULE F4: PAYMENT FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: PAYMENT FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F5: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE F5: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/2 Rpt: 4/9 3 Filer ID 2 FILER NAME Brennan, Karen Amount of Contribution (\$) 5 Full name of contributor Date out-of-state PAC (ID#: 07/11/2024 Bailey, Mona \$2,604.48 6 Contributor address; City; State; Zip Code 6200 Lake Way North Richland Hills, TX 76180 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 07/11/2024 \$2,604.48 Bailey, Mona Contributor address; City; State; Zip Code 6200 Lake Way North Richland Hills, TX 76180 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Full name of contributor Date out-of-state PAC (ID#: 07/11/2024 \$521.15 Dubberly, Shannon Contributor address; City; State; Zip Code Keller, TX 76248 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 07/04/2024 \$104.48 Hinds, Douglas Contributor address; City; State; Zip Code 1500 Sage Canyon Dr Keller, TX 76248 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/03/2024 \$104.48 Kelk, Michele Contributor address; City; State; Zip Code 816 Northern Trace Keller, TX 76248 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.d378aba0

	MONET	ARY POLITICAL CON	SCHEDULE A1				
	The Instruc	ction Guide explains how to co	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/9			
2	FILER NAME			3	Filer ID		
1	Brennan, Kai			1			
4	Date 07/10/2024	5 Full name of contributor ut-	of-state PAC (ID#:)] ⁷	Amount of Contribution (\$)	\$250.00	
		6 Contributor address; City; State; Zip 1608 Sherburne Drive	Code				
		Keller, TX 76262					
8	Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	s)			
Fo	rms provided	by Texas Ethics Commission	www.ethics.state.tx.us		Version V4.1.	0.d378aba0	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- I Committee	Legal Services		es/Contract Labor	OTHER (enter a catego	ory not listed above)
			The Instruction Guide explains	how to comp	lete this form.	I	
1,	Total pages Schedule F1:	2 FILER NAME	=			3 Filer ID	
	Sch: 1/3 Rpt: 6/9	Brennan, K	aren				
4	Date	5 Payee name					
	07/17/2024	CFO Shield	i, LLC				
6	Amount (\$)	7 Payee addre	ess; City; State	; Zip Code			
O	\$402.06	949 W Glad		, <u>Lip</u> 0000			
	\$402.00	949 W GIA	de Mada				
		Hurst, TX 7	⁶⁰⁵⁴				
8	PURPOSE	(a) Category (S	see Categories listed at the top of this sch	nedule) (b) Description		
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					Campaign	ookkeeping Service.	3 & Support
				200		06	
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sough	t	Office held	
	experialitate to benefit 6/01	•					
	Date	Payee name)				
	07/03/2024	Revv Fund	raising Platform				
	Amount (\$)	Payee addre	ess; City; State	; Zip Code			
	\$4.48	1101 K Str					
		Machinata	n DC 20005				
		vvasningto	n, DC 20005	I a			
	PURPOSE OF		See Categories listed at the top of this sc	hedule) (b	Description	l outside of Texas. Complete S	Schodulo T
	EXPENDITURE	Fees				n, TX, officeholder living expe	
						Platform Fee	
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	expenditure to benefit C/O		nocholaci hame	o.moo oo ag.			
H		1					
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L	07/04/2024	Revv Fund	Iraising Platform				
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		Washingto	n, DC 20005				
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					Fundraising	Platform Fee	
r	Complete ONLY if direct	Candidate/Of	fficeholder name	Office sough	nt	Office held	
	expenditure to benefit C/O	Н					
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 2/3 Rpt: 7/9	Brennan, Karen
4	Date	5 Payee name
	07/10/2024	Revv Fundraising Platform
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.30	1101 K Street NW
		Washington, DC 20005
8	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. Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	Н
	Date	Payee name
	07/11/2024	Revv Fundraising Platform
	Amount (\$)	Payee address; City; State; Zip Code
	\$104.48	1101 K Street NW
		Washington, DC 20005
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
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	07/11/2024	Revv Fundraising Platform
Г	Amount (\$)	Payee address; City; State; Zip Code
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		Washington, DC 20005
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
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		Fundraising Platform Fee
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POLITICAL EXPENDITURES 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selection (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Coi	nmittee	Legal Services The Instruction			Wages	s/Contract Labor	OT	HER (enter a cat	egory not listed a	bove)
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	Sch: 3/3 Rpt: 8/9		Brennan, K	aren								
4	Date	5	Payee name									
	07/11/2024			raising Platforn	n							
6	Amount (\$)	7	Payee addre	ss; City;	Stat	te; Zip Co	ode					
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			Machinator	n, DC 20005								
8	PURPOSE	(2)					(b)					
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ľ	expenditure to benefit C/OI		zanalaate/Om	denoider name		Omec 500	igin			Omoc neia		

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

SCHEDULE K

The Instru	pages Schedule K: L/1 Rpt: 9/9								
FILER NAME Brennan, Ka				3 Filer ID					
Date 07/02/2024	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	8 Amount (\$)	\$0.38					
	_	Keller, TX 76248	Check if no	alitical cont	ribution returned to filer				
	'	Purpose for which amount is received Interest Earned] Check ii po	macar com	industrial fortal fire and the fire				