#### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this fo	rm. 1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	ms/mrs/mr first Brian	МІ	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	Kenne		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE		10/10/2022 8:05 PM
Change of Address			CITY CLERK'S OFFICE - Diana Nunez (Oct 11, 2022 07:45 MDT)
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	МІ	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed 10/11/2022 7:45 AM
	Robine	et	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY;	STATE; ZIP CODE
		EVTENOION	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 🔳 30th day	v before election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day b	Defore election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	07/25/2022	THROUGH 09/30/20	22 /
11 ELECTION	ELECTION DATE	ELECTION TYPE Primary Runoff Other	
		Description	
	11/08/2022	GeneralSpecial	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known City Represer	ntative District 1
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICEHOLDER. THESE EXPE	BUTIONS ACCEPTED OR POLITICAL EXPENDITURES M INDITURES MAY HAVE BEEN MADE WITHOUT THE CAN RE REQUIRED TO REPORT THIS INFORMATION ONLY IF T	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME		
	GENERAL COMMITTEE ADDRE	SS	
Additional Pages	SPECIFIC COMMITTEE CAMPA	IGN TREASURER NAME	
	COMMITTEE CAMPA	AIGN TREASURER ADDRESS	
GO TO PAGE 2			

#### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME Br	ian Kennedy	<b>16</b> File	er ID (Ethics Co	ommission I	Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THA PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\N	\$0.0	0	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS	3)	\$ <b>17</b> ,	010	.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ <b>0</b>		
	4. TOTAL POLITICAL EXPENDITURES		\$ <b>66</b> ,	924	.48
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	∖ST DAY	\$5,0	05.′	10
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	OF THE	\$36,	000	.00
	swear, or affirm, under penalty of perjury, that the accompanying report is tra- equired to be reported by me under Title 15, Election Code.	ue and c	;orrect and incl	udes all in	formation
	acknowledge I am electronically signing here or leaving this blank if it does not apply to me.				
	Signature of C	andidate	or Officehold	er	
	Please complete either option belo	w.			
r lease complete entier option below.					
(1) Affidavit					
NOTARY STAMP/SE	AL.				
Sworn to and subscribe	d before me by this dat	te	, t	o certify wh	nich,
witness my hand and sea	of office				
withess my hand and sea			Notary F	Public	
Signature of officer adminis	tering oath Printed name of officer administering oath		Title of office		ring oath
	g				ing outil
	OR				
(2) Unsworn Declara	tion				
My name is Brian K	ennedy	. 09/2	2/1955		
My name is	ennedy, and my date of birth i ntoya El Paso	іs Т	X 799	122	USA
My address is 5015 Mor	······································		,		·
FI Paso		(state)	( , ,	(country	/)
Executed in El Paso	County, State of Texas , on the 10 day of Octo		, 20 <u>22</u> (year)		
	Brian Kennedy (Oct 10, 2022 20:05 MDT)		(your)		
	Signature of Cand	lidate/Off	iceholder (Dec	arant)	

#### SUBTOTALS - C/OH

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

<sup>19</sup> FILER NAME Brian Kennedy	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ \$17,010.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTR	RIBUTIONS \$ \$0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$\$0.00
4. SCHEDULE E: LOANS	\$ \$36,000.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM PO	OLITICAL CONTRIBUTIONS \$ \$48,004.90
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ \$0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM	1 POLITICAL CONTRIBUTIONS \$ \$0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ \$14,602.15
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PE	rsonal funds \$\$4,317.43
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBU	UTIONS TO A BUSINESS OF C/OH \$ \$0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM P	POLITICAL CONTRIBUTIONS \$ \$0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND TO FILER	CONTRIBUTIONS RETURNED \$ \$0.00

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 9
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Brian Ken	nedy	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	) <b>7</b> Amount of contribution (\$)
	John Karlsruther	,
00/11/2022		
08/11/2022	716 Maxie Marie El Paso. TX	
	7 TO MAXIE MATE EL PASO. TA	
8 Principal occu	pation / Job title (See Instructions) 9 Emp	oloyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Andrew Haggerty	
08/11/2022		
00/11/2022		
	4509 HS Sibley Court. El Paso Tex	
Principal occup	eation / Job title (See Instructions) Emp	loyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)
	Loraine Huit	
08/11/2022		
00/11/2022	768 Colchester Dr. El Paso. T	
	700 Colchester DI. LIT aso: 17	
Principal occu	bation / Job title (See Instructions) Emp	oloyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)
	Soledad Basoco	
0/11/2022		
8/11/2022	5552 Fernwood Circle. El Paso Tex	<sup>Zip Code</sup> (as 79932) <b>200.00</b>
	5552 Feiliwood Circle. El Paso Tex	
Principal occu	bation / Job title (See Instructions) Emp	oloyer (See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS	
	If contributor is out-of-state PAC, please see Instruction gu	
	-	

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 9
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Brian Ken	nedy		
4 Date	5 Full name of contributor	(ID#· )	<b>7</b> Amount of contribution (\$)
	Henry and Hedi Castillo	(.2,)	
00/44/00	············		
08/11/22	6 Contributor address; City;		100.00
	1848 Tom Bolt El Paso T	exas 79936	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date	Full name of contributor 🛛 out-of-state PAC	(ID#: )	
Date		(.2,)	Amount of contribution (\$)
	Helen Flora		
08/11/22	Contributor address; City;	State; Zip Code	100.00
	5200 Abedul PL El Paso 7	Fexas 79932	100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	l ctions)
Date		(ID#:)	Amount of contribution (\$)
	Richard & Bonnie Hensen		
08/11/22	Contributor address; City;	State; Zip Code	500.00
	809 Don Quixote Ct. El Paso	Texas 79922	00.00
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	 ctions)
Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Rafael Adame		
08/11/22	Contributor address; City;	State; Zip Code	500.00
	764 Dahlia CT El Paso T	exas 79922	<b>JUU</b> .UU
Principal occur	pation / Job title (See Instructions)	Employer (See Instruct	
	ATTACH ADDITIONAL COPIES C If contributor is out-of-state PAC, please see Instru		
		ganat for additional	

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 9
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Brian Ken	nedy	
<b>4</b> Date	5 Full name of contributor out-of-state PAC (ID#:	) <b>7</b> Amount of contribution (\$)
	Barbara Armendarez	
00/11/00	<b>6</b> Contributor address; City; State; Zip Co	
08/11/22		
	812 Tin Star St El Paso Texas 79	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (Se	e Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)
	Christina Acosta	
00/11/00	Contributor address; City; State; Zip Co	
08/11/22		
	9327 Elgin El Paso Texas 799	
Principal occup	bation / Job title (See Instructions) Employer (Se	e Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)
	Douglas Woloschek	
08/11/22		
00/11/22		
	6501 N. Mesa Suite C. El Paso Texas 79	
Principal occup	bation / Job title (See Instructions) Employer (Se	e Instructions)
Date	Full name of contributor	) Amount of contribution (\$)
2010	Leo & Frances Duran	
08/11/22	Contributor address; City; State; Zip Cod	
	721 Wellesley Rd. El Paso Texas 79	
Principal occup	bation / Job title (See Instructions) Employer (Se	e Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	
	If contributor is out-of-state PAC, please see Instruction guide for ac	aditional reporting requirements.

SCHEDULE A1

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

The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule A1: 9
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Brian Ken	nedv		
4 Date			<b>7</b> Amount of contribution (\$)
•		f-state PAC (ID#:)	
	Jose & Lily Limon		
08/11/22	6 Contributor address; City	; State; Zip Code	50.00
	1301 Lonewood Dr El F	Paso Texas 79925	JU.UU
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date	Full name of contributor	f-state PAC (ID#:)	Amount of contribution (\$)
	Joseph Gaskins		
08/11/22	Contributor address; City	; State; Zip Code	
	16831 Elder CT Fountain	Hills Arizona. 85268	250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	 ctions)
Date	Full name of contributor	f-state PAC (ID#:)	Amount of contribution (\$)
	Laura & Ryan Urutia		
08/11/22		; State; Zip Code	
			100.00
	14048 Highweed Dr. El	Fasu 18xas 19920	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor	f-state PAC (ID#:)	Amount of contribution (\$)
	William Saab		
08/11/22	Contributor address; City;	State; Zip Code	1000.00
	700 Camino Real El P	aso Texas 79922	1000.00
Principal occu	Dation / Job title (See Instructions)	Employer (See Instruct	tions)
i inicipal cood			
	If contributor is out-of-state PAC, please s	OPIES OF THIS SCHEDULE AS I see Instruction guide for additional	

Forms provided by Texas Ethics Commission

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 9
2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
Brian Ken	inedy	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	) <b>7</b> Amount of contribution (\$)
8/11/22	·····	<b>500.00</b>
	P.O. Box 55 El Paso Texas 7994	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See In	
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)
	Dennis & Donna Neessen	
08/11/22	Contributor address; City; State; Zip Code	<sub>32</sub> 500.00
	5625 South Desert Blvd El Paso Texas 799	
Principal occup	bation / Job title (See Instructions) Employer (See In	istructions)
Date	Full name of contributor out-of-state PAC (ID#: Justin & Melissa Leeser	) Amount of contribution (\$)
8/11/22		1000.00
	4545 Honey Willow Way El Paso Texas 799	
Principal occuj	Dation / Job title (See Instructions) Employer (See In	istructions)
Date	Full name of contributor David Mansfield	) Amount of contribution (\$)
9/6/22	Contributor address; City; State; Zip Code	250 00
	5019 Montoya. El Paso Texas 7992	$_{22}250.00$
Principal occu	pation / Job title (See Instructions) Employer (See In	istructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE If contributor is out-of-state PAC, please see Instruction guide for additi	-

SCHEDULE A1

The	Instruction Guide explains how to complete this for	orm.	1 Total pages Schedule A1: 9
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Brian Ken	nedy		
4 Date	5 Full name of contributor out-of-state PAC (II	 D#:)	<b>7</b> Amount of contribution (\$)
	Daniel & Elizabeth Leeser		
9/6/2022	6 Contributor address; City;	State; Zip Code	1000 00
9/0/2022		•	1000.00
	6521 Bear Oak Ridge El Pas	SO TX 79912	
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruc	tions)
Date	Full name of contributor	)	Amount of contribution (\$)
	Joseph Russell Hanson		
9/6/2022	•••••••	State; Zip Code	
	P.O. Box 220530 El Paso T		500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor Out-of-state PAC (II	D#:)	Amount of contribution (\$)
	Thomas Georges		
9/6/2022	Contributor address; City;	State; Zip Code	3000.00
	5529 WoodGreen Dr	ive	5000.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor 🗌 out-of-state PAC (II	D#:)	Amount of contribution (\$)
	Omar Ropele		
9/9/2022	Contributor address; City;	State; Zip Code	
0/0/2022	353 Claiborne Horizon City 7	exas 79928	490.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	
	ATTACH ADDITIONAL COPIES OF		
	If contributor is out-of-state PAC, please see Instruc	tion guide for additional	reporting requirements.

SCHEDULE A1

The	Instruction Guide explains how to complete this form		1 Total pages Schedule A1: 9
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Brian Ken	nedy		
4 Date	5 Full name of contributor James Stewart		7 Amount of contribution (\$)
9/12/2022		te; Zip Code	50.00
	5225 Montoya El Paso Tex	as 79932	00.00
8 Principal occu	pation / Job title (See Instructions) 9 E	mployer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)
	Laura Foster		
9/4/2022	Contributor address; City; Sta	te; Zip Code	50.00
	3204 Morro Road El Paso Tex	xas 79904	JU.UU
Principal occup	ation / Job title (See Instructions) E	mployer (See Instruc	tions)
Date	Full name of contributorout-of-state PAC (ID#: Carmen Bvers		Amount of contribution (\$)
8/11/2022	Carmen Byers Contributor address; City; Sta	te; Zip Code	100.00
	3224 North Stanton El Paso Te	xas 79902	100.00
Principal occu	pation / Job title (See Instructions)	mployer (See Instruc	l tions)
Date	Full name of contributorout-of-state PAC (ID#: Steve Wilson	)	Amount of contribution (\$)
8/22/2022	Contributor address; City; Sta	ite; Zip Code	
0,22,2022	8021 North Mesa Suite L El Paso T	exas 79932	100.00
Principal occu	bation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS N	NEEDED
	If contributor is out-of-state PAC, please see Instruction		

SCHEDULE A1

The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: 9
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Brian Ken	nedy		
4 Date	5 Full name of contributor ☐ out-of-state PAC (I Gina Davis		7 Amount of contribution (\$)
8/23/2022	6 Contributor address; City;	State; Zip Code	100.00
	1407 Florence St El Paso T	exas 79902	100.00
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)
	Scott Schwartz		
9/7/2022	Contributor address; City;	State; Zip Code	2500.00
	616 linda lane El Paso Te	exas 79922	2000.00
Principal occup	aation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor Marcia Daniels	D#:)	Amount of contribution (\$)
9/9/2022	Contributor address; City;	State; Zip Code	50.00
	6226 Viale Lungo Ave El Paso	Texas 79932	JU.UU
Principal occuj	bation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)
	Rose Emma Arellano		
8/11/2022	Contributor address; City;	State; Zip Code	100.00
	14166 Bradley Road El Paso	Texas 79938	100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruc		

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 9
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Brian Ken	nedy		
4 Date	5 Full name of contributor Out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
8/11/2022	<b>6</b> Contributor address; City;	State; Zip Code	1000.00
	855 Resler Dr El Paso 1	exas 79912	1000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date	—	C (ID#:)	Amount of contribution (\$)
	Raul Chavira		
8/11/2022	Contributor address; City;	State; Zip Code	300.00
	3829 Bliss Ave El Paso	o, TX 79903	300.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor Out-of-state PAG	C (ID#:)	Amount of contribution (\$)
8/11/2022	Contributor address; City;	State; Zip Code	200.00
	355 Pratt Way El Paso	Гехаs 79905	200.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Jose Garzon		
8/11/2022	Contributor address; City;	State; Zip Code	20.00
	947 Calais Lane El Paso	Texas 79907	20.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES		
	If contributor is out-of-state PAC, please see Instr		

SCHEDULE A1

	The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule A1: 9		
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)		
-	rian Ken	nedy				
4	Date		state PAC (ID#:)	<b>7</b> Amount of contribution (\$)		
		<b>6</b> Contributor address; City;				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)		
		Contributor address; City;				
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor 🛛 out-of-	state PAC (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
				JEEDED		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule A1: 9		
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)		
-	rian Ken	nedy				
4	Date		state PAC (ID#:)	<b>7</b> Amount of contribution (\$)		
		<b>6</b> Contributor address; City;				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)		
		Contributor address; City;				
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor 🛛 out-of-	state PAC (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
				JEEDED		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule A1: 9		
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)		
-	rian Ken	nedy				
4	Date		state PAC (ID#:)	<b>7</b> Amount of contribution (\$)		
		<b>6</b> Contributor address; City;				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)		
		Contributor address; City;				
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor 🛛 out-of-	state PAC (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
				JEEDED		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule A1: 9		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
-	rian Ken	nedy				
4	Date		state PAC (ID#:)	<b>7</b> Amount of contribution (\$)		
		<b>6</b> Contributor address; City;				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
	Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)		
		Contributor address; City;				
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
	Date	Full name of contributor 🛛 out-of-	state PAC (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
				JEEDED		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

	The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule A1: 9		
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SCHEDULE A1

	The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule A1: 9	
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)	
-	rian Ken	nedy			
4	Date		state PAC (ID#:)	<b>7</b> Amount of contribution (\$)	
		<b>6</b> Contributor address; City;			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
	Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)	
		Contributor address; City;			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)	
	Date	Full name of contributor	state PAC (ID#:)	Amount of contribution (\$)	
		Contributor address; City;	State; Zip Code		
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)	
	Date	Full name of contributor 🛛 out-of-	state PAC (ID#:)	Amount of contribution (\$)	
		Contributor address; City;	State; Zip Code		
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)	
				JEEDED	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

SCHEDULE A2

т	he Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2: 0
2 FILER NAM			3 Filer ID (Ethics Commission Filers)
Brian K	ennedy		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
5 Date	6 Full name of contributor  out-of-state PAC (ID#:		8 Amount of 9 In-kind contribution Contribution \$   description
	7 Contributor address; City; State;	Zip Code	
40			Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	<b>11</b> Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I	
Date	Full name of contributor   out-of-state PAC (ID#:	)	Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State;		
			Check if travel outside of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instruct		

SCHEDULE A2

The Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2: 0
<sup>ME</sup> Cennedy	3 Filer ID (Ethics Commission Filers)	
OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
		8 Amount of Contribution \$ 9 In-kind contribution description
cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICIAL)(See Instructions)
's principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	
		Amount of In-kind contribution Contribution \$ description
		I I Check if travel outside of Texas. Complete Schedule T.
ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)
's principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
's employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	
	THIS SCHEDI	
	ATTACH ADDITIONAL COPIES OF TATACH ADDITIONAL COPIES OF TA	Gennedy         OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS         6 Full name of contributor □ out-of-state PAC (ID#:)         7 Contributor address;       City;       State;       Zip Code         7 Contributor address;       City;       State;       Zip Code         cupation / Job title (FOR NON-JUDICIAL) (See Instructions)       11 Employ         s principal occupation (FOR JUDICIAL)       13 Contributor         s employer/law firm (FOR JUDICIAL)       15 Law firm         full name of contributor       out-of-state PAC (ID#:)         Contributor address;       City;       State;         cupation / Job title (FOR NON-JUDICIAL) (See Instructions)       Employ         's principal occupation (FOR JUDICIAL)       Contributors)         's principal occupation (FOR JUDICIAL)       Law firm         's employer/law firm (FOR JUDICIAL)       Law firm

SCHEDULE A2

The Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2: 0
<sup>ME</sup> Cennedy	3 Filer ID (Ethics Commission Filers)	
OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
		8 Amount of Contribution \$ 9 In-kind contribution description
cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICIAL)(See Instructions)
's principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I	
		Amount of In-kind contribution Contribution \$ description
		I I Check if travel outside of Texas. Complete Schedule T.
ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)
's principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
's employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	
	THIS SCHEDI	
	ATTACH ADDITIONAL COPIES OF TATACH ADDITIONAL COPIES OF TA	Gennedy         OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS         6 Full name of contributor □ out-of-state PAC (ID#:)         7 Contributor address;       City;       State;       Zip Code         7 Contributor address;       City;       State;       Zip Code         cupation / Job title (FOR NON-JUDICIAL) (See Instructions)       11 Employ         s principal occupation (FOR JUDICIAL)       13 Contributor         s employer/law firm (FOR JUDICIAL)       15 Law firm         full name of contributor       out-of-state PAC (ID#:)         Contributor address;       City;       State;         cupation / Job title (FOR NON-JUDICIAL) (See Instructions)       Employ         's principal occupation (FOR JUDICIAL)       Contributors)         's principal occupation (FOR JUDICIAL)       Law firm         's employer/law firm (FOR JUDICIAL)       Law firm

SCHEDULE A2

The Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2: 0
<sup>ME</sup> Cennedy	3 Filer ID (Ethics Commission Filers)	
OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
		8 Amount of Contribution \$ 9 In-kind contribution description
cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICIAL)(See Instructions)
's principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I	
		Amount of In-kind contribution Contribution \$ description
		I I Check if travel outside of Texas. Complete Schedule T.
ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)
's principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
's employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	
	THIS SCHEDI	
	ATTACH ADDITIONAL COPIES OF TATACH ADDITIONAL COPIES OF TA	Gennedy         OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS         6 Full name of contributor □ out-of-state PAC (ID#:)         7 Contributor address;       City;       State;       Zip Code         7 Contributor address;       City;       State;       Zip Code         cupation / Job title (FOR NON-JUDICIAL) (See Instructions)       11 Employ         s principal occupation (FOR JUDICIAL)       13 Contributor         s employer/law firm (FOR JUDICIAL)       15 Law firm         full name of contributor       out-of-state PAC (ID#:)         Contributor address;       City;       State;         cupation / Job title (FOR NON-JUDICIAL) (See Instructions)       Employ         's principal occupation (FOR JUDICIAL)       Contributors)         's principal occupation (FOR JUDICIAL)       Law firm         's employer/law firm (FOR JUDICIAL)       Law firm

SCHEDULE A2

The Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2: 0
<sup>ME</sup> Cennedy	3 Filer ID (Ethics Commission Filers)	
OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
		8 Amount of Contribution \$ 9 In-kind contribution description
cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICIAL)(See Instructions)
's principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I	
		Amount of In-kind contribution Contribution \$ description
		I I Check if travel outside of Texas. Complete Schedule T.
ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)
's principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
's employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	
	THIS SCHEDI	
	ATTACH ADDITIONAL COPIES OF TATACH ADDITIONAL COPIES OF TA	Gennedy         OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS         6 Full name of contributor □ out-of-state PAC (ID#:)         7 Contributor address;       City;       State;       Zip Code         7 Contributor address;       City;       State;       Zip Code         cupation / Job title (FOR NON-JUDICIAL) (See Instructions)       11 Employ         s principal occupation (FOR JUDICIAL)       13 Contributor         s employer/law firm (FOR JUDICIAL)       15 Law firm         full name of contributor       out-of-state PAC (ID#:)         Contributor address;       City;       State;         cupation / Job title (FOR NON-JUDICIAL) (See Instructions)       Employ         's principal occupation (FOR JUDICIAL)       Contributors)         's principal occupation (FOR JUDICIAL)       Law firm         's employer/law firm (FOR JUDICIAL)       Law firm

SCHEDULE A2

The Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2: 0
<sup>ME</sup> Cennedy	3 Filer ID (Ethics Commission Filers)	
OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
		8 Amount of Contribution \$ 9 In-kind contribution description
cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICIAL)(See Instructions)
's principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I	
		Amount of In-kind contribution Contribution \$ description
		I I Check if travel outside of Texas. Complete Schedule T.
ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)
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's employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	
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		8 Amount of Contribution \$ 9 In-kind contribution description
cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICIAL)(See Instructions)
's principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I	
		Amount of In-kind contribution Contribution \$ description
		I I Check if travel outside of Texas. Complete Schedule T.
ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)
's principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
's employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	
	THIS SCHEDI	
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SCHEDULE A2

The Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2: 0
<sup>ME</sup> Cennedy	3 Filer ID (Ethics Commission Filers)	
OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
		8 Amount of Contribution \$ 9 In-kind contribution description
cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICIAL)(See Instructions)
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's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I	
		Amount of In-kind contribution Contribution \$ description
		I I Check if travel outside of Texas. Complete Schedule T.
ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)
's principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
's employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	
	THIS SCHEDI	
	ATTACH ADDITIONAL COPIES OF TATACH ADDITIONAL COPIES OF TA	Gennedy         OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS         6 Full name of contributor □ out-of-state PAC (ID#:)         7 Contributor address;       City;       State;       Zip Code         7 Contributor address;       City;       State;       Zip Code         cupation / Job title (FOR NON-JUDICIAL) (See Instructions)       11 Employ         s principal occupation (FOR JUDICIAL)       13 Contributor         s employer/law firm (FOR JUDICIAL)       15 Law firm         full name of contributor       out-of-state PAC (ID#:)         Contributor address;       City;       State;         cupation / Job title (FOR NON-JUDICIAL) (See Instructions)       Employ         's principal occupation (FOR JUDICIAL)       Contributors)         's principal occupation (FOR JUDICIAL)       Law firm         's employer/law firm (FOR JUDICIAL)       Law firm

SCHEDULE A2

The Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2: 0
<sup>ME</sup> Cennedy	3 Filer ID (Ethics Commission Filers)	
OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
		8 Amount of Contribution \$ 9 In-kind contribution description
cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICIAL)(See Instructions)
's principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I	
		Amount of In-kind contribution Contribution \$ description
		I I Check if travel outside of Texas. Complete Schedule T.
ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)
's principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
's employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	
	THIS SCHEDI	
	ATTACH ADDITIONAL COPIES OF TATACH ADDITIONAL COPIES OF TA	Gennedy         OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS         6 Full name of contributor □ out-of-state PAC (ID#:)         7 Contributor address;       City;       State;       Zip Code         7 Contributor address;       City;       State;       Zip Code         cupation / Job title (FOR NON-JUDICIAL) (See Instructions)       11 Employ         s principal occupation (FOR JUDICIAL)       13 Contributor         s employer/law firm (FOR JUDICIAL)       15 Law firm         full name of contributor       out-of-state PAC (ID#:)         Contributor address;       City;       State;         cupation / Job title (FOR NON-JUDICIAL) (See Instructions)       Employ         's principal occupation (FOR JUDICIAL)       Contributors)         's principal occupation (FOR JUDICIAL)       Law firm         's employer/law firm (FOR JUDICIAL)       Law firm

SCHEDULE A2

The Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2: 0
<sup>ME</sup> Cennedy	3 Filer ID (Ethics Commission Filers)	
OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
		8 Amount of Contribution \$ 9 In-kind contribution description
cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICIAL)(See Instructions)
's principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I	
		Amount of In-kind contribution Contribution \$ description
		I I Check if travel outside of Texas. Complete Schedule T.
ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)
's principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
's employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	
	THIS SCHEDI	
	ATTACH ADDITIONAL COPIES OF TATACH ADDITIONAL COPIES OF TA	Gennedy         OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS         6 Full name of contributor □ out-of-state PAC (ID#:)         7 Contributor address;       City;       State;       Zip Code         7 Contributor address;       City;       State;       Zip Code         cupation / Job title (FOR NON-JUDICIAL) (See Instructions)       11 Employ         s principal occupation (FOR JUDICIAL)       13 Contributor         s employer/law firm (FOR JUDICIAL)       15 Law firm         full name of contributor       out-of-state PAC (ID#:)         Contributor address;       City;       State;         cupation / Job title (FOR NON-JUDICIAL) (See Instructions)       Employ         's principal occupation (FOR JUDICIAL)       Contributors)         's principal occupation (FOR JUDICIAL)       Law firm         's employer/law firm (FOR JUDICIAL)       Law firm

#### PLEDGED CONTRIBUTIONS

#### SCHEDULE **B**

Th	e Instruction Guide explains how to complete this	s form.	1 Total pages Sched	ule B: <b>0</b>
2 FILER NAM	E		3 Filer ID (Ethics C	ommission Filers)
Brian Ke	ennedy			
4 TOTAL O	F UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor out-of-state PAC (ID#:	)	8 Amount of Pledge \$	9 In-kind contribution description
	<b>7</b> Pledgor address; City; St	ate; Zip Code		
		44 5		de of Texas. Complete Schedule T.
10 Principal oc	cupation / Job title (See Instructions)	<b>11</b> Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; St	ate; Zip Code		
			Check if travel outsi	de of Texas. Complete Schedule T.
Principal occ	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; St	ate; Zip Code		
			Check if travel outsi	de of Texas. Complete Schedule T.
Principal occ	cupation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State	e; Zip Code		
			Check if travel outsi	de of Texas. Complete Schedule T.
Principal occ	upation / Job title (See Instructions)	Employer (See	Instructions)	
.	ATTACH ADDITIONAL COPIES f contributor is out-of-state PAC, please see Inst		-	requirements.

#### PLEDGED CONTRIBUTIONS

#### SCHEDULE **B**

Th	e Instruction Guide explains how to complete this	s form.	1 Total pages Sched	ule B: <b>0</b>
2 FILER NAM	E		3 Filer ID (Ethics C	ommission Filers)
Brian Ke	ennedy			
4 TOTAL O	F UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor out-of-state PAC (ID#:	)	8 Amount of Pledge \$	9 In-kind contribution description
	<b>7</b> Pledgor address; City; St	ate; Zip Code		
		44 5		de of Texas. Complete Schedule T.
10 Principal oc	cupation / Job title (See Instructions)	<b>11</b> Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; St	ate; Zip Code		
			Check if travel outsi	de of Texas. Complete Schedule T.
Principal occ	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; St	ate; Zip Code		
			Check if travel outsi	de of Texas. Complete Schedule T.
Principal occ	cupation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State	e; Zip Code		
			Check if travel outsi	de of Texas. Complete Schedule T.
Principal occ	upation / Job title (See Instructions)	Employer (See	Instructions)	
.	ATTACH ADDITIONAL COPIES f contributor is out-of-state PAC, please see Inst		-	requirements.

#### LOANS

#### SCHEDULE E

The Instruction Guide explains how to complete this form.			1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Brian Kenn	edy		
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state P	PAC (ID#:)	9 Loan Amount (\$)
08/09/2022	Brian Kennedy		10000.00
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 0
Y ■ N			<b>11</b> Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
<b>14</b> Description of Colla ■ none	ateral	15 Check if personal fund account (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	<b>17</b> Name of guarantor		<b>19</b> Amount Guaranteed (\$)
■ not applicable	<b>18</b> Guarantor address; City;	State; Zip Code	
<b>20</b> Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
		Zi Employer (See Instructions)	
Date of loan	Name of lender out-of-state F	PAC (ID#: )	Loan Amount (\$)
09/23/2022	Brian Kennedy	,,	16000.00
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y ■N			Maturity date
· · ·	on / Job title (See Instructions)	Employer (See Instructions)	
Attorney		Self	
Description of Colla	ateral	<ul> <li>Check if personal fund account (See Instruct</li> </ul>	ds were deposited into political ions)
GUARANTOR	Name of guarantor		Amount Guaranteed (\$)
INFORMATION			
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COP nder is out-of-state PAC, please see Ins	IES OF THIS SCHEDULE AS NEE struction guide for additional re	

#### LOANS

#### SCHEDULE E

The Instruction Guide explains how to complete this form.			1 Total pages Schedule E:
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Brian Kenn	edy		
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender Out-of-state P	PAC (ID#:)	<b>9</b> Loan Amount (\$)
08/27/2022	Brian Kennedy		10,000.00
<b>6</b> Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y ■ N			<b>11</b> Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	·
14 Description of Colla	ateral	15 Check if personal fundaccount (See Instruct	ds were deposited into political
none			
16 GUARANTOR INFORMATION	<b>17</b> Name of guarantor		<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender 🗌 out-of-state F	PAC (ID#: )	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fund	ds were deposited into political
none		account (See Instruct	ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupatio	on (See Instructions)	Employer (See Instructions)	
lf le	ATTACH ADDITIONAL COP nder is out-of-state PAC, please see Ins	IES OF THIS SCHEDULE AS NEE struction guide for additional re	

LOA	<b>NS</b>
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### SCHEDULE E

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

			+
The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Brian Kenn	edy		
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender Out-of-state P/	9 Loan Amount (\$)	
6 Is lender a financial Institution?	<b>8</b> Lender address; City;	10 Interest rate	
Y N			<b>11</b> Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
<b>14</b> Description of Coll none	ateral	ds were deposited into political ions)	
16 GUARANTOR INFORMATION	<b>17</b> Name of guarantor	1	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender 🗌 out-of-state P.	AC (ID#: )	Loan Amount (\$)
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	L
Description of Coll	ateral		ds were deposited into political
none		account (See Instruct	ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable		1	
Principal Occupati	ion (See Instructions)	Employer (See Instructions)	
lf le	ATTACH ADDITIONAL COPI ender is out-of-state PAC, please see Ins	ES OF THIS SCHEDULE AS NEE	

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### SCHEDULE E

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			+
The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Brian Kenn	edy		
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender Out-of-state P/	9 Loan Amount (\$)	
6 Is lender a financial Institution?	<b>8</b> Lender address; City;	10 Interest rate	
Y N			<b>11</b> Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
<b>14</b> Description of Coll none	ateral	ds were deposited into political ions)	
16 GUARANTOR INFORMATION	<b>17</b> Name of guarantor	1	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender 🗌 out-of-state P.	AC (ID#: )	Loan Amount (\$)
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	L
Description of Coll	ateral		ds were deposited into political
none		account (See Instruct	ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable		1	
Principal Occupati	ion (See Instructions)	Employer (See Instructions)	
lf le	ATTACH ADDITIONAL COPI ender is out-of-state PAC, please see Ins	ES OF THIS SCHEDULE AS NEE	

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### SCHEDULE E

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			+
The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Brian Kenn	edy		
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender Out-of-state P/	9 Loan Amount (\$)	
6 Is lender a financial Institution?	<b>8</b> Lender address; City;	10 Interest rate	
Y N			<b>11</b> Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
<b>14</b> Description of Coll none	ateral	ds were deposited into political ions)	
16 GUARANTOR INFORMATION	<b>17</b> Name of guarantor	1	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender 🗌 out-of-state P.	AC (ID#: )	Loan Amount (\$)
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	L
Description of Coll	ateral		ds were deposited into political
none		account (See Instruct	ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable		1	
Principal Occupati	ion (See Instructions)	Employer (See Instructions)	
lf le	ATTACH ADDITIONAL COPI ender is out-of-state PAC, please see Ins	ES OF THIS SCHEDULE AS NEE	

# SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ove Polling Exp Printing Ex Salaries/W	xpense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense
1 Total pages Schedule F1: 3	2 FILER N Brian Ke				3 Filer ID (Ethics	s Commission Filers)
4 Date 09/01/2022	5 Payee na	•	rs			
6 Amount (\$) 866.00	7 Payee a	ddress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Catego	Y (See Categories listed at the top of this	s schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
09/07/2022	H&HF	Printing and Mail				
Amount (\$) 8809.57	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	V (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
09/07/2022	PDX Pr	inters				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
3000.00						
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

## SCHEDULE F1

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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Exp Printing Ex Salaries/W	xpense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense
1 Total pages Schedule F1: 3	2 FILER N Brian Ke				3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee na			I		
09/15/2022	Jaimie I	Navarro				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
4500.00						
8	(a) Categor	Y (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE						
OF EXPENDITURE						
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	n, TX, officeholder living	g expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
09/19/2022	KVIA					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
15070.00						
	Category	/ (See Categories listed at the top of this s	chedule)	Description		
PURPOSE						
OF EXPENDITURE						
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austir	n, TX, officeholder living	j expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
	-					
09/22/2022	KDBC					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
13740.00						
	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF						
EXPENDITURE						
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austir	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

# SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	1 Intelligence		rhead/Rental Expense pense pense /ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense	
1 Total pages Schedule F1: 3	2 FILER N Brian Ke				3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee na					
09/26/2022	Felix Lo					
<b>6</b> Amount (\$)	7 Payee a	•		City;	State;	Zip Code
844.33						
8	(a) Catego	y (See Categories listed at the top of thi	is schedule)	(b) Description		
PURPOSE OF EXPENDITURE						
	(c)	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OI		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
09/28/2022	Felix Lo	pez				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
600.00						
	Category	/ (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE						
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	V (See Categories listed at the top of this	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	S OF THIS	SCHEDULE AS NEI	EDED	

## SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees         Offic           Food/Beverage Expense         Polli           By         Gift/Awards/Memorials Expense         Print		Office Over Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1: 3	2 FILER N Brian K				3 Filer ID (Ethic	s Commission Filers)	
4 Date	5 Payee n						
<b>6</b> Amount (\$)	<b>7</b> Payee a	ddress;		City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Catego	Ƴ (See Categories listed at the top of this	schedule)	(b) Description			
	(C)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder livin	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held	
Date	Payee na	ame					
Amount (\$) 575.00	Payee a	ddress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Categor	<ul> <li>(See Categories listed at the top of this s</li> </ul>	schedule)	Description			
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	n, TX, officeholder livin	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	V (See Categories listed at the top of this s	schedule)	Description			
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austir	n, TX, officeholder living	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held	
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED		

# SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Over           Food/Beverage Expense         Polling Expense           le By         Gift/Awards/Memorials Expense         Printing Expense		xpense /ages/Contract Labor	Travel In District Travel Out Of Distri	oment & Related Expense	
<b>1</b> Total pages Schedule F1:	2 FILER N				3 Filer ID (Ethic	s Commission Filers)
3	Brian Ke	ennedy				
4 Date	5 Payee na	ame				
<b>6</b> Amount (\$)	7 Payee ad	ddress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Categor	γ (See Categories listed at the top of this	schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this s	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	V (See Categories listed at the top of this s	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Over           Food/Beverage Expense         Polling Expense           le By         Gift/Awards/Memorials Expense         Printing Expense		xpense /ages/Contract Labor	Travel In District Travel Out Of Distri	oment & Related Expense	
<b>1</b> Total pages Schedule F1:	2 FILER N				3 Filer ID (Ethic	s Commission Filers)
3	Brian Ke	ennedy				
4 Date	5 Payee na	ame				
<b>6</b> Amount (\$)	7 Payee ad	ddress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Categor	γ (See Categories listed at the top of this	schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this s	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	V (See Categories listed at the top of this s	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Exp Printing Ex Salaries/W	xpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
<b>1</b> Total pages Schedule F1:	2 FILER N				3 Filer ID (Ethic	s Commission Filers)
3	Brian Ke	ennedy				
4 Date	5 Payee na	ame				
<b>6</b> Amount (\$)	7 Payee ad	ddress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Categor	γ (See Categories listed at the top of this	schedule)	(b) Description		
	(c)	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this s	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	V (See Categories listed at the top of this s	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEI	EDED	

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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Exp Printing Ex Salaries/W	xpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
<b>1</b> Total pages Schedule F1:	2 FILER N				3 Filer ID (Ethic	s Commission Filers)
3	Brian Ke	ennedy				
4 Date	5 Payee na	ame				
<b>6</b> Amount (\$)	7 Payee ad	ddress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Categor	γ (See Categories listed at the top of this	schedule)	(b) Description		
	(c)	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this s	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	V (See Categories listed at the top of this s	schedule)	Description		
		Check if travel outside of Texas. Complete S	schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
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<b>1</b> Total pages Schedule F1:	2 FILER N				3 Filer ID (Ethic	s Commission Filers)
3	Brian Ke	ennedy				
4 Date	5 Payee na	ame				
<b>6</b> Amount (\$)	7 Payee ad	ddress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Categor	γ (See Categories listed at the top of this	schedule)	(b) Description		
	(c)	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this s	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	V (See Categories listed at the top of this s	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
<b>1</b> Total pages Schedule F1:	2 FILER N				3 Filer ID (Ethic	s Commission Filers)
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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Exp Printing Ex Salaries/W	xpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
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3	Brian Ke	ennedy				
4 Date	5 Payee na	ame				
<b>6</b> Amount (\$)	7 Payee ad	ddress;		City;	State;	Zip Code
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If the requested information is not applicable, DO NOT include this page in the report.

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 The Instruction Guide explain	Office Ove Polling Exp Printing Ex Salaries/W	xpense /ages/Contract Labor	Travel In District Travel Out Of Distri	oment & Related Expense
<b>1</b> Total pages Schedule F1:	2 FILER N				3 Filer ID (Ethic	s Commission Filers)
3	Brian Ke	ennedy				
4 Date	5 Payee na	ame				
<b>6</b> Amount (\$)	7 Payee address; City;				State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Complete ONLY if direct Candidate / Officeholder name			Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this s	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	V (See Categories listed at the top of this s	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
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# SCHEDULE F1

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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 The Instruction Guide explain	Office Ove Polling Exp Printing Ex Salaries/W	xpense /ages/Contract Labor	Travel In District Travel Out Of Distri	oment & Related Expense
<b>1</b> Total pages Schedule F1:	2 FILER N				3 Filer ID (Ethic	s Commission Filers)
3	Brian Ke	ennedy				
4 Date	5 Payee na	ame				
<b>6</b> Amount (\$)	7 Payee address; City;				State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Complete ONLY if direct Candidate / Officeholder name			Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this s	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	V (See Categories listed at the top of this s	schedule)	Description		
		Check if travel outside of Texas. Complete S	schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
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# SCHEDULE F1

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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 The Instruction Guide explain	Office Ove Polling Exp Printing Ex Salaries/W	xpense /ages/Contract Labor	Travel In District Travel Out Of Distri	oment & Related Expense
<b>1</b> Total pages Schedule F1:	2 FILER N				3 Filer ID (Ethic	s Commission Filers)
3	Brian Ke	ennedy				
4 Date	5 Payee na	ame				
<b>6</b> Amount (\$)	7 Payee address; City;				State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Complete ONLY if direct Candidate / Officeholder name			Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this s	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	V (See Categories listed at the top of this s	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEI	EDED	

# SCHEDULE F1

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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 The Instruction Guide explain	Office Ove Polling Exp Printing Ex Salaries/W	xpense /ages/Contract Labor	Travel In District Travel Out Of Distri	oment & Related Expense
<b>1</b> Total pages Schedule F1:	2 FILER N				3 Filer ID (Ethic	s Commission Filers)
3	Brian Ke	ennedy				
4 Date	5 Payee na	ame				
<b>6</b> Amount (\$)	7 Payee address; City;				State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Complete ONLY if direct Candidate / Officeholder name			Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this s	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	V (See Categories listed at the top of this s	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEI	EDED	

# SCHEDULE F1

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

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 The Instruction Guide explain	Office Ove Polling Exp Printing Ex Salaries/W	xpense /ages/Contract Labor	Travel In District Travel Out Of Distri	oment & Related Expense
<b>1</b> Total pages Schedule F1:	2 FILER N				3 Filer ID (Ethic	s Commission Filers)
3	Brian Ke	ennedy				
4 Date	5 Payee na	ame				
<b>6</b> Amount (\$)	7 Payee address; City;				State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Complete ONLY if direct Candidate / Officeholder name			Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this s	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	V (See Categories listed at the top of this s	schedule)	Description		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEI	EDED	

# UNPAID INCURRED OBLIGATIONS

#### SCHEDULE F2

	EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fe Fo by Gi al Committee Le	vent Expense ees ood/Beverage Expense ft/Awards/Memorials Expense egal Services	Office Ove Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor	Travel In District Travel Out Of Dist	ipment & Related Expense		
	1	The Instruction Guide exp	biains now to c	complete this form.	_			
1 Total pages Schedule F2: 0	2 FILER NAI Brian Ke				<b>3</b> Filer ID (Ethics	s Commission Filers)		
4 TOTAL OF UNITEN	1	-	BLIGATION	IS	\$			
5 Date	6 Payee nan	ne			I			
7 Amount (\$)	8 Payee add	dress;		City;	State;	Zip Code		
9 TYPE OF EXPENDITURE	Poli	tical	Non-Pc	plitical				
10 PURPOSE OF EXPENDITURE	(a) Category (s	See Categories listed at the top o	f this schedule)	(b) Description				
	( <b>c</b> ) Che	eck if travel outside of Texas. Compl	ete Schedule T.	Check if Aus	stin, TX, officeholder livi	ng expense		
11 Complete ONLY if direct expenditure to benefit C/OH       Candidate / Officeholder name       Office sought       Office held								
Date	Payee nar	ne						
Amount (\$)	Payee add	dress;		City;	State;	Zip Code		
TYPE OF EXPENDITURE	Poli	tical	Non-Po	olitical				
PURPOSE OF EXPENDITURE	Category (	See Categories listed at the top o	f this schedule)	Description				
	C	heck if travel outside of Texas. Com	plete Schedule T.	Check if Au	ustin, TX, officeholder li	ving expense		
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH								
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								
Forms provided by Texas Ethi	CS COMMISSION	www.et	ากธร.รเสเย.เม.น	5		Revised 8/17/2020		

# UNPAID INCURRED OBLIGATIONS

#### SCHEDULE F2

Accounting Expense Considering Expe		EXPENDITURE CATEGORIES FOR BOX 10(a)							
1       Total pages Schedule F2;       2       FILER NAME Brian Kennedy       3       Filer ID (Ethics Commission Filers)         4       TOTAL OF UNITEWIZED UNPADD INCURRED OBLIGATIONS       \$         5       Date       6       Pagee name         7       Amount (\$)       8       Pagee address;       City;       State;       Zip Code         9       TYPE OF EXPENDITURE       Political       Non-Political       Image: City;       State;       Zip Code         10       PURPOSE EXPENDITURE       (a) Category (See Categories listed at the top of this solvedie)       (b) Description       Image: City;       State;       Zip Code         11       Complete DBLY if direct expenditure to benefit CiOH       Candidate / Officeholder name       Office sought       Office held       Office held         Date       Pagee address;       City;       State;       Zip Code         EXPENDITURE       Candidate / Officeholder name       Office sought       Office held         Date       Pagee address;       City;       State;       Zip Code         EXPENDITURE       Political       Non-Political       Category (See Categories listed at the top of this achedule)       Description         EXPENDITURE       Political       Category (See Categories listed at the top of this achedule)<	Accounting/Banking Consulting Expense Contributions/Donations Made B	Fees Food/Beverage y Gift/Awards/Me I Committee Legal Services	Expense Office Expense Pollin emorials Expense Printi Salar	e Overhead/Rental Expense ig Expense ig Expense ies/Wages/Contract Labor	Transportation Equipme Travel In District Travel Out Of District	ent & Related Expense			
0         Brian Kennedy           4 TOTAL OF UNITEWED UNPAID INCURRED OBLIGATIONS         \$           5 Date         6 Payee name           7 Amount (\$)         8 Payee address:         City:         State;         Zip Code           9 TYPE OF EXPENDITURE         Political         Non-Political         Image: City:         State;         Zip Code           10 PURPOSE EXPENDITURE         (a) Category (See Categories listed at the top of this schedule)         (b) Description         Image: City:         State;         Zip Code           11 Complete ONLY if direct expenditure to benefit COH         Category (See Categories listed at the top of this schedule)         Office sought         Office held         Office held           Date         Payee name         Category (See Categories listed at the top of this schedule)         Office held         Office held         Image: Zip Code           TYPE OF EXPENDITURE         Payee name         City:         State;         Zip Code           Image: Complete ONLY if direct         Payee address;         City:         State;         Zip Code           Image: Complete ONLY if direct         Payee address;         City:         State;         Zip Code           Image: Complete ONLY if direct         Payee address;         City:         State;         Zip Code           Imag		1	ction Guide explains now	to complete this form.					
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS       \$         5 Date       6 Payee name         7 Amount (\$)       8 Payee address;       City;       State;       Zip Code         9 TYPE OF EXPENDITURE <ul> <li>Political</li> <li>Non-Political</li> <li>(b) Description</li> <li>(c) Category (See Categories listed at the top of his schedule)</li> <li>(b) Description</li> <li>(c) Check if Austin, TX, officeHolder listing expense</li> <li>(d) Category (See Categories listed at the top of his schedule)</li> <li>(e) Check if Austin, TX, officeHolder listing expense</li> <li>(f) Complete DMLY if direct expenditure to benefit COH</li> <li>Candidate / OfficeHolder name</li> <li>Office sought</li> <li>Office held</li> <li>Payee address;</li> <li>City;</li> <li>State;</li> <li>Zip Code</li> <li>Category (See Categories listed at the top of this schedule);</li> <li>Description</li> <li>Category (See Categories listed at the top of this schedule);</li> <li>Description</li> <li>Check if Austin, TX, officeHolder lising expense</li> <li>Complete DMLY if direct expenditure to benefit COH</li> <li>Category (See Categories listed at the top of this schedule);</li> <li>Check if Austin, TX, officeHolder lising expense</li> <li>Check if austin, TX, officeHolder lising expense</li> <li>Complete DMLY if direct expenditure to benefit COH</li> <li>Category (See Categories listed at the top of this schedule);</li> <li>Check if austin, TX, officeHolder lising expense</li> <li>Complete DMLY if direct expenditure to benefit COH</li> <li>Candidate / OfficeHolder name</li> <li>Office sought</li> <li>Office held</li> <li>Complete DMLY if direct</li> <li>Cand</li></ul>		_			3 Filer ID (Ethics Co	mmission Filers)			
7 Amount (\$)       8 Payee address;       City:       State;       Zip Code         9 EXPENDITURE       Political       Non-Political         10 PURPOSE EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         11 Complete QNLY if direct expenditure to benefit GOD       Category (See Categories listed at the top of this schedule)       Office sought       Office held         12 Complete QNLY if direct expenditure to benefit GOD       Candidate / Officeholder name       Office sought       Office held         13 Complete QNLY if direct expenditure to benefit GOD       Candidate / Officeholder name       Office sought       Office held         14 Complete QNLY if direct expenditure to benefit GOD       Category (See Categories listed at the top of this schedule)       Office sought       Office held         15 Category (See Categories listed at the top of this schedule)       Payee address;       City:       State;       Zip Code         14 Complete ONLY if direct expenditure to benefit GOD       Category (See Categories listed at the top of this schedule)       Description       Political       Non-Political         15 Category (See Categories listed at the top of this schedule)       Description       City:       State;       Zip Code         15 Category (See Categories listed at the top of this schedule)       Description       Description       Description	4 TOTAL OF UNITEN	-	JRRED OBLIGATI	ONS	\$				
9       TYPE OF       Political       Non-Political         10       PURPOSE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         10       PURPOSE       (b) Check if zavel outside of Tixues. Complete Schedule I.       Check if Austin, TX, officeholder living expense         11       Complete QNLY if direct expenditure to benefit COH       Candidate / Officeholder name       Office sought       Office held         Date       Payee name       City:       State:       Zip Code         TYPE OF       Payee name       City:       State:       Zip Code         TYPE OF       Political       Non-Political       Version       Version         PURPOSE       Category (See Categories listed at the top of this schedule)       Description       Version         PURPOSE       Category (See Categories listed at the top of this schedule)       Description       Version         Complete QNLY if direct       Check if travel outside of Texes. Complete Schedule T.       Check if Austin, TX, officeholder living expense         Complete QNLY if direct       Candidate / Officeholder name       Office sought       Office hold         Complete QNLY if direct       Candidate / Officeholder name       Office sought       Office held         Complete QNLY if direct       Candidate / Officeholder name	5 Date	6 Payee name			1				
IPPE DTURE       Political       Non-Political         10       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         11       Complete QNLY if direct expenditure to benditi C/OH       Candidate / Officeholder name       Office sought       Office held         Date       Payee name       City;       State;       Zip Code         TYPE OF EXPENDITURE       Payee address;       City;       State;       Zip Code         PURPOSE EXPENDITURE       Political       Non-Political       Version       Version         Complete QNLY if direct expenditure to benditi C/OH       Political       Non-Political       Version         Complete QNLY if direct expenditure to benditi C/OH       Category (See Categories listed at the top of this schedule)       Description         Complete QNLY if direct expenditure to benditi C/OH       Category (See Categories listed at the top of this schedule)       Description         Complete QNLY if direct expenditure to benditi C/OH       Candidate / Officeholder name       Office sought       Office held         Complete QNLY if direct expenditure to benditi C/OH       Candidate / Officeholder name       Office sought       Office held	7 Amount (\$)	8 Payee address;		City;	State;	Zip Code			
PURPOSE OF EXPENDITURE       Image: Complete Schedule T.       Check if Austin, TX, officeholder living expense         11       Complete ONLY if direct expenditure to benefit C/OH       Candidate / Officeholder name       Office sought       Office held         Date       Payee name       City:       State:       Zip Code         Amount (\$)       Payee address;       City:       State:       Zip Code         EXPENDITURE       Political       Non-Political       Description         PURPOSE OF EXPENDITURE       Category (See Categories listed at the top of this schedule)       Description         Complete ONLY if direct expenditure to benefit C/OH       Category (See Categories listed at the top of this schedule)       Description         Complete ONLY if direct expenditure to benefit C/OH       Candidate / Officeholder name       Office sought       Office held	I TIPE OF	Political	Nor	n-Political					
11 Complete QNLY if direct expenditure to benefit C/OH       Candidate / Officeholder name       Office sought       Office held         Date       Payee name	PURPOSE OF	(a) Category (See Categorie	s listed at the top of this schedul	(b) Description					
expenditure to benefit C/OH       Payee name         Date       Payee name         Amount (\$)       Payee address;       City;       State;       Zip Code         TYPE OF EXPENDITURE       Political       Non-Political         PURPOSE OF EXPENDITURE       Category (See Categories listed at the top of this schedule)       Description         Complete ONLY if direct expenditure to benefit C/OH       Candidate / Officeholder name       Office sought       Office held		(C) Check if travel outs	side of Texas. Complete Schedule	T. Check if Au	stin, TX, officeholder living ex	xpense			
Amount (\$)       Payee address;       City;       State;       Zip Code         EXPENDITURE <ul> <li>Political</li> <li>Non-Political</li> <li>Category (See Categories listed at the top of this schedule)</li> <li>Category (See Categories listed at the top of this schedule)</li> <li>Check if Travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Complete ONLY if direct expenditure to benefit C/OH</li> <li>Candidate / Officeholder name</li> <li>Office sought</li> <li>Office held</li> <li>Office held</li></ul>									
TYPE OF EXPENDITURE       Political         PURPOSE OF EXPENDITURE       Category (See Categories listed at the top of this schedule)       Description         Check if ravel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense         Complete ONLY if direct expenditure to benefit C/OH       Candidate / Officeholder name       Office sought       Office held	Date	Payee name							
EXPENDITURE       Political       Non-Political         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, TX, officeholder living expense         Complete ONLY if direct expenditure to benefit C/OH       Candidate / Officeholder name       Office sought       Office held	Amount (\$)	Payee address;		City;	State;	Zip Code			
PURPOSE OF EXPENDITURE     Check if travel outside of Texas. Complete Schedule T.     Check if Austin, TX, officeholder living expense       Complete ONLY if direct expenditure to benefit C/OH     Candidate / Officeholder name     Office sought     Office held		Political	No	n-Political					
Complete ONLY if direct expenditure to benefit C/OH       Candidate / Officeholder name       Office sought       Office held	OF	Category (See Categorie	is listed at the top of this schedul	le) Description					
expenditure to benefit C/OH		Check if travel ou	Itside of Texas. Complete Schedule	eT. Check if A	ustin, TX, officeholder living	expense			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED									
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED									
Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 8/17/2020									

### PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Tł	ne Instruction Guide explains how to complete this form.	<b>1</b> T	fotal pa	ges Scł	nedule F3:	
<sup>2</sup> FILER NAME Brian Ke	nnedy	<b>3</b> F	iler ID	(Ethics	Commission	n Filers)
4 Date	5 Name of person from whom investment is purchased					
	<b>6</b> Address of person from whom investment is purchased; Cit	y;			State;	Zip Code
	7 Description of investment					
	8 Amount of investment (\$)					
Date	Name of person from whom investment is purchased					
	Address of person from whom investment is purchased; City	y;			State;	Zip Code
	Description of investment					
	Amount of investment (\$)					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	ASN	NEEDI	ED		

### PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Tł	ne Instruction Guide explains how to complete this form.	<b>1</b> T	fotal pa	ges Scł	nedule F3:	
<sup>2</sup> FILER NAME Brian Ke	nnedy	<b>3</b> F	iler ID	(Ethics	Commission	n Filers)
4 Date	5 Name of person from whom investment is purchased					
	<b>6</b> Address of person from whom investment is purchased; Cit	y;			State;	Zip Code
	7 Description of investment					
	8 Amount of investment (\$)					
Date	Name of person from whom investment is purchased					
	Address of person from whom investment is purchased; City	y;			State;	Zip Code
	Description of investment					
	Amount of investment (\$)					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	ASN	NEEDI	ED		

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4								
If the requested information is not applicable, <b>DO NOT include this page in the report.</b>								
EXPENDITURE CATEGORIES FOR BOX 10(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		xpense everage Expense ards/Memorials Expense ervices nstruction Guide explains	Office Overl Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor	Solicitation/Fundraisi Transportation Equipi Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense		
1 Total pages Schedule F4: 2	2 FILER NAME Brian Kenned	У			3 Filer ID (Ethics (	Commission Filers)		
4 TOTAL OF UNITEM	ZED EXPENDI	URES CHARGED	TOACR	EDIT CARD	\$			
5 Date 08/11/2022	6 Payee name State Line							
7 Amount (\$) 4500.00	8 Payee address	5;		City;	State;	Zip Code		
9 TYPE OF EXPENDITURE	✔ Political		Non-Pol	itical				
10 PURPOSE OF EXPENDITURE	(a) Category (See Ca	ategories listed at the top of this s	chedule)	(b) Description				
	(C) Check if	travel outside of Texas. Complete S	chedule T.	Check if Au	stin, TX, officeholder living	j expense		
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate /	Officeholder name	Of	fice sought	Office h	eld		
Date	Payee name							
08/11/2022	Facebook							
Amount (\$) 622.00	Payee address	5;		City;	State;	Zip Code		
TYPE OF EXPENDITURE	🖌 Political		Non-Po	litical				
PURPOSE OF EXPENDITURE	Category (See C	ategories listed at the top of this s	schedule)	Description				
	Check if	travel outside of Texas. Complete S	Schedule T.	Check if Au	ustin, TX, officeholder livin	g expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate /	Officeholder name	Of	fice sought	Office h	eld		
	ATTACH ADI	DITIONAL COPIES O	F THIS SO	CHEDULE AS NE	EDED			

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EXPENDITUR	RES M	ADE BY	CREDI	T CAF	RD	SCH	EDULE <b>F4</b>
If the requested inforr	nation is no	ot applicable, <b>I</b>	DO NOT ind	clude this	page in the rep	port.	
		EXPENDIT	URECATE	GORIES FO	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Exp Gift/Awards/Memo Legal Services The Instruction	rials Expense	Office Over Polling Exp Printing Exp Salaries/Wa		Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F4: 2	_	2 FILER NAME 3 Filer ID (Ethics Commission File Brian Kennedy					Commission Filers)
4 TOTAL OF UNITEM		•	CHARGED	TOACR	EDIT CARD	\$	
5 Date 09/01/2022	6 Payee Spectru	name n Reach					
7 Amount (\$)	8 Payee	address;			City;	State;	Zip Code
9230.15							
9 TYPE OF EXPENDITURE	<b>√</b> 1	✓ Political Non-Political					
10 PURPOSE OF EXPENDITURE	(a) Categor	✓ (See Categories listed)	ed at the top of this	s schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						ng expense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officeho	lder name	Of	fice sought	Office	held
Date	Payee						
07/25/2022	CITY OF	EL PASO					
Amount (\$)	Payee	address;			City;	State;	Zip Code
TYPE OF EXPENDITURE	<b>~</b> 1	Political		Non-Po	litical		
PURPOSE OF EXPENDITURE	Categor	y (See Categories list	ted at the top of thi	s schedule)	Description		
		Check if travel outside	of Texas. Complete	e Schedule T.	Check if A	ustin, TX, officeholder liv	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officeho	lder name	Of	ffice sought	Office	held
	ΑΤΤΑΟ	HADDITIONA		OF THIS SO	CHEDULE AS NE	EDED	

#### SCHEDULE ${f G}$

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling Ex Printing E Salaries/	Xages/Contract Labor	Transportation Equipm Travel In District Travel Out Of District		
1 Tatal names Sahadula Cu	2 EILED NA				2 Files ID (Filia		
<ol> <li>Total pages Schedule G:</li> <li>4</li> </ol>	<sup>2</sup> FILER NA	Kennedy			<b>3</b> Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee nar						
6 Amount (\$)	7 Payee add	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this so	chedule)	(b) Description			
EXPENDITORE	(c) (c)	(C) Check if travel outside of Texas. Complete Schedule T. Check if Aus			, TX, officeholder living ex	pense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	late / Officeholder name		Office sought		Office held	
Date	Payee nar	ne					
Amount (\$)	Payee add	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the top of this set	chedule)	Description			
		Check if travel outside of Texas. Complete Scl	hedule T.	Check if Austin	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/		late / Officeholder name		Office sought		Office held	
Date	Payee nar	ne					
Amount (\$)	Payee add	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description			
		Check if travel outside of Texas. Complete Sch	hedule T.	Check if Austin	, TX, officeholder living ex	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	late / Officeholder name		Office sought		Office held	
	ATTA	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	ED		

#### SCHEDULE ${f G}$

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politie Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling Ex Printing E Salaries/	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule C:	2 FILER NA			-	3 Eilor ID (Ethion	Commission Filora)	
1 Total pages Schedule G: 4					<b>3</b> Filer ID (Ethics	Commission Fliers)	
4 Date	5 Payee nan	Kennedy					
09/15/2022	-						
	Hustle						
<ul> <li>6 Amount (\$)</li> <li>150.00</li> <li>         ✓ Reimbursement from political contributions intended     </li> </ul>	7 Payee add	iress;		City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this sc	chedule)	(b) Description			
	Check if travel outside of Texas. Complete Sch	of Texas. Complete Schedule T. Check if Austin, TX, officeholder liv					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held	
Date	Payee nan	ne					
08/17/2022	DCS						
Amount (\$) 1406.48 Reimbursement from political contributions intended	Payee add	iress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description			
		Check if travel outside of Texas. Complete Sch	hedule T.	Check if Austin	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/0		ate / Officeholder name		Office sought		Office held	
Date	Payee nan	ne					
08/01/2022	-	S DEMOCRATS					
Amount (\$) 405.00 Reimbursement from political contributions intended	Payee add	Jress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this sc	chedule)	Description			
	(	Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin,	TX, officeholder living ex	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held	
	ATTA	CH ADDITIONAL COPIES OF	F THIS S	CHEDULE AS NEED	ED		

#### SCHEDULE ${f G}$

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made   Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Ex Printing E Salaries/V	xpense Nages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)		
, 		The Instruction Guide explai	ns how to	complete this form.			
1 Total pages Schedule G: 4	<sup>2</sup> FILER NA Brian	Kennedy			3 Filer ID (Ethics	Commission Filers)	
4 Date 09/08/2022	5 Payee nar SUN C	me CIRCLE STRATEGIC	GROUI	P			
6 Amount (\$) 500.00 ✔ Reimbursement from political contributions intended	7 Payee ad	dress;		City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	r (See Categories listed at the top of this s	schedule)	(b) Description			
	(c)	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austi			, TX, officeholder living ex	pense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	late / Officeholder name		Office sought		Office held	
Date	Payee nar	me					
08/01/2022	Visa						
Amount (\$) 250.00 Reimbursement from political contributions intended	Payee ad	dress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	V (See Categories listed at the top of this sector)	schedule)	Description			
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austin	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C		late / Officeholder name		Office sought		Office held	
Date	Payee nar	me					
09/14/2022	Outrea	ach Circle					
Amount (\$) 900.00 Reimbursement from political contributions intended	Payee ad	dress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the top of this s	schedule)	Description			
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austin	, TX, officeholder living ex	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	late / Officeholder name		Office sought		Office held	
	ATTA	ACH ADDITIONAL COPIES C	OF THIS S	CHEDULE AS NEED	ED		

#### SCHEDULE ${f G}$

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ov Polling Ex Printing E Salaries/	xpense Nages/Contract Labor	Solicitation/Fundraisir Transportation Equipn Travel In District Travel Out Of District Other (enter a categor	hent & Related Expense	
4	<b>2</b> EH ED NA				2		
<ul><li>1 Total pages Schedule G:</li><li>4</li></ul>	<sup>2</sup> FILER NA Brian	Kennedy			<b>3</b> Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee nar	ne					
09/30/2022	Campa	aign Verify					
<ul> <li>6 Amount (\$)</li> <li>190.00</li> <li>         ✓ Reimbursement from political contributions intended     </li> </ul>	7 Payee add	dress;		City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this so	chedule)	(b) Description			
	(C) Check if travel outside of Texas. Complete Schedule T. Check if Aus				TX, officeholder living ex	pense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	late / Officeholder name		Office sought		Office held	
Date	Payee nar	ne					
08/30/2022	Lawlytics						
Amount (\$) 325.00 Reimbursement from political contributions intended	Payee add	dress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the top of this so	chedule)	Description			
		Check if travel outside of Texas. Complete Sch	hedule T.	Check if Austin	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C		late / Officeholder name		Office sought		Office held	
Date	Payee nar	ne					
09/30/2022	Cristor						
Amount (\$) 100.02 Reimbursement from political contributions intended	Payee add	dress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description			
	(	Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin,	TX, officeholder living ex	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	late / Officeholder name		Office sought		Office held	
	ATTA	CH ADDITIONAL COPIES OI	F THIS S	CHEDULE AS NEED	ED		

#### SCHEDULE ${f G}$

		EXPENDITURE CATE	EGORIES	FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Office Ov Polling E Printing E Salaries/	Xpense Wages/Contract Labor	Solicitation/Fundraisir Transportation Equipn Travel In District Travel Out Of District Other (enter a categor	ent & Related Expense		
	<b>.</b>	-		• • • • • • •				
<ol> <li>Total pages Schedule G:</li> <li>4</li> </ol>	<sup>2</sup> FILER NA	Kennedy			3 Filer ID (Ethics	Commission Filers)		
4 Date	5 Payee na	me						
09/26/2022	VIMEC	)						
6 Amount (\$) 90.93 ✔ Reimbursement from political contributions intended	7 Payee ad	dress;		City;	State;	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category	r (See Categories listed at the top of this	schedule)	(b) Description				
EXICIDITORE	(c)	(c) Check if travel outside of Texas. Complete Schedule T. Check if Aus				pense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held		
Date	Payee na	me						
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code		
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category	<ul> <li>(See Categories listed at the top of this</li> </ul>	schedule)	Description				
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder living e	, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/0		late / Officeholder name		Office sought		Office held		
Date	Payee na	me						
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code		
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the top of this	schedule)	Description				
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder living ex	pense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candic	late / Officeholder name		Office sought		Office held		
	ATTA	ACH ADDITIONAL COPIES (	OF THIS S	CHEDULE AS NEED	DED			

#### SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office O Polling E Printing Salaries	Expense Wages/Contract Labor	Travel In District Travel Out Of Distr	ipment & Related Expense
<b>1</b> Total pages Schedule H:	2 FILER N Brian k	AME Kennedy			3 Filer ID (Ethi	ics Commission Filers)
4 Date	5 Business					
<b>6</b> Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description		
	(C)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living	expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	s name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		
		Check if travel outside of Texas. Complete Scl	hedule T.	Check if Austin,	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

#### SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office O Polling E Printing Salaries	Expense Wages/Contract Labor	Travel In District Travel Out Of Distr	ipment & Related Expense
<b>1</b> Total pages Schedule H:	2 FILER N	AME Kennedy			3 Filer ID (Ethi	ics Commission Filers)
4 Date	5 Business					
<b>6</b> Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description		
	(C)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living	expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	s name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		
		Check if travel outside of Texas. Complete Scl	hedule T.	Check if Austin,	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

#### SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office O Polling E Printing Salaries	Expense Wages/Contract Labor	Travel In District Travel Out Of Distr	ipment & Related Expense
<b>1</b> Total pages Schedule H:	2 FILER N Brian k	AME Kennedy			3 Filer ID (Ethi	ics Commission Filers)
4 Date	5 Business					
<b>6</b> Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description		
	(C)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living	expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	s name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		
		Check if travel outside of Texas. Complete Scl	hedule T.	Check if Austin,	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

#### SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office O Polling E Printing Salaries	Expense Wages/Contract Labor	Travel In District Travel Out Of Distr	ipment & Related Expense
<b>1</b> Total pages Schedule H:	2 FILER N Brian k	AME Kennedy			3 Filer ID (Ethi	ics Commission Filers)
4 Date	5 Business					
<b>6</b> Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description		
	(C)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living	expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	s name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		
		Check if travel outside of Texas. Complete Scl	hedule T.	Check if Austin,	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

#### SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office O Polling E Printing Salaries	Expense Wages/Contract Labor	Travel In District Travel Out Of Distr	ipment & Related Expense
<b>1</b> Total pages Schedule H:	2 FILER N	AME Kennedy			3 Filer ID (Ethi	ics Commission Filers)
4 Date	5 Business					
<b>6</b> Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description		
	(C)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living	expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	s name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		
		Check if travel outside of Texas. Complete Scl	hedule T.	Check if Austin,	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

#### SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office O Polling E Printing Salaries	Expense Wages/Contract Labor	Travel In District Travel Out Of Distr	ipment & Related Expense
<b>1</b> Total pages Schedule H:	2 FILER N Brian k	AME Kennedy			3 Filer ID (Ethi	ics Commission Filers)
4 Date	5 Business					
<b>6</b> Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description		
	(C)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living	expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	s name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		
		Check if travel outside of Texas. Complete Scl	hedule T.	Check if Austin,	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

#### SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office O Polling E Printing Salaries	Expense Wages/Contract Labor	Travel In District Travel Out Of Distr	ipment & Related Expense
<b>1</b> Total pages Schedule H:	<sup>2</sup> FILER N Brian k	AME Kennedy			3 Filer ID (Ethi	ics Commission Filers)
4 Date	5 Business					
<b>6</b> Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description		
	(C)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living	expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	s name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		
		Check if travel outside of Texas. Complete Scl	hedule T.	Check if Austin,	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		
		Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

#### SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office O Polling E Printing Salaries	Expense Wages/Contract Labor	Travel In District Travel Out Of Distr	ipment & Related Expense
<b>1</b> Total pages Schedule H:	<sup>2</sup> FILER N Brian k	AME Kennedy			3 Filer ID (Ethi	ics Commission Filers)
4 Date	5 Business					
<b>6</b> Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description		
	(C)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living	expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	s name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		
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Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		
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Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
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#### SCHEDULE **H**

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office O Polling E Printing Salaries	Expense Wages/Contract Labor	Travel In District Travel Out Of Distr	ipment & Related Expense
<b>1</b> Total pages Schedule H:	<sup>2</sup> FILER N Brian k	AME Kennedy			3 Filer ID (Ethi	ics Commission Filers)
4 Date	5 Business					
<b>6</b> Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description		
	(C)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living	expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
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Amount (\$)	Business	address;		City;	State;	Zip Code
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Amount (\$)	Business	address;		City;	State;	Zip Code
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	s name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		
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<b>6</b> Amount (\$)	7 Business	address;		City;	State;	Zip Code
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Amount (\$)	Business	address;		City;	State;	Zip Code
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Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
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		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
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<b>6</b> Amount (\$)	7 Business	address;		City;	State;	Zip Code
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
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Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		
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PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		
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Amount (\$)	Business	address;		City;	State;	Zip Code
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Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		
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SCHEDULE |

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

	The Instruction Guide explains how to complete this form.						
<b>1</b> Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	mmission Filers)		
	Brian Kennedy						
4 Date	5 Payee name						
<b>6</b> Amount (\$)	<b>7</b> Payee address;	City		State	Zip Code		
8 PURPOSE OF EXPENDITURE	(a)Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regai	rding 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 rega	rding 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 rega	rding 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 regardless regardles	rding type of	information		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED				

Forms provided by Texas Ethics Commission

SCHEDULE |

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

	The Instruction Guide explains how to complete this form.						
<b>1</b> Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	mmission Filers)		
	Brian Kennedy						
4 Date	5 Payee name						
<b>6</b> Amount (\$)	<b>7</b> Payee address;	City		State	Zip Code		
8 PURPOSE OF EXPENDITURE	(a)Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regai	rding 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 rega	rding 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 rega	rding 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 regardless instructions instructions regardless instructions regardless instructions regardless instructions regardless instructions instructions regardless instructions instructions regardless instructions instructions regardless instructions regardless instructions instructinstructions instructions instructions ins	rding type of	information		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED				

Forms provided by Texas Ethics Commission

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

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:
<sup>2</sup> FILER NAME Brian Ker	nnedy	3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Name of person from whom amount is received		<b>8</b> Amount (\$)
	<b>6</b> Address of person from whom amount is received; City; Sta	te; Zip Code	
	7 Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	te; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

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

SCHEDULE K

The Instruction Guide explains how to complete this form.       1 Total pages Schedule K:				
<sup>2</sup> FILER NAME <b>Brian Kennedy 3</b> Filer ID (Ethics Commission Filers)				
4 Date	5 Name of person from whom amount is received		<b>8</b> Amount (\$)	
	<b>6</b> Address of person from whom amount is received; City; Sta	te; Zip Code		
	7 Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Sta	ate; Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Sta	te; Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Sta	ate; Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

#### IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.				<b>1</b> Total pages Schedule T:	
2 FILER NAME Brian Kennedy				3 Filer ID (Ethics Commission Filers)	
4 Name of Contributor /	4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
5 Contribution / Expend Schedule A2 Schedule F2	Sche	on: edule B Schedule I edule F4 Schedule C		Schedule D Schedule F1	
6 Dates of travel	7 Name of person(s) traveling				
	8 Departure city or name of departure location				
	9 Destination city or name of destination location				
10 Means of transportat	ion	11 Purpose of travel (inclu	uding name of conference,	seminar, or other event)	
Name of Contributor	Corporation	or Labor Organization / Ple	dgor / Payee		
Schedule A2	Contribution / Expenditure reported on:         Schedule A2       Schedule B         Schedule B(J)       Schedule C2         Schedule D       Schedule F1				
Dates of travel					
	Departure city or name of departure location				
	Destination city or name of destination location				
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)			
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expenditure reported on:					
Schedule A2	Schedu	le B Schedule B(J	I) Schedule C2	Schedule D Schedule F1	
Schedule F2	Schedu	le F4 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel	Name of person(s) traveling				
	Departure city or name of departure location				
	Destination city or name of destination location				
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

#### IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.				<b>1</b> Total pages Schedule T:	
2 FILER NAME Brian Kennedy				3 Filer ID (Ethics Commission Filers)	
4 Name of Contributor /	4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
5 Contribution / Expend Schedule A2 Schedule F2	Sche	on: edule B Schedule I edule F4 Schedule C		Schedule D Schedule F1	
6 Dates of travel	7 Name of person(s) traveling				
	8 Departure city or name of departure location				
	9 Destination city or name of destination location				
10 Means of transportat	ion	11 Purpose of travel (inclu	uding name of conference,	seminar, or other event)	
Name of Contributor	Corporation	or Labor Organization / Ple	dgor / Payee		
Schedule A2	Contribution / Expenditure reported on:         Schedule A2       Schedule B         Schedule B(J)       Schedule C2         Schedule D       Schedule F1				
Dates of travel					
	Departure city or name of departure location				
	Destination city or name of destination location				
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)			
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expenditure reported on:					
Schedule A2	Schedu	le B Schedule B(J	I) Schedule C2	Schedule D Schedule F1	
Schedule F2	Schedu	le F4 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel	Name of person(s) traveling				
	Departure city or name of departure location				
	Destination city or name of destination location				
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

## CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

# FORM C/OH - FR

	The Instruction Guide explains how to complete this form.						
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••						
1	C/OH N		2 Filer ID (Ethics Commission Filers)				
	Brian	Kennedy					
3	SIGNA	TURE					
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. I acknowledge I am electronically signing here or leaving this blank if it does not apply to me. Signature of Candidate / Officeholder						
4	<ul> <li>FILER WHO IS NOT AN OFFICEHOLDER</li> <li>Complete A &amp; B below <i>only</i> if you are not an officeholder.</li> </ul>						
	Α.	CAMPAIGN FUNDS					
	Chec	a only one:					
	I do not have unexpended contributions or unexpended interest or income earned from political contributions.						
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.						
	В.	ASSETS					
	Chec	a only one:					
	I do not retain assets purchased with political contributions or interest or other income from political contributions.						
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.						
		I acknowledge I am electronically signing here or leaving this blank if it does not apply to me.	Signature of Candidate				
5	<ul> <li>5 OFFICEHOLDER         <ul> <li>Complete this section only if you are an officeholder</li> <li>I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.</li> <li>I acknowledge I am electronically signing here or leaving this blank if it does not apply to me.</li> <li>Signature of Officeholder</li> </ul> </li> </ul>						
For	ms provid	ed by Texas Ethics Commission www.ethics.state.tx.us	Revised 8/17/2020				