FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 12 00000011 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Brian NAME Date Received **ELECTRONICALLY FILED** 10/28/2024 NICKNAME LAST **SUFFIX** Kennedy CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 5015 Montoya MAILING Amount Receipt # **ADDRESS** Change of Address El Paso, TX 79922 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Iliana NAME NICKNAME LAST **SUFFIX** Holguin **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER** 1701 Bassett Ave. **ADDRESS** Suite 156 (Residence or Business) El Paso, TX 79902 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (915) 588-6244 **PHONE** REPORT **TYPE** January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR) July 15 8th day before election Exceeded modified reporting limit

Month

Month

Day

Day

11/05/2024

OFFICE HELD (if any)

ELECTION DATE

09/27/2024

PERIOD

10 ELECTION

11 OFFICE

COVERED

THROUGH

Primary

χ General

Month

ELECTION TYPE

Runoff

Special

Day

10/26/2024

12 OFFICE SOUGHT (if known)

Mayor El Paso

Year

Other

Year

Year

City Representative District 1 El Paso

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 12

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) S 11,020.1 EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 129,987.1 \$ 25,253.1 181,000.1	13 C / OH NAME	Kennedy, Brian		14 Filer ID 0000011	(Ethics Commission Filers)
COMMITTEE TYPE COMMITTEE NAME GENERAL COMMITTEE ADDRESS COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TREASURER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 11,020. EXPENDITURE CONTRIBUTIONS CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE PROPORTING PERIOD CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE PROPORTING PERIOD CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE PROPORTING PERIOD CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE PROPORTING PERIOD CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE PROPORTING PERIOD CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE PROPORTING PERIOD CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE PROPORTING PERIOD CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE PROPORTING PERIOD CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE PROPORTING PERIOD CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE PROPORTING PERIOD CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE PROPORTING PERIOD CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE PROPORTING PERIOD CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE PROPORTING PERIOD CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE PROPORTING PERIOD CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE PROPORTING PERIOD CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE PROPORTING PERIOD CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE PROP	FROM POLITICAL	candidate / officeholder.	These expenditures may have been made wit	thout the candidate's or office	eholder's knowledge or
COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 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) 4. TOTAL POLITICAL EXPENDITURES 5. 129,987. CONTRIBUTION BALANCE CONTRIBUTION GRUPH THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 5. TOTAL POLITICAL EXPENDITURES 5. 129,987. CONTRIBUTION GRUPH TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY THE REPORTING PERIOD 1. 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 of, 20, to certify which, witness my hand and seal of office.		COMMITTEE TYPE	COMMITTEE NAME		
COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS 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) 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. 129,987. CONTRIBUTION BALANCE OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 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. AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said	⊔ °	GENERAL			
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16 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) EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$ 11,020 4. TOTAL POLITICAL EXPENDITURES \$ 129,987. CONTRIBUTION BALANCE OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE PROPORTING PERIOD 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, to certify which, witness my hand and seal of office.			COMMITTEE CAMPAIGN TREASURER NA	ME	
TOTALS OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 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			COMMITTEE CAMPAIGN TREASURER AD	DRESS	
TOTALS OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 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					_
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CONTRIBUTION BALANCE OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 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.		3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
BALANCE REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 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.		4. TOTAL POLITIC	AL EXPENDITURES		\$ 129,987.66
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.				HE LAST DAY OF THE	\$ 25,253.93
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				S AS OF THE LAST DAY	\$ 181,000.00
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.	17 AFFIDAVIT		l swear, or affirm, under p	enalty of perjury, that the ac	companying report is
Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said					to be reported by me
Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said				Brian Kennedy	
Sworn to and subscribed before me, by the said, this the day of, 20, to certify which, witness my hand and seal of office.			Signat		lder
of, 20, to certify which, witness my hand and seal of office.	AFFIX NO	TARY STAMP / SEAL AB	OVE		
of, 20, to certify which, witness my hand and seal of office.	Sworn to and subs	cribed before me, by the s	aid	, this the	day
Signature of officer administering Printed name of officer administering Title of officer administering oath					
Signature of officer administering Printed name of officer administering Title of officer administering oath					
	Signature of offi	cer administering	Printed name of officer administering	Title of office	r administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

) V L IX	3 of 12
l	ER NAN nnedy,		19 Filer ID 0000011	(Ethics	Commission Filers)
l		E SUBTOTALS SCHEDULE		SU	JBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	11,020.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	100,280.66
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	29,707.00
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/4 Rpt: 4/12	
2	2 FILER NAME Kennedy, Brian		3	Filer ID (Ethics Commission 00000011	on Filers)	
4	Date 10/10/2024	 5 Full name of contributor out-of-state PAC (ID#:_Aceves, Gloria 6 Contributor address; City; State; Zip Code 3112 Federal)	7	Amount of Contribution (\$)	\$250.00
8	Principal occu	El Paso, TX 79930 Dation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_Almanzan, Robert Contributor address; City; State; Zip Code 8937 Parkland Drive El Paso, TX 79925			Amount of Contribution (\$)	\$250.00
	Principal occu Sr Director	pation / Job title (See Instructions)	Employer (See Instructions El Paso Electric)		
	Date 10/10/2024	Full name of contributor out-of-state PAC (ID#:_ Caarbajal, Veronica Contributor address; City; State; Zip Code 3016 Wheeling			Amount of Contribution (\$)	\$200.00
	Principal occu	El Paso, TX 79930 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	'	,		,		
	Date 10/10/2024	Full name of contributor out-of-state PAC (ID#:_ Cardenas, Jose Contributor address; City; State; Zip Code 6105 Camino Alegre El Paso, TX 79912)		Amount of Contribution (\$)	\$300.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ El Paso Association of Firefighters PAC Contributor address; City; State; Zip Code 3112 Forney El Paso, TX 79935			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	()		

	MONET	ARY POLITICAL CONTRIBUTION	IS		SCHEDUI	E A1
	The Instruc	ction Guide explains how to complete this for	m.	1	Total pages Schedule A1: Sch: 2/4 Rpt: 5/12	
2	FILER NAME Kennedy, Brian		3	Filer ID (Ethics Commission 00000011	on Filers)	
4	Date 10/22/2024	 5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$500.00
8	Principal occu		Employer (See Instructions))		
	Date 10/10/2024	Full name of contributor out-of-state PAC (ID#: Flores, Alex Contributor address; City; State; Zip Code 731 Elmwood El Paso, TX 79932			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 10/10/2024	Full name of contributor out-of-state PAC (ID#: Fong, Jose Contributor address; City; State; Zip Code 11710 Dos Palmas			Amount of Contribution (\$)	\$500.00
	Principal occu	El Paso, TX 79936 pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 10/10/2024	Full name of contributor out-of-state PAC (ID#: Hervey, William Contributor address; City; State; Zip Code 640 Camino real			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#: Jobe , Stanley Contributor address; City; State; Zip Code 1150 Southview Drive El Paso, TX 79928			Amount of Contribution (\$)	\$3,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/4 Rpt: 6/12	
2	FILER NAME Kennedy, Br			3	Filer ID (Ethics Commission 00000011	on Filers)
4	4 Date 10/10/2024 5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$300.00	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_Mills, David Contributor address; City; State; Zip Code 2500 Scenic Crest Circle El Paso, TX 79930			Amount of Contribution (\$)	\$100.00
	Principal occu Arts Adminis	pation / Job title (See Instructions) strator	Employer (See Instructions Self)		
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Neesen, Dennis and Donnana Contributor address; City; State; Zip Code 5625 South Desert Blvd. El Paso, TX 79932			Amount of Contribution (\$)	\$500.00
	Principal occu Business ow	pation / Job title (See Instructions) /ner	Employer (See Instructions)		
	Date 10/10/2024	Full name of contributor out-of-state PAC (ID#:_ Perez, Anna Contributor address; City; State; Zip Code 673 Santiago Bustamante Ysleta Sur, TX 79927			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#:_Saan, William Contributor address; City; State; Zip Code 700 Camino Real Ave. El Paso, TX 79922			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/12
2	FILER NAME Kennedy, Br			3 Filer ID (Ethics Commission Filers) 00000011
4	Date 5 Full name of contributor out-of-state PAC (ID#:		7 Amount of Contribution (\$) \$30.00	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	I (s)
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#:_ Sifuentes, Suzanne Contributor address; City; State; Zip Code 1601 Dakota St El Paso, TX 79930		Amount of Contribution (\$)
	Principal occu Caregiver	pation / Job title (See Instructions)	Employer (See Instructions Self	s)
	Date 10/15/2024	Full name of contributor out-of-state PAC (ID#:_ Teran, Maria Contributor address; City; State; Zip Code 4804 Villa Encanto El Paso, TX 79922)	Amount of Contribution (\$) \$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	is)
	Date 10/18/2024	Full name of contributor out-of-state PAC (ID#:_ Ward, Nigel Contributor address; City; State; Zip Code 6640 El Parque El Paso, TX 79912		Amount of Contribution (\$)
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	is)

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries	Wages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	Ē				3	Filer ID	(Ethics Commission Filers)
	Sch: 1/3 Rpt: 8/12	Kennedy, E	rian					00000011	
4	Date	5 Payee name							
	10/10/2024	Display Sei	vices						
6	Amount (\$)	7 Payee addre		State; Zip C	ode				
	\$1,534.00	821 N. Ray	nor Street						
		El Paso, T	(79903						
8	PURPOSE OF		ee Categories listed at the to	op of this schedule)	(b)	Description			
	EXPENDITURE	Advertising	Expense			=		de of Texas. Com officeholder living	
						Signs	, 17,	omeendaer nving	Compense
						J			
9	Complete ONLY if direct		iceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/O	+							
	Date	Payee name							
	10/24/2024	El Paso Ma	il and Print						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$3,464.00	1144 Vista	de Oro						
		El Paso, T	79935						
	PURPOSE OF		ee Categories listed at the to	op of this schedule)	(b)	Description			
	EXPENDITURE	Advertising	Expense			_		de of Texas. Com officeholder living	
						Printing			, - ,
	Complete ONLY if direct		ceholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OI	H							
	Date	Payee name							
	10/22/2024	El Paso Ma	il and Print						
	Amount (\$)	Payee addre	ss; City;	State; Zip C	ode				
	\$11,366.25	1144 Vista	de Oro						
		El Paso, T	79935						
	PURPOSE	(a) Category (S	ee Categories listed at the t	op of this schedule)	(b)	Description			
	OF EXPENDITURE	Advertising	Expense					de of Texas. Com	
						MAILER	, IX,	officeholder living) expense
	Complete ONLY if direct	Candidate/Off	ceholder name	Office so	<u>l</u> ught			Office he	eld
	expenditure to benefit C/O				-				

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/3 Rpt: 9/12	Kennedy, Brian 00000011
4	Date	5 Payee name
	10/21/2024	GODIRECT
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25,161.41	8400 Boeing Dr.
		El Paso, TX 79925
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense MAIL
		IVII (IL
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	
	Date	Payee name
	10/11/2024	KFOX
	Amount (\$)	Payee address; City; State; Zip Code
	\$29,155.00	200 S Alto Mesa Dr
		El Paso, TX 79912
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		TV ADS
		i i i i i i i i i i i i i i i i i i i
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Dato	Dove name
	Date 10/11/2024	Payee name KVIA
	Amount (\$)	Payee address; City; State; Zip Code
	\$24,837.00	4140 Rio Bravo
		El Paso, TX 79902
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense
		TV Ads
_	Operation ONE V. C. F.	Open districts (Office health are now as a constant of the con
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

idate/Officeholder/Politica	y - al Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai		abor		trict category not listed above)
ges Schedule F1:	2 FILER NAM	ИE		3	Filer ID	(Ethics Commission Filers)
	1				00000011	
	5 Payee nam	ne		I		
2024						
(\$)	7 Payee add	ress; City; Sta	ite; Zip Code			
\$4,763.00	1					
					4 T O	eleke Oek edule T
	Advertisin	g Expense	ı <u>—</u>			
		fficeholder name	Office sought		Office he	eld
	tions/ Donations Made Biddate/Officeholder/Politiciard Payment ages Schedule F1: 3/3 Rpt: 10/12 2024 (\$) \$4,763.00 RPOSE OF NDITURE	tions/ Donations Made By - ididate/Officeholder/Political Committee and Payment 1 ges Schedule F1: 2 FILER NAM Kennedy, 1 Separate Schedule F1: 2 FILER NAM Kennedy, 2024 F1 Separate Schedule F1: 2 FILER NAM Kennedy, 5 Payee nam Metro Sig (\$) 7 Payee add 2800 Yan El Paso, 7 RPOSE OF NDITURE (a) Category Advertisin	tions/ Donations Made By- idate/Officeholder/Political Committee ard Payment The Instruction Guide explain Iges Schedule F1: B/3 Rpt: 10/12 5 Payee name Metro Signs (\$) 7 Payee address; City; Sta 2800 Yandell El Paso, TX 79903 RPOSE OF NDITURE Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain Gift/Awards/Memorials Expense Gift/Awards/Memorials Expense Advertion Guide explain Sta Gift/Awards/Memorials Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain Sta Gift/Awards/Memorials Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain Gift/Awards/Memorials Expense Gift/Awards/Memorials Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain The Instruction Guide explain Gift/Awards/Memorials Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain The Instruction Guide explain Sta Gift/Awards/Memorials Expense The Instruction Guide explain Gift/Awards/Memorials Expense Gift/Awards/Memorials Expense Gift/Awards/Memorials Expense Gift/Awards/Memoria	Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder Candidate/Officeholder name Candidate/Officeholder n	Compared to the property of	tions/ Donations Made By - Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. Iges Schedule F1: B/3 Rpt: 10/12

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 Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Poor Sift/Awards/Memorials Ex	ffice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
		The Instruction Guide explains how	v to complete this form.	
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/2 Rpt: 11/12	Kennedy, Brian		0000011
4	Date	5 Payee name		
	10/10/2024	Morales, Veronica Aaron		
6	Amount (\$)	7 Payee address; City; State; Z	in Code	
ľ	\$970.00	4244 Loma Taurina Ave.	ip code	
		4244 Edilla Tadilla 7WC.		
	Reimbursement from political contributions	FI Dana TV 70004		
	intended	El Paso, TX 79934		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedul	e) (b) Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor	L	Check if Austin, TX, officeholder living expense
			Campaign Coord	linator
9	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought	Office held
	C/OH			
	Date	Payee name		
	10/24/2024	Morales, Veronica Aaron		
	Amount (\$)	Payee address; City; State; Z	Zip Code	
	\$970.00	4244 Loma Taurina Ave.		
	Reimbursement from			
	political contributions intended	El Paso, TX 79934		
	PURPOSE	Category (See Categories listed at the top of this schedul	e) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if Austin, TX, officeholder living expense
	EXPENDITURE		Cam[paign Coord	dinator
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH			
	C/OI1			
	Date	Payee name		
	10/10/2024	United Events		
	Amount (\$)	Payee address; City; State; Z	Zip Code	
	\$14,672.00	6070 Gateway East		
	Reimbursement from	Suite 209		
	political contributions intended	El Paso, TX 79905		
_	PURPOSE		e) Description	Check if travel outside of Texas. Complete Schedule T.
	OF	Category (See Categories listed at the top of this schedul	Description [Check if Austin, TX, officeholder living expense
	EXPENDITURE	Advertising Expense	Walkers	_
	Complete ONLY if direct	Candidata/Officeholder name	Office sought	Office held
	expenditure to benefit	Candidate/Officeholder name	Onice sought	Office field
L	C/OH			

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Event Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District OTHER (enter a category not listed above) Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/2 Rpt: 12/12 0000011 Kennedy, Brian

4	Date 10/17/2024	5 Payee name United Events		
6	Amount (\$) \$7,020.00 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Ci 6070 Gateway East Suite 209 El Paso, TX 79905	ode	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Walkers	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/24/2024	Payee name United Events		
	Amount (\$) \$6,075.00 Reimbursement from political contributions intended	Payee address; City; State; Zip C 6070 Gateway East Suite 209 El Paso, TX 79905	ode	
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Poll Watchers	Description Poll Watchers	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held