

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: 5												
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs Kim <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX Brady	OFFICE USE ONLY Date Received <div style="text-align: center; font-size: 1.2em; color: blue; font-weight: bold;">Received</div> <div style="text-align: center; font-size: 1.5em; color: blue; font-weight: bold;">APR 03 2025</div> <div style="text-align: center; font-size: 0.8em; color: blue;">Carrollton Farmers Branch 30 Superintendent's Office</div> <hr/> Date Hand-delivered or Date Postmarked JC Receipt # Amount \$ Date Processed Date Imaged													
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED] Carrollton, TX 75006														
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION [REDACTED] [REDACTED]														
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr Neil <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX Brady														
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED] Carrollton, TX 75006														
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION [REDACTED] [REDACTED]														
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input checked="" 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)				
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10 PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center;">2 / 17 / 25</td> <td></td> <td style="text-align: center;">4 / 3 / 25</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	2 / 17 / 25		4 / 3 / 25						
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2 / 17 / 25		4 / 3 / 25													
11 ELECTION	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">ELECTION DATE</td> <td colspan="2" style="text-align: center;">ELECTION TYPE</td> </tr> <tr> <td style="text-align: center;">Month Day Year</td> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> </tr> <tr> <td style="text-align: center;">5 / 3 / 25</td> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td></td> <td colspan="2"><input type="checkbox"/> Other Description</td> </tr> </table>			ELECTION DATE	ELECTION TYPE		Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	5 / 3 / 25	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		<input type="checkbox"/> Other Description	
ELECTION DATE	ELECTION TYPE														
Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff													
5 / 3 / 25	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special													
	<input type="checkbox"/> Other Description														
12 OFFICE	OFFICE HELD (if any) Trustee	13 OFFICE SOUGHT (if known) Trustee													
14 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.														
Additional Pages	<table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none;"> <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </td> <td style="border: none;"> COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS </td> </tr> </table>			<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS										
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

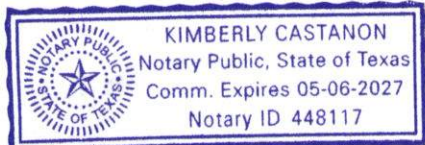
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 60.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,710.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 245.47
	4. TOTAL POLITICAL EXPENDITURES	\$ 543.16
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,166.84
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE 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.

Kim Brady
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Kim Brady this the 3rd day of April, 2025, to certify which, witness my hand and seal of office.

Kimberly Castanon Kimberly Castanon Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Kim Brady		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1 ■ SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS		\$ 1,650 00
2 SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3 SCHEDULE B PLEDGED CONTRIBUTIONS		\$
4 SCHEDULE E LOANS		\$
5 SCHEDULE F1 POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
6 ■ SCHEDULE F2 UNPAID INCURRED OBLIGATIONS		\$ 297.69
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		\$
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		\$

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
2 FILER NAME Kim Brady		3 Filer ID (Ethics Commission Filers)
4 Date 03/18/2025	5 Full name of contributor out-of-state PAC (ID# _____) Steve Herrick 6 Contributor address, City, State, Zip Code [REDACTED] Coronado CA 92118	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/18/2025	Full name of contributor out-of-state PAC (ID# _____) Alan Braswell Contributor address, City, State, Zip Code [REDACTED] Farmers Branch TX 75244	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/29/2025	Full name of contributor out-of-state PAC (ID# _____) Ben & Mindy Bumgarner Contributor address, City, State, Zip Code [REDACTED] Farmers Branch TX 75022	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____) Contributor address, City, State, Zip Code	Amount of contribution (\$)
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		

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 1	2 FILER NAME Kim Brady	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 297.69
5 Date 03/15/2025	6 Payee name Moonlite Printing & Graphics	
7 Amount (\$) 297.69	8 Payee address, 1933 E. Frankford Rd., Suite 190	City, State, Zip Code Carrollton TX 75006
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) Printing Expense	(b) Description Stickers, postcards
	(c) Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX, officeholder living expense <input type="checkbox"/>	
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
	(c) Check if travel outside of Texas Complete Schedule T <input type="checkbox"/> Check if Austin TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		