## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1       Filer ID (Ethics Commission Filers)       2       Total pages filed:         6       6				
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY			
NAME	NICKNAME LAST	SUFFIX	Date Received			
	Kennedy		01/15/2023 04:00 PM			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; C	SITY; STATE; ZIP CODE	<u>City Clerk's Office – Diana Nunez</u> City Ierk's Office - Diana Kunez			
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$			
NAME	NICKNAME LAST	SUFFIX	Date Processed 01/15/2023 08:24 PM			
	Robinet		Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	JITE #; CITY;	STATE; ZIP CODE			
	AREA CODE PHONE NUMBER	EXTENSION				
8 CAMPAIGN TREASURER PHONE						
9 REPORT TYPE	January 15 30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
	July 15 8th day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)			
10 PERIOD	Month Day Year	Month	Day Year			
COVERED	12/09/2022	тнгоидн 12/31/202	22 /			
11 ELECTION	ELECTION DATE Month Day Year Primary	ELECTION TYPE Runoff Other Description Special				
12 OFFICE	OFFICE HELD (if any) City Representative Distri	Ct 1 13 OFFICE SOUGHT (if known	)			
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS A THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIR	MAY HAVE BEEN MADE WITHOUT THE CANE	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR			
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREA	ASURER NAME				
	COMMITTEE CAMPAIGN TRE	ASURER ADDRESS				
GO TO PAGE 2						

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME Bria	an Kennedy	<b>16</b> Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$\$100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ \$3,848.28
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	<sup>T DAY</sup> \$ 23,002.91
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* <b>51,000.00</b>
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
la	cknowledge I am electronically signing here Brian Kennedy (Jan 15, 2023 16:00 MST)	
	Signature of Ca	ndidate or Officeholder
	Please complete either option below	
(1) Affidavit		
NOTARY STAMP/SEA	L	
Sworn to and subscribed	before me by this date	, to certify which,
witness my hand and seal of	of office.	Notary Public
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati		
My name is Brian k	Kennedy, and my date of birth is	
My address is5015 Mon	toya, El Paso,	TX 79922 USA
Executed in El Paso	(street) County, State of, on the (city) (state of) (street)	tate) (zip code) (country) I <b>ry</b> <sub>.20</sub> 23 .
	county, state of, on the day of (month <u>Brian Kennedy</u>	), 20 (year)
	Brian Kennedy Lian 15, 2023 16:00 MST Signature of Candid	ate/Officeholder (Declarant)

# SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

	er NAME N Kennedy	20 Filer ID (Ethics Cor	nmiss	ion Filers)
	HEDULE SUBTOTALS NE OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	\$100.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	\$0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	\$0.00
4.	4. SCHEDULE E: LOANS			\$0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS	\$	\$2,304.81
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	\$0.00
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	\$0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$	\$1,543.47
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	\$0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	\$0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	\$0.00

SCHEDULE A1

The	Instruction Guide explains how	to complete this	form.	<b>1</b> Total pages Schedule A1:
2 FILER NAME				<b>3</b> Filer ID (Ethics Commission Filers)
Brian Ken	nedy			
4 Date	<b>5</b> Full name of contributor	out-of-state PAC	; (ID#: )	<b>7</b> Amount of contribution (\$)
12/14/2022	Gerardo Martinez			
				100.00
	6 Contributor address;	City;	State; Zip Code	
	343 Rio Esta	ncia Dr	-	
8 Principal occu	pation / Job title (See Instructions)		9 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	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	1			
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	pation / 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 occur	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	,			,
			I	
	ATTACH ADDIT	IONAL COPIES	OF THIS SCHEDULE AS N	IEEDED
	If contributor is out-of-state PAC	, please see Instr	uction guide for additional	reporting requirements.

SCHEDULE A1

	The	Instruction Guide explains how	to complete this	s form.	<b>1</b> Total pages Schedule A1:
<b>2</b> F	ILER NAME				3 Filer ID (Ethics Commission Filers)
-	an Ken	nedy			• • • • • • • • • • • • • • • • • • •
<b>4</b> D	late	<b>5</b> Full name of contributor	_	C (ID#:)	7 Amount of contribution (\$)
		<b>6</b> Contributor address;	City;	State; Zip Code	
<b>8</b> P	rincipal occu	pation / Job title (See Instructions)		9 Employer (See Instru	ctions)
D	ate	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
Pr	incipal occup	nation / Job title (See Instructions)		Employer (See Instru	ctions)
D	ate	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
Pi	rincipal occup	pation / Job title (See Instructions)		Employer (See Instru	ctions)
D	ate	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
Pı	rincipal occup	pation / Job title (See Instructions)		Employer (See Instru	ctions)
				OF THIS SCHEDULE AS	NEEDED
		If contributor is out-of-state PA			

SCHEDULE A1

	The	Instruction Guide explains how	to complete this	s form.	<b>1</b> Total pages Schedule A1:
<b>2</b> F	ILER NAME				3 Filer ID (Ethics Commission Filers)
-	an Ken	nedy			• • • • • • • • • • • • • • • • • • •
<b>4</b> D	late	<b>5</b> Full name of contributor	_	C (ID#:)	7 Amount of contribution (\$)
		<b>6</b> Contributor address;	City;	State; Zip Code	
<b>8</b> P	rincipal occu	pation / Job title (See Instructions)		9 Employer (See Instru	ctions)
D	ate	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
Pr	incipal occup	nation / Job title (See Instructions)		Employer (See Instru	ctions)
D	ate	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
Pi	rincipal occup	pation / Job title (See Instructions)		Employer (See Instru	ctions)
D	ate	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
Pı	rincipal occup	pation / Job title (See Instructions)		Employer (See Instru	ctions)
				OF THIS SCHEDULE AS	NEEDED
		If contributor is out-of-state PA			

SCHEDULE A1

	The	Instruction Guide explains how	to complete this	s form.	<b>1</b> Total pages Schedule A1:
<b>2</b> F	ILER NAME				3 Filer ID (Ethics Commission Filers)
-	an Ken	nedy			• • • • • • • • • • • • • • • • • • •
<b>4</b> D	late	<b>5</b> Full name of contributor	_	C (ID#:)	7 Amount of contribution (\$)
		<b>6</b> Contributor address;	City;	State; Zip Code	
<b>8</b> P	rincipal occu	pation / Job title (See Instructions)		9 Employer (See Instru	ctions)
D	ate	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
Pr	incipal occup	nation / Job title (See Instructions)		Employer (See Instru	ctions)
D	ate	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
Pi	rincipal occup	pation / Job title (See Instructions)		Employer (See Instru	ctions)
D	ate	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
Pı	rincipal occup	pation / Job title (See Instructions)		Employer (See Instru	ctions)
				OF THIS SCHEDULE AS	NEEDED
		If contributor is out-of-state PA			

SCHEDULE A1

	The	Instruction Guide explains how	to complete this	s form.	<b>1</b> Total pages Schedule A1:
<b>2</b> F	ILER NAME				3 Filer ID (Ethics Commission Filers)
-	an Ken	nedy			• • • • • • • • • • • • • • • • • • •
<b>4</b> D	late	<b>5</b> Full name of contributor	_	C (ID#:)	7 Amount of contribution (\$)
		<b>6</b> Contributor address;	City;	State; Zip Code	
<b>8</b> P	rincipal occu	pation / Job title (See Instructions)		9 Employer (See Instru	ctions)
D	ate	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
Pr	incipal occup	nation / Job title (See Instructions)		Employer (See Instru	ctions)
D	ate	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
Pi	rincipal occup	pation / Job title (See Instructions)		Employer (See Instru	ctions)
D	ate	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
Pı	rincipal occup	pation / Job title (See Instructions)		Employer (See Instru	ctions)
				OF THIS SCHEDULE AS	NEEDED
		If contributor is out-of-state PA			

SCHEDULE A2

ті	he Instruction Guide explains how to complete this for	1 Total pages Schedule A2:		
2 FILER NAM	E		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 Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code	Check if travel outsi	     de of Texas. Complete Schedule T.
<b>10</b> Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI/	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor   Out-of-state PAC (ID#:	)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outsi	     de of Texas. Complete Schedule T.
Principal occ	Lupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI/	-
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruct			g requirements.

SCHEDULE A2

ті	he Instruction Guide explains how to complete this form	1 Total pages Schedule A2:		
2 FILER NAM	E		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 Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code	Check if travel outsi	     de of Texas. Complete Schedule T.
<b>10</b> Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI/	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor   Out-of-state PAC (ID#:	)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outsi	     de of Texas. Complete Schedule T.
Principal occ	Lupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI/	-
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruct			g requirements.

SCHEDULE A2

ті	he Instruction Guide explains how to complete this form	1 Total pages Schedule A2:		
2 FILER NAM	E		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 Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code	Check if travel outsi	     de of Texas. Complete Schedule T.
<b>10</b> Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI/	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor   Out-of-state PAC (ID#:	)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outsi	     de of Texas. Complete Schedule T.
Principal occ	Lupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI/	-
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruct			g requirements.

SCHEDULE A2

ті	he Instruction Guide explains how to complete this form	1 Total pages Schedule A2:		
2 FILER NAM	E		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 Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code	Check if travel outsi	     de of Texas. Complete Schedule T.
<b>10</b> Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI/	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor   Out-of-state PAC (ID#:	)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outsi	     de of Texas. Complete Schedule T.
Principal occ	Lupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI/	-
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruct			g requirements.

SCHEDULE A2

ті	he Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2:
2 FILER NAM	E		3 Filer ID (Ethics Co	mmission 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 Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code	Check if travel outsi	     de of Texas. Complete Schedule T.
<b>10</b> Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI/	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor   Out-of-state PAC (ID#:	)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outsi	     de of Texas. Complete Schedule T.
Principal occ	Lupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI/	-
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruct			g requirements.

## PLEDGED CONTRIBUTIONS

### SCHEDULE **B**

The	e Instruction Guide explains how to complete thi	s form.	1 Total pages Sched	ule B:
2 FILER NAME			3 Filer ID (Ethics C	commission Filers)
Brian Ke	nnedy			
4 TOTAL OF	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; Si	tate; Zip Code	Check if travel outs	       ide of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (See Instructions)	11 Employer (See		
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; S	tate; Zip Code		   
			Check if travel outs	ide of Texas. Complete Schedule T.
Principal occu	pation / 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; S	tate; Zip Code		   
			Check if travel outs	ide of Texas. Complete Schedule T.
Principal occu	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; State	e; Zip Code		   
			Check if travel outs	ide of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
	ATTACH ADDITIONAL COPIES			
lf	contributor is out-of-state PAC, please see Ins		-	requirements.

## PLEDGED CONTRIBUTIONS

### SCHEDULE **B**

The	e Instruction Guide explains how to complete thi	s form.	1 Total pages Sched	ule B:
2 FILER NAME			3 Filer ID (Ethics C	commission Filers)
Brian Ke	nnedy			
4 TOTAL OF	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; Si	tate; Zip Code	Check if travel outs	       ide of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (See Instructions)	11 Employer (See		
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; S	tate; Zip Code		   
			Check if travel outs	ide of Texas. Complete Schedule T.
Principal occu	pation / 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; S	tate; Zip Code		   
			Check if travel outs	ide of Texas. Complete Schedule T.
Principal occu	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; State	e; Zip Code		   
			Check if travel outs	ide of Texas. Complete Schedule T.
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
	ATTACH ADDITIONAL COPIES			
lf	contributor is out-of-state PAC, please see Ins		-	requirements.

LOA	<b>NS</b>
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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	Brian Kennedy		
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender Out-of-state P/	AC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	<b>8</b> Lender address; City;	State; Zip Code	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	15 Check if personal fund account (See Instruct	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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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	Brian Kennedy		
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender Out-of-state P/	AC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	<b>8</b> Lender address; City;	State; Zip Code	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	15 Check if personal fund account (See Instruct	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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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	Brian Kennedy		
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender Out-of-state P/	AC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	<b>8</b> Lender address; City;	State; Zip Code	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	15 Check if personal fund account (See Instruct	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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			+
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	Brian Kennedy		
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan	7 Name of lender Out-of-state P/	AC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	<b>8</b> Lender address; City;	State; Zip Code	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	15 Check if personal fund account (See Instruct	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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			+
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/	AC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	<b>8</b> Lender address; City;	State; Zip Code	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	15 Check if personal fund account (See Instruct	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 By Candidate/Officeholder/Politica Credit Card Payment	counting/Banking onsulting Expense ontributions/Donations Made By andidate/Officeholder/Political Committee		Office Ove Polling Exp Printing Ex Salaries/W		Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	oment & Related Expense
1 Total pages Schedule F1: 1	2 FILER N Brian K				3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee na					
12/13/2022	-	ads Printing and Gra	phics			
6 Amount (\$)	7 Payee a			City;	State;	Zip Code
1060.85						
8 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at the top of th	is schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder living	g expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
Date	Payee na	ame				
12/13/2022	Н&НМ	lailing and Printing				
Amount (\$) 1243.96	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of this	s schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder living	g 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	<ul> <li>(See Categories listed at the top of this</li> </ul>	s schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	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 COPIE	S OF THIS	SCHEDULE AS NEE	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         Office Ov           Food/Beverage Expense         Polling E           By         Gift/Awards/Memorials Expense         Printing I		Office Ove Polling Exp Printing Ex Salaries/W	kpense /ages/Contract Labor	Travel In District Travel Out Of Distric	oment & Related Expense
<b>1</b> Total pages Schedule F1:				-	3 Filer ID (Ethic	s Commission Filers)
1	Brian Ke	ennedy				
4 Date	5 Payee na	ame				
6 Amount (\$)	7 Payee ad	ddress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed at the top of this	s schedule)	(b) Description		
	(C)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder living	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	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
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 Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	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         Office Ov           Food/Beverage Expense         Polling E           By         Gift/Awards/Memorials Expense         Printing I		Office Ove Polling Exp Printing Ex Salaries/W	kpense /ages/Contract Labor	Travel In District Travel Out Of Distric	oment & Related Expense
<b>1</b> Total pages Schedule F1:				-	3 Filer ID (Ethic	s Commission Filers)
1	Brian Ke	ennedy				
4 Date	5 Payee na	ame				
6 Amount (\$)	7 Payee ad	ddress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed at the top of this	s schedule)	(b) Description		
	(C)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder living	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	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
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 Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	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         Office Ov           Food/Beverage Expense         Polling E           By         Gift/Awards/Memorials Expense         Printing I		Office Ove Polling Exp Printing Ex Salaries/W	kpense /ages/Contract Labor	Travel In District Travel Out Of Distric	oment & Related Expense
<b>1</b> Total pages Schedule F1:				-	3 Filer ID (Ethic	s Commission Filers)
1	Brian Ke	ennedy				
4 Date	5 Payee na	ame				
6 Amount (\$)	7 Payee ad	ddress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed at the top of this	s schedule)	(b) Description		
	(C)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder living	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	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
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 Austi	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	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         Office Ov           Food/Beverage Expense         Polling E           By         Gift/Awards/Memorials Expense         Printing I		Office Ove Polling Exp Printing Ex Salaries/W	kpense /ages/Contract Labor	Travel In District Travel Out Of Distric	oment & Related Expense
<b>1</b> Total pages Schedule F1:				-	3 Filer ID (Ethic	s Commission Filers)
1	Brian Ke	ennedy				
4 Date	5 Payee na	ame				
6 Amount (\$)	7 Payee ad	ddress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed at the top of this	s schedule)	(b) Description		
	(C)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder living	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	schedule)	Description		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	Y (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		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	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		Event Expense Fees Food/Beverage E Gift/Awards/Men Legal Services		Office Ove Polling Ex Printing Ex		Transpor Travel In Travel O	District ut Of District	Expense ent & Related Expense not listed above)
		The Instruct	ion Guide explain	s how to c	complete this form.			
<b>1</b> Total pages Schedule F2:	2 FILER Brian	NAME Kennedy				3 Filer II	D (Ethics Co	mmission Filers)
4 TOTAL OF UNITEN		IPAID INCU	RRED OBLIC	GATION	IS	\$		
5 Date	6 Payee	name				1		
7 Amount (\$)	8 Payee	address;			City;		State;	Zip Code
9 TYPE OF EXPENDITURE		Political		Non-Po	litical			
10 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories	listed at the top of this	schedule)	(b) Description			
	(C)	Check if travel outsic	de of Texas. Complete S	chedule T.	Check if Au	stin, TX, office	eholder living ex	kpense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ndidate / Officeł	holder name	C	Office sought		Office hel	d
Date	Payee	name						
Amount (\$)	Payee	address;			City;		State;	Zip Code
TYPE OF EXPENDITURE		Political		Non-Po	olitical			
PURPOSE OF EXPENDITURE	Catego	ry (See Categories	listed at the top of this	schedule)	Description			
		Check if travel outs	ide of Texas. Complete	Schedule T.	Check if A	ustin, TX, offic	ceholder living	expense
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH								
					SCHEDULE AS NE	EDED		
Forms provided by Texas Ethio	cs Commissi	on	www.ethics	.state.tx.us	S			Revised 8/17/2020

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

		EXPENDITURE C	ATEGORIES I	FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	н Ву (	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services	Office Ove Polling Ex Ise Printing E		Solicitation/Fundraisir Transportation Equipn Travel In District Travel Out Of District Other (enter a categor	ent & Related Expense
		The Instruction Guide e	explains how to o	complete this form.		
<b>1</b> Total pages Schedule F2:	2 FILER N/ Brian K				3 Filer ID (Ethics C	ommission Filers)
4 TOTAL OF UNITER	MIZED UNP	AID INCURRED C	BLIGATION	IS	\$	
5 Date	6 Payee na	ime				
7 Amount (\$)	8 Payee ad	ddress;		City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Pc	litical	Non-Pc	plitical		
10 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the to	p of this schedule)	(b) Description		
	(c) C	heck if travel outside of Texas. Cor	mplete Schedule T.	Check if Aus	stin, TX, officeholder living	expense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder nam	ie (	Office sought	Office he	ld
Date	Payee na	ame				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
TYPE OF EXPENDITURE	Pc	litical	Non-Pe	olitical		
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the to	p of this schedule)	Description		
		Check if travel outside of Texas. Co	omplete Schedule T.	Check if Au	ustin, TX, officeholder living	expense
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
		ADDITIONAL COPI			EDED	
Forms provided by Texas Ethi	cs Commission	www.	ethics.state.tx.u	s		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		

EXPENDITUR	RES MADE BY CRED	DIT CARD	SCHEDULE <b>F4</b>			
If the requested information is not applicable, <b>DO NOT include this page in the report.</b>						
	EXPENDITURE CAT	EGORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor lains how to complete this form.	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 F4:	2 FILER NAME Brian Kennedy		3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGE	D TO A CREDIT CARD	\$			
5 Date	6 Payee name					
<b>7</b> Amount (\$)	8 Payee address;	City;	State; Zip Code			
9 TYPE OF EXPENDITURE	Political	Non-Political				
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of t	(b) Description				
	(c) Check if travel outside of Texas. Comple	ete Schedule T. Check if A	ustin, TX, officeholder living expense			
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip Code			
TYPE OF EXPENDITURE	Political	Non-Political				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	this schedule) Description				
	Check if travel outside of Texas. Compl	lete Schedule T. Check if A	Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED			

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EXPENDITUR	RES MADE BY CRED	DIT CARD	SCHEDULE <b>F4</b>			
If the requested information is not applicable, <b>DO NOT include this page in the report.</b>						
	EXPENDITURE CAT	EGORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor lains how to complete this form.	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 F4:	2 FILER NAME Brian Kennedy		3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGE	D TO A CREDIT CARD	\$			
5 Date	6 Payee name					
<b>7</b> Amount (\$)	8 Payee address;	City;	State; Zip Code			
9 TYPE OF EXPENDITURE	Political	Non-Political				
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of t	(b) Description				
	(c) Check if travel outside of Texas. Comple	ete Schedule T. Check if A	ustin, TX, officeholder living expense			
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip Code			
TYPE OF EXPENDITURE	Political	Non-Political				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	this schedule) Description				
	Check if travel outside of Texas. Compl	lete Schedule T. Check if A	Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED			

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## SCHEDULE ${f G}$

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense       Loan Repayment/Reimbursement         Fees       Office Overhead/Rental Expense         Food/Beverage Expense       Polling Expense         Gift/Awards/Memorials Expense       Printing Expense         Legal Services       Salaries/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G: 1	<sup>2</sup> FILER NA	Kennedy			3 Filer ID (Ethics	Commission Filers)
<sup>4</sup> Date 12/17/2022	5 Payee na					
6 Amount (\$) 1453.25 Reimbursement from political contributions intended	7 Payee ad	dress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	<sup>r</sup> (See Categories listed at the top of this s	schedule)	(b) Description		
	(c)	Check if travel outside of Texas. Complete So	chedule T.	Check if Austir	n, TX, officeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candic	late / Officeholder name		Office sought		Office held
Date	Payee na	me				
12/09/2022	Voter /	Activation Network				
Amount (\$) 90.22 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 is a second s	schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.			Check if Austin	n, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/0		late / Officeholder name		Office sought		Office held
Date	Payee na	me				
Amount (\$) Reimbursement from	Payee ad	dress;		City;	State;	Zip Code
political contributions intended						
PURPOSE OF EXPENDITURE	Category	Y (See Categories listed at the top of this sector)	schedule)	Description		
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candic	late / Officeholder name		Office sought		Office held
	ATTA	ACH ADDITIONAL COPIES C	OF THIS S	CHEDULE AS NEED	DED	

## SCHEDULE ${f G}$

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense       Loan Repayment/Reimbursement         Fees       Office Overhead/Rental Expense         Food/Beverage Expense       Polling Expense         Gift/Awards/Memorials Expense       Printing Expense         Legal Services       Salaries/Wages/Contract Labor         The Instruction Guide explains how to complete this form.		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 G:	2 FILER NA	ME			2 Filer ID (Ethics	Commission Filore)	
<ol> <li>Total pages Schedule G:</li> <li>1</li> </ol>		Kennedy			<b>3</b> Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee nar	ne					
6 Amount (\$) Reimbursement from political contributions intended	7 Payee add	Jress;		City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description			
	(c) (c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living ex	pense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / 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 s	chedule)	Description			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin			n, TX, officeholder living ex	pense		
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name Office sought Office			Office held			
Date	Payee nar	ne					
Amount (\$) Reimbursement from	Payee add	dress;		City;	State;	Zip Code	
political contributions intended				1			
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	k if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / 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 By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense       Loan Repayment/Reimbursement         Fees       Office Overhead/Rental Expense         Food/Beverage Expense       Polling Expense         Gift/Awards/Memorials Expense       Printing Expense         Legal Services       Salaries/Wages/Contract Labor         The Instruction Guide explains how to complete this form.		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 G:	2 FILER NA	ME			2 Filer ID (Ethics	Commission Filore)	
<ul><li>1 Total pages Schedule G:</li><li>1</li></ul>		Kennedy			<b>3</b> Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee nar	ne					
6 Amount (\$) Reimbursement from political contributions intended	7 Payee add	Jress;		City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description			
	(c) (c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living ex	pense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / 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 s	chedule)	Description			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin			n, TX, officeholder living ex	pense		
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name Office sought Office			Office held			
Date	Payee nar	ne					
Amount (\$) Reimbursement from	Payee add	dress;		City;	State;	Zip Code	
political contributions intended				1			
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	k if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / 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 By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense       Loan Repayment/Reimbursement         Fees       Office Overhead/Rental Expense         Food/Beverage Expense       Polling Expense         Gift/Awards/Memorials Expense       Printing Expense         Legal Services       Salaries/Wages/Contract Labor         The Instruction Guide explains how to complete this form.		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 G:	2 FILER NA	ME			2 Filer ID (Ethics	Commission Filore)	
<ul><li>1 Total pages Schedule G:</li><li>1</li></ul>		Kennedy			<b>3</b> Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee nar	ne					
6 Amount (\$) Reimbursement from political contributions intended	7 Payee add	Jress;		City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description			
	(c) (c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living ex	pense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / 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 s	chedule)	Description			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin			n, TX, officeholder living ex	pense		
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name Office sought Office			Office held			
Date	Payee nar	ne					
Amount (\$) Reimbursement from	Payee add	dress;		City;	State;	Zip Code	
political contributions intended				1			
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	k if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / 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 By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense       Loan Repayment/Reimbursement         Fees       Office Overhead/Rental Expense         Food/Beverage Expense       Polling Expense         Gift/Awards/Memorials Expense       Printing Expense         Legal Services       Salaries/Wages/Contract Labor         The Instruction Guide explains how to complete this form.		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 G:	2 FILER NA	ME			2 Filer ID (Ethics	Commission Filore)	
<ul><li>1 Total pages Schedule G:</li><li>1</li></ul>		Kennedy			<b>3</b> Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee nar	ne					
6 Amount (\$) Reimbursement from political contributions intended	7 Payee add	Jress;		City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description			
	(c) (c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	, TX, officeholder living ex	pense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / 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 s	chedule)	Description			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin			n, TX, officeholder living ex	pense		
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name Office sought Office			Office held			
Date	Payee nar	ne					
Amount (\$) Reimbursement from	Payee add	dress;		City;	State;	Zip Code	
political contributions intended				1			
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	k if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought	(	Office held	
	ATTA	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	ED		

#### SCHEDULE **H**

EXPENDITURE CATEGORIES 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 CATEGORIES 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 CATEGORIES 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 CATEGORIES 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 CATEGORIES 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	

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

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

	The Instruction Guide explains how to cor	nplete 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 instructions regardless instructions instructions regardless instructions in	rding type of	information
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		

Forms provided by Texas Ethics Commission

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

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

	The Instruction Guide explains how to cor	nplete 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 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							

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

SCHEDULE T

The Instru	The Instruction Guide explains how to complete this form.							
<sup>2</sup> FILER NAME Brian Kennedy								
4 Name of Contributor /	Corporation	or Labor Organization / Plee	dgor / Payee					
5       Contribution / Expenditure reported on:         Schedule A2       Schedule B         Schedule A2       Schedule B         Schedule F2       Schedule F4    Schedule G Schedule H Schedule COH-UC Schedule B-SS								
6 Dates of travel	7 Name of	person(s) traveling						
	8 Departu	e city or name of departure	location					
	9 Destinat	on city or name of destinat	ion 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					
Contribution / Expend	Sche	on: dule B Schedule B		Schedule D Schedule F1				
Dates of travel		person(s) traveling		Schedule COH-UC Schedule B-SS				
	Departu	e city or name of departure	location					
	Destinat	on city or name of destinat	ion location					
Means of transportat	ion	Purpose of travel (inclu	uding name of conference,	seminar, or other event)				
Name of Contributor	Corporation	or Labor Organization / Ple	dgor / Payee					
Contribution / Expend	liture 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	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 Instru	The Instruction Guide explains how to complete this form.							
<sup>2</sup> FILER NAME Brian Kennedy								
4 Name of Contributor /	Corporation	or Labor Organization / Plee	dgor / Payee					
5       Contribution / Expenditure reported on:         Schedule A2       Schedule B         Schedule A2       Schedule B         Schedule F2       Schedule F4    Schedule G Schedule H Schedule COH-UC Schedule B-SS								
6 Dates of travel	7 Name of	person(s) traveling						
	8 Departu	e city or name of departure	location					
	9 Destinat	on city or name of destinat	ion 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					
Contribution / Expend	Sche	on: dule B Schedule B		Schedule D Schedule F1				
Dates of travel		person(s) traveling		Schedule COH-UC Schedule B-SS				
	Departu	e city or name of departure	location					
	Destinat	on city or name of destinat	ion location					
Means of transportat	ion	Purpose of travel (inclu	uding name of conference,	seminar, or other event)				
Name of Contributor	Corporation	or Labor Organization / Ple	dgor / Payee					
Contribution / Expend	liture 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	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.									
		•• Comple	te only if "Report Type" on page 1 is m	arked "Final	I Report" ••					
1	C/OH I	NAME Brian	Kennedy		2 Filer ID (Ethics Commission Filers)					
3	SIGNA	ATURE		1						
	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	e of Candidate / Officeholder					
4		WHO IS NOT AN OFFI nplete A & B below only	CEHOLDER if you are not an officeholder. ••							
	Α.	CAMPAIGN FUNDS								
	Chec	k only one:								
		I do not have unexpended	d contributions or unexpended interest or inco	me earned fro	m 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 and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.									
	В.	ASSETS								
	Chec	k only one:								
		l do not retain assets pure	chased with political contributions or interest o	r other income	e 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.									
			acknowledge I am electronically signing here – or leaving this blank if it does not apply to me.	Si	ignature of Candidate					
5	<ul> <li>5 OFFICEHOLDER</li> <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> </ul>									
		c	or leaving this blank if it does not apply to me.	Sig	gnature of Officeholder					
For	ms provid	led by Texas Ethics Commissi	on www.ethics.state.tx.us		Revised 8/17/2020					