

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00000011	2 Total pages filed: 35
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Brian	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/07/2024
	NICKNAME LAST Kennedy	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 5015 Montoya El Paso, TX 79922		Date Hand-delivered or Date Postmarked
			Receipt # Amount
			Date Processed
			Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Mrs.	MI Iliana	
	NICKNAME LAST Holguin	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1701 Bassett Ave. Suite 156 El Paso, TX 79902		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(915)	588-6244	
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year 07/01/2024	THROUGH	Month Day Year 09/26/2024
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024		ELECTION TYPE
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any) City Representative District 1 El Paso	12 OFFICE SOUGHT (if known) Mayor El Paso	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 35

13 C / OH NAME Kennedy, Brian	14 Filer ID (Ethics Commission Filers) 00000011
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.										
<table border="1" style="width:100%"> <tr> <td style="width:25%">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td rowspan="2">COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS			
	COMMITTEE TYPE	COMMITTEE NAME									
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS									
	<input type="checkbox"/> SPECIFIC										
COMMITTEE CAMPAIGN TREASURER NAME											
COMMITTEE CAMPAIGN TREASURER ADDRESS											

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	31,007.30
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	245,951.82
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	113,479.39
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	181,000.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Brian Kennedy

 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

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

3 of 35

18 FILER NAME Kennedy, Brian		19 Filer ID (Ethics Commission Filers) 00000011
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 27,147.20
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3,860.10
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 66,395.42
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 179,556.40
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/10 Rpt: 4/35
2 FILER NAME Kennedy, Brian		3 Filer ID (Ethics Commission Filers) 00000011
4 Date 07/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Acosta, Cristina <hr/> 6 Contributor address; City; State; Zip Code 9327 Elgin Dr. El Paso, TX 79907	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adauto, Raymond <hr/> Contributor address; City; State; Zip Code 3331 Morehead El Paso, TX 79930	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Announcer		Employer (See Instructions)
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alba, Karla <hr/> Contributor address; City; State; Zip Code 5988 Equinox Court El Paso, TX 79924	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin, David <hr/> Contributor address; City; State; Zip Code 5745 Mira Grande Drive Dr. El Paso, TX 79912	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avila, Andrew <hr/> Contributor address; City; State; Zip Code 6365 los Robles El Paso, TX 79912	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Restaurant owner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/10 Rpt: 5/35
2 FILER NAME Kennedy, Brian		3 Filer ID (Ethics Commission Filers) 00000011
4 Date 07/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baca, Raymond <hr/> 6 Contributor address; City; State; Zip Code 9901 Trinidad El Paso, TX 79925	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrow, Blake <hr/> Contributor address; City; State; Zip Code 209 North Lee St. El Paso, TX 79901	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Atty		Employer (See Instructions)
Date 08/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baskar, Mary <hr/> Contributor address; City; State; Zip Code 729 Cinnamon Teal Circle El Paso, TX 79932	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions)
Date 09/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bass, Ben <hr/> Contributor address; City; State; Zip Code 3501 Hueco Avenue El Paso, TX 79903	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter-Tripp, Marshall <hr/> Contributor address; City; State; Zip Code 79. Kingery. El Paso, TX 79902	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/10 Rpt: 6/35
2 FILER NAME Kennedy, Brian		3 Filer ID (Ethics Commission Filers) 00000011
4 Date 09/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dalbin, Frederick	7 Amount of Contribution (\$) \$150.00
	6 Contributor address; City; State; Zip Code 2308 red Bluff El Paso, TX 79930	
8 Principal occupation / Job title (See Instructions) Architect,		9 Employer (See Instructions)
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dipp, Suzanne	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code 515 Rim Rd. El Paso, TX 79902	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions)
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escobar, Enrique	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code 337 East Borderland Rd. El Pass, TX 79932	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fender, Lorraine & Rod	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 7040 Villa Hermosa El Paso, TX 79912	
Principal occupation / Job title (See Instructions) Business person		Employer (See Instructions)
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Josh	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 872 Agave Park El Paso, TX 79932	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/10 Rpt: 7/35
2 FILER NAME Kennedy, Brian		3 Filer ID (Ethics Commission Filers) 00000011
4 Date 09/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Thomas and Bailee <hr/> 6 Contributor address; City; State; Zip Code 5529 Woodgreen Dr. El Paso, TX 79932	7 Amount of Contribution (\$) \$3,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Keli <hr/> Contributor address; City; State; Zip Code 409 Pendale Rd. El Paso, TX 79907	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Arnulfo <hr/> Contributor address; City; State; Zip Code 1490 George Deiter Drive El Paso, TX 79936	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) House, David <hr/> Contributor address; City; State; Zip Code 6372 La Posta El Paso, TX 79912	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) SWA		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Thomas <hr/> Contributor address; City; State; Zip Code 747 E. San Antonio Suite 202 El Pasas, TX 79901	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Atty		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/10 Rpt: 8/35
2 FILER NAME Kennedy, Brian		3 Filer ID (Ethics Commission Filers) 00000011
4 Date 07/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, David	7 Amount of Contribution (\$) \$75.00
6 Contributor address; City; State; Zip Code 714 McKellan Dr. El Paso, TX 79922		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kastrin, William	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code 1600 E. 4th Ave. El Paso, TX 79901		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Bruce	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code 606 Rosinante El Paso, TX 79922		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Dennece	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code 5015 Montoya El Paso, TX 79922		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Dennece	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code 5015 Montoya El Paso, TX 79922		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/10 Rpt: 9/35
2 FILER NAME Kennedy, Brian		3 Filer ID (Ethics Commission Filers) 00000011
4 Date 07/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krauzas, Irene <hr/> 6 Contributor address; City; State; Zip Code 1092 Dona Beatriz Circle El Paso, TX 79932	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) None		9 Employer (See Instructions)
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laign, Phillips <hr/> Contributor address; City; State; Zip Code 12228 Edgar Degas El Paso, TX 79936	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lara, Ann Laura <hr/> Contributor address; City; State; Zip Code 1475 Raya del Sol El Paso, TX 79911	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Limon, Jose or Lilia <hr/> Contributor address; City; State; Zip Code 1301 Lone Wood Dr. El Paso, TX 79925	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindell, AJ <hr/> Contributor address; City; State; Zip Code 45395 20th Ave. Kenyon, MN 55946	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Airline pilots association		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/10 Rpt: 10/35
2 FILER NAME Kennedy, Brian		3 Filer ID (Ethics Commission Filers) 00000011
4 Date 09/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Edgar	7 Amount of Contribution (\$) \$150.00
	6 Contributor address; City; State; Zip Code 112 Texas Avenue El Paso, TX 79901	
8 Principal occupation / Job title (See Instructions) Architecture		9 Employer (See Instructions)
Date 07/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorey, Martina	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 2100 N. StantonStreet El Pass, TX 79902	
Principal occupation / Job title (See Instructions) Architect,		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendez, Jesus	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 3812 N. StantonStreet El Paso, TX 79902	
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions)
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison, Sherrie	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code 7332 OToole Dr. El Paso, TX 79934	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions)
Date 08/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nacim, Richard	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code 4033 Emory Rd. El Paso, TX 79922	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/10 Rpt: 11/35
2 FILER NAME Kennedy, Brian		3 Filer ID (Ethics Commission Filers) 00000011
4 Date 07/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neesen, Dennis and Donnana <hr/> 6 Contributor address; City; State; Zip Code 5625 South Desert Blvd. El Paso, TX 79932	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Business owner		9 Employer (See Instructions)
Date 07/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padilla, Glo <hr/> Contributor address; City; State; Zip Code 14002 Tuckey Ln. El Paso, TX 79928	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nine		Employer (See Instructions)
Date 08/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Jill <hr/> Contributor address; City; State; Zip Code 804 River Elms Court El Paso, TX 79922	Amount of Contribution (\$) \$47.20
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Lester <hr/> Contributor address; City; State; Zip Code 6173 Los Felinos Circle El Paso, TX 79912	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parsa, Michael <hr/> Contributor address; City; State; Zip Code 4765 Pine Creek Ln. El Paso, TX 79922	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/10 Rpt: 12/35
2 FILER NAME Kennedy, Brian		3 Filer ID (Ethics Commission Filers) 00000011
4 Date 09/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul, Jim and Connie	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code 762 via Lanza El Paso, TX 79912	
8 Principal occupation / Job title (See Instructions) Marketing		9 Employer (See Instructions)
Date 07/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radcliffe, Yolanda	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code 1212 East Baltimore Dr. El Paso, TX 79902	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions)
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reinbolt, Jason	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code 1821 Bessmore Park Rochester, MN 46975	
Principal occupation / Job title (See Instructions) State of Indiana attorney		Employer (See Instructions)
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Silvestre	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code 732 Azalea El Paso, TX 79922	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rizk, David	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code 1612 Dede In El Paso, TX 79902	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/10 Rpt: 13/35
2 FILER NAME Kennedy, Brian		3 Filer ID (Ethics Commission Filers) 00000011
4 Date 09/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinet, Philip and Sharon <hr/> 6 Contributor address; City; State; Zip Code 1075 Esplanada El Paso, TX 79932	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 07/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saana, William <hr/> Contributor address; City; State; Zip Code 700 Camino Real Ave. El Paso, TX 79922	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, John and Mary <hr/> Contributor address; City; State; Zip Code 909 Broadmoor El Paso, TX 79912	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Velarde, Ray <hr/> Contributor address; City; State; Zip Code 1216 Montana Ave. El Paso, TX 79902	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Atty		Employer (See Instructions)
Date 08/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Venegas, Mary <hr/> Contributor address; City; State; Zip Code 6321 Camino Nogal El Paso, TX 79932	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/3 Rpt: 14/35	
2 FILER NAME Kennedy, Brian		3 Filer ID (Ethics Commission Filers) 00000011	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/18/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar III, Carlos	8 Amount of contribution (\$) \$910.10	9 In-kind contribution description Fundraiser expenses
	7 Contributor address; City; State; Zip Code 3420 Pershing Dr. El Paso, TX 79903	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Real		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar IV, Carlos	Amount of contribution (\$) \$600.00	In-kind contribution description Fundraising expenses
	Contributor address; City; State; Zip Code 3430 Douglas El Paso, TX 79903	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Lawyer		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brennand, Katherine	Amount of contribution (\$) \$450.00	In-kind contribution description
	Contributor address; City; State; Zip Code 6006 Balcones #27 El Paso, TX 79912	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/3 Rpt: 15/35	
2 FILER NAME Kennedy, Brian		3 Filer ID (Ethics Commission Filers) 00000011	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/18/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dominguez, Nicolas	8 Amount of contribution (\$) \$500.00	9 In-kind contribution description Fundraiser expenses
	7 Contributor address; City; State; Zip Code 14166 Bradley Rd. El Paso, TX 79938		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Marketing		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinet, Sharon	Amount of contribution (\$) \$450.00	In-kind contribution description Fund Raiser
	Contributor address; City; State; Zip Code 1075 Esplanada El Paso, TX 79932		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Sales		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Adriana	Amount of contribution (\$) \$500.00	In-kind contribution description
	Contributor address; City; State; Zip Code 805 Londonderry Rd. El Paso, TX 79907		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 3/3 Rpt: 16/35	
2 FILER NAME Kennedy, Brian		3 Filer ID (Ethics Commission Filers) 00000011	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 09/10/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woo, Sue	8 Amount of contribution (\$) \$450.00	9 In-kind contribution description Fund Raiser
	7 Contributor address; City; State; Zip Code 816 Lakeshore Santa Teresa, NM 88008	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) realtor		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 17/35	2 FILER NAME Kennedy, Brian	3 Filer ID (Ethics Commission Filers) 00000011
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4 Date 08/23/2024	5 Payee name Display Services
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6 Amount (\$) \$13,521.25	7 Payee address; City; State; Zip Code 821 N. Raynor Street El Paso, TX 79903
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/18/2024	Payee name GODIRECT
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Amount (\$) \$52,874.17	Payee address; City; State; Zip Code 8400 Boeing Dr. El Paso, TX 79925
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailing advertising
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE 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
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/18 Rpt: 18/35	2 FILER NAME Kennedy, Brian	3 Filer ID (Ethics Commission Filers) 00000011
4 Date 07/11/2024	5 Payee name Campaign verify	
6 Amount (\$) \$95.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4402 Reservoir Rd. Washington, DC 20007	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Verify Campaign for Marketing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/03/2024	Payee name Crisistomo	
Amount (\$) \$196.86 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5658 N. Mesa Street El Paso, TX 79912	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for canvases
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/24/2024	Payee name Crisistomo	
Amount (\$) \$227.32 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 5658 N. Mesa Street El Paso, TX 79912	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for canvases
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE 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
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 2/18 Rpt: 19/35	2 FILER NAME Kennedy, Brian	3 Filer ID (Ethics Commission Filers) 00000011
4 Date 09/14/2024	5 Payee name Crisistomo	
6 Amount (\$) \$227.32 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 5658 N. Mesa Street El Paso, TX 79912	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for canvases
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/09/2024	Payee name Display Services	
Amount (\$) \$1,688.70 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 821 N. Raynor Street El Paso, TX 79903	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs and magnets
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/10/2024	Payee name El Diario	
Amount (\$) \$8,676.37 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1801 Texas El Paso, TX 79901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailer
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE 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
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 3/18 Rpt: 20/35	2 FILER NAME Kennedy, Brian	3 Filer ID (Ethics Commission Filers) 00000011
4 Date 07/24/2024	5 Payee name El Paso Mail and Print	
6 Amount (\$) \$6,745.33 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1144 Vista de Oro El Paso, TX 79935	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Door hangers
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	
Date 09/10/2024	Payee name Facebook	
Amount (\$) \$10.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code One Hacker Way Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	
Date 09/11/2024	Payee name Facebook	
Amount (\$) \$30.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code One Hacker Way Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social media
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE 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
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 4/18 Rpt: 21/35	2 FILER NAME Kennedy, Brian	3 Filer ID (Ethics Commission Filers) 00000011
4 Date 09/13/2024	5 Payee name Facebook	
6 Amount (\$) \$10.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code One Hacker Way Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social media
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 09/14/2024	Payee name Facebook	
Amount (\$) \$10.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code One Hacker Way Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 09/19/2024	Payee name Facebook	
Amount (\$) \$11.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code One Hacker Way Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social Media
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE 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
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 5/18 Rpt: 22/35	2 FILER NAME Kennedy, Brian	3 Filer ID (Ethics Commission Filers) 00000011
4 Date 09/21/2024	5 Payee name Facebook	
6 Amount (\$) \$13.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code One Hacker Way Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social media
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 09/23/2024	Payee name Facebook	
Amount (\$) \$15.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code One Hacker Way Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social media
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 09/26/2024	Payee name Facebook	
Amount (\$) \$17.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code One Hacker Way Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Social media
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE 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
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 6/18 Rpt: 23/35	2 FILER NAME Kennedy, Brian	3 Filer ID (Ethics Commission Filers) 00000011
4 Date 07/15/2024	5 Payee name Halleluah!BBQ	
6 Amount (\$) \$1,850.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 130a N. Cotton St. El Paso, TX 79901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Kick off Event
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 09/23/2024	Payee name IN*L2	
Amount (\$) \$2,948.60 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 18912 North Creek Parkway Suite 201 Bothell, WA 98011	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Voter Data	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter Data
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 08/09/2024	Payee name INFocus Campaigns	
Amount (\$) \$2,050.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 700 K St. NW. Suite 300 Washington , DC 20001	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Poll
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE 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
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 7/18 Rpt: 24/35	2 FILER NAME Kennedy, Brian	3 Filer ID (Ethics Commission Filers) 00000011
4 Date 09/03/2024	5 Payee name INFocus Campaigns	
6 Amount (\$) \$2,050.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 700 K St. NW. Suite 300 Washington , DC 20001	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Poll
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/24/2024	Payee name Lawlytics	
Amount (\$) \$520.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 13835 North Northsite Blvd. Suite 100 Scottsdale, AZ 85260	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/26/2024	Payee name Lawlytics	
Amount (\$) \$520.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 13835 North Northsite Blvd. Suite 100 Scottsdale, AZ 85260	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE 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
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 8/18 Rpt: 25/35	2 FILER NAME Kennedy, Brian	3 Filer ID (Ethics Commission Filers) 00000011
4 Date 07/25/2024	5 Payee name Morales, Veronica Aaron	
6 Amount (\$) \$970.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4244 Loma Taurina Ave. El Paso, TX 79934	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Coordination
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/07/2024	Payee name Morales, Veronica Aaron	
Amount (\$) \$970.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4244 Loma Taurina Ave. El Paso, TX 79934	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign coordination
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/21/2024	Payee name Morales, Veronica Aaron	
Amount (\$) \$970.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4244 Loma Taurina Ave. El Paso, TX 79934	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign coordination
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE 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
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 9/18 Rpt: 26/35	2 FILER NAME Kennedy, Brian	3 Filer ID (Ethics Commission Filers) 00000011
4 Date 09/04/2024	5 Payee name Morales, Veronica Aaron	
6 Amount (\$) \$970.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4244 Loma Taurina Ave. El Paso, TX 79934	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign coordination
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/18/2024	Payee name Morales, Veronica Aaron	
Amount (\$) \$970.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4244 Loma Taurina Ave. El Paso, TX 79934	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign coordination
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/31/2024	Payee name Outreach circle	
Amount (\$) \$180.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 444 W. Ocean Suite 800 Long, CA 90802	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE 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
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 10/18 Rpt: 27/35	2 FILER NAME Kennedy, Brian	3 Filer ID (Ethics Commission Filers) 00000011			
4 Date 07/10/2024	5 Payee name Ray, Felix				
6 Amount (\$) \$1,153.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1103 Cimarron El Pass, TX 79915				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hats and T-shirts			
	<table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border: none;">Candidate/Officeholder name</td> <td style="width:20%; border: none;">Office sought</td> <td style="width:20%; border: none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
Date 07/17/2024	Payee name Ray, Felix				
Amount (\$) \$1,065.65 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1103 Cimarron El Paso, TX 79915				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hats and T-shirts			
	<table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border: none;">Candidate/Officeholder name</td> <td style="width:20%; border: none;">Office sought</td> <td style="width:20%; border: none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		
Date 08/09/2024	Payee name Ray, Felix				
Amount (\$) \$841.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1103 Cimarron El Paso, TX 79915				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hats and T-shirts			
	<table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width:40%; border: none;">Candidate/Officeholder name</td> <td style="width:20%; border: none;">Office sought</td> <td style="width:20%; border: none;">Office held</td> </tr> </table>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held		

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE 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
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 11/18 Rpt: 28/35	2 FILER NAME Kennedy, Brian	3 Filer ID (Ethics Commission Filers) 00000011
4 Date 08/13/2024	5 Payee name Ray, Felix	
6 Amount (\$) \$841.17 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1103 Cimarron El Paso, TX 79915	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hats & T-shirts
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 08/31/2024	Payee name Rita's burritos	
Amount (\$) \$206.54 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4907 Crossroads Dr. El Paso, TX 79922	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for canvassers
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 09/07/2024	Payee name Rita's burritos	
Amount (\$) \$230.62 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4907 Crossroads Dr. El Paso, TX 79922	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for canvassers
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE 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
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 12/18 Rpt: 29/35	2 FILER NAME Kennedy, Brian	3 Filer ID (Ethics Commission Filers) 00000011
4 Date 07/31/2024	5 Payee name Scale to win	
6 Amount (\$) \$6,690.90 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 13742 Harper St. Santa Ana, CA 92703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/03/2024	Payee name Scale to win	
Amount (\$) \$726.74 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 13742 Harper St. Santa Ana, CA 92703	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/18/2024	Payee name Shutterstock	
Amount (\$) \$85.53 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 350 5th Ave. Floor 21 New York, NY 10118	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Picture Licensing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE 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
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 13/18 Rpt: 30/35	2 FILER NAME Kennedy, Brian	3 Filer ID (Ethics Commission Filers) 00000011
4 Date 09/19/2024	5 Payee name Shutterstock	
6 Amount (\$) \$85.53 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 350 5th Ave. Floor 21 New York, NY 10118	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photo Licensing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/10/2024	Payee name Texas Democratic party	
Amount (\$) \$1,552.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 314 Highland Blvd. Austin, TX 78752	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Research access
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/16/2024	Payee name Uline ship supplies	
Amount (\$) \$646.10 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 12575 Drive Pleasant Prairie, WI 53158	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signposts
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE 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
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 14/18 Rpt: 31/35	2 FILER NAME Kennedy, Brian	3 Filer ID (Ethics Commission Filers) 00000011
4 Date 08/22/2024	5 Payee name Uline ship supplies	
6 Amount (\$) \$1,203.03 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 12575 Drive Pleasant Prairie, WI 53158	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign post
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/20/2024	Payee name United Events	
Amount (\$) \$12,180.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6070 Gateway East Suite 209 El Pass, TX 79905	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassers
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/27/2024	Payee name United Events	
Amount (\$) \$1,200.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6070 Gateway East Suite 209 El Paso, TX 79905	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassers
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE 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
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 15/18 Rpt: 32/35	2 FILER NAME Kennedy, Brian	3 Filer ID (Ethics Commission Filers) 00000011
4 Date 08/03/2024	5 Payee name United Events	
6 Amount (\$) \$13,244.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 6070 Gateway East Suite 209 El Paso, TX 79905	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassers
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 08/10/2024	Payee name United Events	
Amount (\$) \$13,090.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6070 Gateway East Suite 209 El Paso, TX 79905	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassers
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 08/17/2024	Payee name United Events	
Amount (\$) \$15,815.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6070 Gateway East Suite 209 El Paso, TX 79905	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvases
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE 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
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 16/18 Rpt: 33/35	2 FILER NAME Kennedy, Brian	3 Filer ID (Ethics Commission Filers) 00000011
4 Date 08/24/2024	5 Payee name United Events	
6 Amount (\$) \$15,045.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 6070 Gateway East Suite 209 El Paso, TX 79905	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassers
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 09/01/2024	Payee name United Events	
Amount (\$) \$14,985.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6070 Gateway East Suite 209 El Paso, TX 79905	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassers
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 09/12/2024	Payee name United Events	
Amount (\$) \$16,585.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6070 Gateway East Suite 209 El Paso, TX 79905	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvases
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE 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
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 17/18 Rpt: 34/35	2 FILER NAME Kennedy, Brian	3 Filer ID (Ethics Commission Filers) 00000011
4 Date 09/20/2024	5 Payee name United Events	
6 Amount (\$) \$17,625.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 6070 Gateway East Suite 209 El Paso, TX 79905	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassers
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/12/2024	Payee name Vistago Print	
Amount (\$) \$4,636.86 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6706 Lohman Ford Road Lago Vista, TX 78645	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/29/2024	Payee name Vistago Print	
Amount (\$) \$3,911.93 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6706 Lohman Ford Road Lago Vista, TX 78645	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Print signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 18/18 Rpt: 35/35	2 FILER NAME Kennedy, Brian	3 Filer ID (Ethics Commission Filers) 00000011
4 Date 09/24/2024	5 Payee name Vistago Print	
6 Amount (\$) \$2,969.30 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 6706 Lohman Ford Road Lago Vista, TX 78645	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense signs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held