

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: 13
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: Jeffrey MI: H NICKNAME: LAST: Brennan SUFFIX:	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: 16930 CR 127 APT / SUITE #: CITY: STATE: ZIP CODE: Pearland Tx 77581	Date Received: 1-12-2024 FILED JOYCE HUDMAN, COUNTY CLERK, BRAZORIA CO., TEXAS BY: [Signature] DEPUTY	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (281) PHONE NUMBER: 615-8744 EXTENSION:	Date Hand-delivered or Date Postmarked:	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Ms FIRST: Cathy MI: L NICKNAME: LAST: Hughes SUFFIX:	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE: 1603 S. Lago Vista Dr Pearland Tx 77581		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (979) PHONE NUMBER: 236-7963 EXTENSION:		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input 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 7 / 1 / 23 THROUGH 12 / 31 / 2023		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> 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.		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,280 ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 491 ⁰⁰
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 700 ⁰⁰
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 50 ⁰⁰
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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: <i>2 of 8</i>
2 FILER NAME <i>Jeffrey Brennan</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/14/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Scott Lester</i>	7 Amount of contribution (\$) <i>150⁰⁰</i>
6 Contributor address; City; State; Zip Code [Redacted] <i>Pearland TX 77581</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10/14/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Douglas S Reed</i>	Amount of contribution (\$) <i>550⁰⁰</i>
Contributor address; City; State; Zip Code [Redacted] <i>Pearland TX 77581</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/14/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Craig Slater</i>	Amount of contribution (\$) <i>500⁰⁰</i>
Contributor address; City; State; Zip Code [Redacted] <i>Pearland TX 77581</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/14/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>J.W. Washington</i>	Amount of contribution (\$) <i>200⁰⁰</i>
Contributor address; City; State; Zip Code [Redacted] <i>Pearland TX 77581</i>		
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.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 8
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 11/1/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amy Thompson	7 Amount of contribution (\$) 350⁰⁰
6 Contributor address; City; State; Zip Code [REDACTED] Houston TX 77009		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/1/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael O'Day	Amount of contribution (\$) 525⁰⁰
Contributor address; City; State; Zip Code [REDACTED] Pearland TX 77581		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/27/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) R. Vaughn	Amount of contribution (\$) 250⁰⁰
Contributor address; City; State; Zip Code [REDACTED] Pearland TX 77584		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/13/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael O'Day	Amount of contribution (\$) 500⁰⁰
Contributor address; City; State; Zip Code [REDACTED] Pearland TX 77581		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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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 of 8
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 10/14/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANA GALVAN	7 Amount of contribution (\$) 325 ⁰⁰
6 Contributor address; City; State; Zip Code [REDACTED] Pearland TX 77581		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JANET Stanley	Amount of contribution (\$) 200 ⁰⁰
Contributor address; City; State; Zip Code [REDACTED] Flatonia TX 78941		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronald Ruffeno	Amount of contribution (\$) 200 ⁰⁰
Contributor address; City; State; Zip Code [REDACTED] Friendswood 77548		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin Brennan	Amount of contribution (\$) 275 ⁰⁰
Contributor address; City; State; Zip Code [REDACTED] Houston TX 77007		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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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: 5 of 8
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 10/14/23	5 Full name of contributor Stacy L Adams <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 250 ⁰⁰
6 Contributor address; City; State; Zip Code [Redacted] Pearland TX 77581		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/14/23	Full name of contributor Jeffrey Barry <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 525 ⁰⁰
Contributor address; City; State; Zip Code [Redacted] Pearland TX 77581		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/14/23	Full name of contributor Charles Talbot <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 200 ⁰⁰
Contributor address; City; State; Zip Code [Redacted] Pearland TX 77581		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/14/23	Full name of contributor Ken Phillips <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 625 ⁰⁰
Contributor address; City; State; Zip Code [Redacted] Pearland TX 77581		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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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: <i>6 of 8</i>
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/14/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MIKE BOEGER</i>	7 Amount of contribution (\$) <i>250⁰⁰</i>
6 Contributor address; City; State; Zip Code [Redacted] <i>Pearland Tx 77581</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10/14/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Paul Shaffner</i>	Amount of contribution (\$) <i>300⁰⁰</i>
Contributor address; City; State; Zip Code [Redacted] <i>Pearland Tx 77581</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10/14/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jean Shaffner</i>	Amount of contribution (\$) <i>155⁰⁰</i>
Contributor address; City; State; Zip Code [Redacted] <i>Pearland Tx 77581</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/3/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jessica Pascarella</i>	Amount of contribution (\$) <i>250⁰⁰</i>
Contributor address; City; State; Zip Code [Redacted] <i>Pearland Tx 77581</i>		
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.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7 of 8
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 10/11/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan Armbruster	7 Amount of contribution (\$) 100⁰⁰
6 Contributor address: _____ City: _____ State: _____ Zip Code _____ [REDACTED] Pearland TX 77581		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph Koza	Amount of contribution (\$) 200⁰⁰
Contributor address: _____ City: _____ State: _____ Zip Code _____ [REDACTED] Pearland TX 77581		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/24/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker Scott	Amount of contribution (\$) 500⁰⁰
Contributor address: _____ City: _____ State: _____ Zip Code _____ [REDACTED] San Antonio TX 78209		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phyllis Ferguson	Amount of contribution (\$) 980⁰⁰
Contributor address: _____ City: _____ State: _____ Zip Code _____ [REDACTED] Pearland TX 77581		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: <i>8 of 8</i>
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/14/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jeff Potts</i>	7 Amount of contribution (\$) <i>895⁰⁰</i>
	6 Contributor address; City; State; Zip Code <i>[Redacted] Pearland TX 77581</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: <u>1</u>	
2 FILER NAME <u>Jeffrey Brennan</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>491⁰⁰</u>	
5 Date <u>10/14/23</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Phyllis Ferguson</u>	8 Amount of Contribution \$ <u>400⁰⁰</u>	9 In-kind contribution description <u>Fundraising expenses</u>
7 Contributor address; City; State; Zip Code [REDACTED] <u>Pearland TX 77581</u>		<input type="checkbox"/> 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 <u>10/14/23</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Terri Clasen</u>	Amount of Contribution \$ <u>91⁰⁰</u>	In-kind contribution description <u>Pundraiser expenses</u>
Contributor address; City; State; Zip Code [REDACTED] <u>Deer Park TX 77536</u>		<input type="checkbox"/> 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)			

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If contributor 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:	2 FILER NAME <i>Jeffrey Brennan</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>8/16/23</i>	5 Payee name <i>Dawson Football Booster Club</i>	
6 Amount (\$) <i>200⁰⁰</i>	7 Payee address; City; State; Zip Code <i>P O Box 250 Pearland Tx 77588</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Program Ad</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>8/16/23</i>	Payee name <i>Pearland Touchdown Club</i>	
Amount (\$) <i>300⁰⁰</i>	Payee address; City; State; Zip Code <i>P O Box 250 Pearland Tx 77588</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <i>Program Ad</i>
	<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
Date <i>8/25/23</i>	Payee name <i>CPWGA</i>	
Amount (\$) <i>200⁰⁰</i>	Payee address; City; State; Zip Code <i>c/o DONNA McBride 614 Redwood Bend Ln Pearland Tx 77584</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Hotel Sponsor Sign</i>
	<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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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME <i>Jeffrey BRENNAN</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ <i>50⁰⁰</i>
5 Date	6 Payee name <i>Jeff Brennan</i>	
7 Amount (\$)	8 Payee address; City; State; Zip Code <i>16930 CR127 Pearland TX 77581 Pearland TX 77581</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	<i>Other/Filing Fee Filing Fee</i>	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
11 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		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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