CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	Ms / Mrs / Mr FIRST Mrs Denise	мі L	OFFICE USE ONLY	
	NICKNAME LAST Brennan	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CO. P.O. Box 877; Rowlett, Tx 7503	CITY; STATE; ZIP CODE		
Change of Address			2022 BY_	
5 CANDIDATE/ OFFICEHOLDER PHONE	(817) PHONE NUMBER 703-4857	EXTENSION	Date Hand eliyered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Mrs Mary NICKNAME LAST	MI T SUFFIX	Date Progessed 22	
	Brennan		Date Imager 2	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 1810 Watermark Ln; Wylie, Tx		STATE; ZIP CODE	
•	1951 0005			
8 CAMPAIGN TREASURER PHONE	(972) 412-0346	EXTENSION		
9 REPORT TYPE	July 15 30th day before ele-	ction Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD	Month Day Ver	Reporting Limit		
COVERED	Month Day Year 1 / 1 / 22	THROUGH 1	Day Year / 30 / 22	
11 ELECTION	Month Day Year Primary 3 / 1 / 22 General	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Justice of the Pe		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS / THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIR	ACCEPTED OR POLITICAL EXPENDITURES MAN	DE BY POLITICAL COMMITTEES TO SUPPORT	
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME			
Additional Pages	GENERAL COMMITTEE ADDRESS			
SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
	COMMITTEE CAMPAIGN TRE	ASURER ADDRESS		
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Denise Brennan			16 Filer ID (Ethics Comm	nission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL PLEDGES, LOANS, OR GUARAI CONTRIBUTIONS MADE ELECT	CONTRIBUTIONS (OTHER THAN NTEES OF LOANS, OR RONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIB (OTHER THAN PLEDGES, LOAN	UTIONS S, OR GUARANTEES OF LOANS)	\$ 2,7	750.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDIT	TURES	\$ 3,2	250.17
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	ONS MAINTAINED AS OF THE LAS	T DAY \$ 2,5	523.88
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	ALL OUTSTANDING LOANS AS OF PERIOD	* 4,5	544.09
(4) A(5) In (4)	Please comple	Signature of Ca	ndidate or Officeholder	d
(1) Affidavit				
NOTARY STAMP/SEA	L			
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 administe	ering oath Printed name of office	er administering oath	Title of officer add	ministering oath
		OR .		The Part Live
(2) Unsworn Declaration	on			
My name is Denise B	rennan		05/23/74	
My address is P.O. Bo		, and my date of birth is Rowlett T>		Λ.
iviy address is	ALCOHOL MANAGEMENT		,,	•
Executed in Dallas	(street)County, State of TX	, on the 30th day of Januar	y , ₂₀ 22 .	country)
		Signature of Callula	accomocnoider (Deciarar	11.)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 F	Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,750.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 4,544.09
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIB	UTIONS \$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTR	RIBUTIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3,250.71
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSIN	IESS OF C/OH \$
11.	■ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIB	utions \$ 226.12
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED \$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

Instruction Guide explains how to complete t		
	this form.	1 Total pages Schedule A1:
		3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:) William Tapscott		7 Amount of contribution (\$)
6 Contributor address; City;	State; Zip Code	2,500.00
3 to Parkview Dr; Sunnyvale,	1x /5182	
pation / Job title (See Instructions)	9 Employer (See Instruc Thompson Coe	tions)
	PAC (ID#:)	Amount of contribution (\$)
The state of the s		400 00
Contributor address; City;	State; Zip Code	100.00
5516 Village Green Dr; Mesq	uite, TX 75150	100.00
pation / Job title (See Instructions)	Employer (See Instruct	tions)
Kris Kriofske		Amount of contribution (\$)
Contributor address; City;	State; Zip Code	50.00
1714 Blain; Rowlett,		00.00
pation / Job title (See Instructions)	Employer (See Instruct	tions)
Full name of contributor out-of-state	PAC (ID#:)	Amount of contribution (\$)
Mary Brennan		
Contributor address; City;	State; Zip Code	100.00
1810 Watermark Ln; Wylie, T	x 75098	100.00
pation / Job title (See Instructions)	Employer (See Instruct	tions)
	William Tapscott 6 Contributor address; City; 310 Parkview Dr; Sunnyvale, pation / Job title (See Instructions) Full name of contributor Contributor address; City; 5516 Village Green Dr; Mesquation / Job title (See Instructions) Full name of contributor Contributor address; City; 1714 Blain; Rowlett, pation / Job title (See Instructions) Full name of contributor Contributor address; City; 1714 Blain; Rowlett, pation / Job title (See Instructions) Full name of contributor Contributor address; City; City; City: Contributor address; City; Contributor address; City;	Full name of contributor William Tapscott 6 Contributor address; City; State; Zip Code 310 Parkview Dr; Sunnyvale, Tx 75182 Inpation / Job title (See Instructions) 9 Employer (See Instructions) 19 Employer (See Instructions) Pull name of contributor Derrell Tawater Contributor address; City; State; Zip Code 5516 Village Green Dr; Mesquite, TX 75150 Deation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Kris Kriofske Contributor address; City; State; Zip Code 1714 Blain; Rowlett, TX 75088 Deation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Full name of contributor Out-of-state PAC (ID#:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Denise Breni	nan	the Man		
4 TOTAL OF UN	NITEMIZED LOANS		\$	
5 Date of loan 01/01/2022	7 Name of lender ☐ out-of-state		9 Loan Amount (\$) 135.00	
6 Is lender a financial Institution?	8 Lender address; City; P.O. Box 877 Rowlett	State; Zip Code TX 75030	10 Interest rate 0.00	
□ Y ■ N	A supplied the		11 Maturity date	
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Coll	lateral	15 Check if personal fun account (See Instruc	nds were deposited into political	
16 GUARANTOR INFORMATION	17 Name of guarantor N/A		19 Amount Guaranteed (\$)	
not applicable	18 Guarantor address; City;	State; Zip Code		
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender out-of-state	e PAC (ID#:)	Loan Amount (\$)	
01/02/2022	Self	,	522.47	
Is lender a financial Institution?	Lender address; City; P.O. Box 877 Rowlett	State; Zip Code TX 75030	Interest rate 0.00	
Y N			Maturity date	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	ateral	Check if personal fun		
none		account (See Instruct	ds were deposited into political tions)	
GUARANTOR INFORMATION			Amount Guaranteed (\$)	
not applicable	Guarantor address; City;	State; Zip Code		
Principal Occupation	On (See Instructions)	Employer (See Instructions)		
	ATTACH ADDITIONAL COF	PIES OF THIS SCHEDULE AS NEE	EDED	
If le	nder is out-of-state PAC, please see In	struction guide for additional re	porting requirements.	

LOANS

SCHEDULE E

The	Instruction Guide explains how to com	plete this form.	1 Total pages Schedule E:
2 FILER NAME		3 Filer ID (Ethics Commission Filers	
Denise Breni	nan	16.02	
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ut-of-state	PAC (ID#:	9 Loan Amount (\$)
01/01/2022	Self	,	560.42
6 Is lender a financial Institution?	8 Lender address; City; P.O. Box 877 Rowlett	State; Zip Code TX 75030	10 Interest rate 0.00
YIN	To Box of T	77 73030	11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Col	lateral	15 Check if personal fur account (See Instruc	nds were deposited into political
16 GUARANTOR	17 Name of guarantor		T
INFORMATION	N/A		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable			1.1
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	J
Date of loan	Name of lender ut-of-state	e PAC (ID#:	Loan Amount (\$)
01/02/2022	Self	,	1,750.00
ls lender a financial	Lender address; City; P.O. Box 877 Rowlett	State; Zip Code	Interest rate 0.00
Institution?	r.o. box o// Rowlett	TX 75030	Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral		
none		Check if personal fun account (See Instruc	nds were deposited into political itions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	1
If Ie	ATTACH ADDITIONAL COR	PIES OF THIS SCHEDULE AS NE	

LOANS

SCHEDULE E

The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
Denise Brenn	nan	Maria Maria		
4 TOTAL OF UN	NITEMIZED LOANS	art line	\$	
5 Date of loan	7 Name of lender out-of-state	PAC (ID#:	9 Loan Amount (\$)	
12/30/2021	Self	,	1,293.38	
6 Is lender a financial Institution?	8 Lender address; City; P.O. Box 877 Rowlett	State; Zip Code TX 75030	10 Interest rate 0.00	
YN	Nowick	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	11 Maturity date	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Coll	lateral	15 Check if personal fun account (See Instruc	ds were deposited into political tions)	
16 GUARANTOR	17 Name of guarantor			
INFORMATION	N/A		19 Amount Guaranteed (\$)	
	18 Guarantor address; City;	State; Zip Code		
not applicable				
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	PAC (ID#:	Loan Amount (\$)	
01/21/2022	Self	,	282.82	
Is lender a financial Institution?	Lender address; City; P.O. Box 877 Rowlett	State; Zip Code	Interest rate 0.00	
Y N	, to Jokes , to Mote	170 70000	Maturity date	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Coll	ateral	Charle if a second for		
none		account (See Instruct	ds were deposited into political tions)	
GUARANTOR INFORMATION			Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicable				
Principal Occupati	on (See Instructions)	Employer (See Instructions)		
If le	ATTACH ADDITIONAL COF	PIES OF THIS SCHEDULE AS NEW		

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
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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	outor (ornor a datagor	y Hot listed above)	
1 Total pages Schedule G:	² FILER NAME Denise Brennan		3 Filer ID (Ethics	Commission Filers)	
4 Date 01/01/2022	5 Payee name Canva				
6 Amount (\$) 135.00 Reimbursement from political contributions intended	7 Payee address; WWW.Canva.com	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) printing expense (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description business cards Check if Austin, T	'X, officeholder living ex	pense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Denise Brennan Ju	Office sought stice of the Peace, 2		Office held	
Date 01/02/2022	Payee name VistaPrint				
Amount (\$) 522.47 Reimbursement from political contributions intended	Payee address; www.vistaprint.com	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) solicitation expense	Description door hangers		i	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH Denise Brennan Ju	Office sought stice of the Peace, 2-		Office held	
Date 01/03/2022	Payee name Signs				
Amount (\$) 560.42 Reimbursement from political contributions intended	Payee address; WWW.signs.com	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation expense	yard signs			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Denise Brennan Ju	Office sought stice of the Peace, 2-	1	Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDEI	D		

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
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 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

Candidate/Officeholder/Politic Credit Card Payment	- Filling	Expense //Wages/Contract Labor complete this form.	Travel Out Of District Other (enter a category	not listed above)	
1 Total pages Schedule G:	² FILER NAME Denise Brennan		3 Filer ID (Ethics	Commission Filers)	
4 Date 01/19/2022	5 Payee name Door to Door Dallas Flyers				
6 Amount (\$) 1,750.00 Reimbursement from political contributions intended	7 Payee address; www.doortodoorflyers.com	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) solicitation expense	(b) Description door hangers			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 7	TX, officeholder living ex	pense	
9 Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	(Office held	
expenditure to benefit C/OH	Denise Brennan	ıstice of the Peace, 2	-2		
Date 01/21/2022	Payee name VistaPrint	4 1/2 1			
Amount (\$) 282.82 Reimbursement from political contributions intended	Payee address; www.vistaprint.com	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) solicitation expense	Description door hangers			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH Denise Brennan Ju	Office sought ustice of the Peace, 2		Office held	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
Reimbursement from political contributions intended					
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, T	X, officeholder living ex	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDE	D		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains how to co	emplete this form.		
1 Total pages Schedule I: 1 4 Date	2 FILER NAME Denise Brennan 5 Payee name		3 Filer ID (Ethics Co	mmission Filers)
01/30/2022	PayPal			
6 Amount (\$) 226.12	7 Payee address; www.paypal.com	City	State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Fees	required.)	instructions regarding type of	
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type of	information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regarding type of	information
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.)		
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDIII E AS NEE	DED	