#### 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) 20 00000011 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Brian NAME Date Received **ELECTRONICALLY FILED** 12/06/2024 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 lχ 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 **PERIOD** Month Day Year Month Day Year **COVERED** 10/27/2024 **THROUGH** 12/04/2024

Month

**ELECTION DATE** 

Year

City Representative District 1 El Paso

Day

12/14/2024

OFFICE HELD (if any)

10 ELECTION

11 OFFICE

Primary

General

**ELECTION TYPE** 

12 OFFICE SOUGHT (if known)

Mayor El Paso

Other

χRunoff

Special

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 20

13 C / OH NAME	Kennedy, Brian		14 Filer ID 0000011	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expe These expenditures may have been made with officeholders are required to report this inform	out the candidate's or offic	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
⊔ °	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAM	1E	
		COMMITTEE CAMPAIGN TREASURER ADD	PRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER ES OF LOANS, OR CONTRIBUTIONS MADE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LO	ANS)	\$ 21,797.96
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 127,737.14
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF TE RIOD	HE LAST DAY OF THE	<b>\$</b> 6,382.29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	S AS OF THE LAST DAY	\$ 231,000.00
<b>17</b> AFFIDAVIT		I swear, or affirm, under pe true and correct and includ under Title 15, Election Co	es all information required	
			Brian Kennedy	
		Signatu	re of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
		aid		day
of	, 20, to ce	rtify which, witness my hand and seal of office		
Signature of office	cer administering	Printed name of officer administering	Title of office	er administering oath

# **SUBTOTALS - C/OH**

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

			3 0	of 20
18 FILER NAME Kennedy, Brian		<b>19</b> Filer ID 0000011	(Ethics Commission File	rs)
20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE		•	SUBTOTAL AMOU	NT
1. X SCHEDULE A1: MONETARY POLITICA	AL CONTRIBUTIONS		\$ 19,3	350.00
2. X SCHEDULE A2: NON-MONETARY (IN-	·KIND) POLITICAL CONTRIBUTIONS		\$ 2,4	447.96
3. SCHEDULE B: PLEDGED CONTRIBUT	FIONS		\$	
4. X SCHEDULE E: LOANS			\$ 50,0	00.00
5. X SCHEDULE F1: POLITICAL EXPENDIT	TURES FROM POLITICAL CONTRIBUTIO	NS	\$ 64,8	326.28
6. SCHEDULE F2: UNPAID INCURRED C	DBLIGATIONS		\$	
7. SCHEDULE F3: PURCHASE OF INVES	STMENTS FROM POLITICAL CONTRIBUT	ΓIONS	\$	
8. SCHEDULE F4: EXPENDITURES MAD	DE BY CREDIT CARD		\$	
9. X SCHEDULE G: POLITICAL EXPENDIT	URES FROM PERSONAL FUNDS		\$ 62,9	910.86
10. SCHEDULE H: PAYMENT FROM POLI	ITICAL CONTRIBUTIONS TO A BUSINES:	S OF C/OH	\$	
11. SCHEDULE I: NON-POLITICAL EXPEN	IDITURES FROM POLITICAL CONTRIBUT	TIONS	\$	
12. SCHEDULE K: INTEREST, CREDITS, C	GAINS, REFUNDS, AND CONTRIBUTIONS	S RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE	A1	
	The Instruc	etion Guide explains how to complete this form.		Total pages Schedule A1: Sch: 1/4 Rpt: 4/20	
2	FILER NAME Kennedy, Bri	an		Filer ID (Ethics Commission 00000011	Filers)
4	Date 11/25/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul>	7	Amount of Contribution (\$)	\$250.00
8	Principal occu President		oloyer (See Instructions) as International		
	Date 11/25/2024	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions) Emp	oloyer (See Instructions)		
	Date 11/21/2024	Full name of contributor out-of-state PAC (ID#: Carol, Kennedy  Contributor address; City; State; Zip Code 517 Markgrafs Lake Alcove  Woodbury, MN 55129		Amount of Contribution (\$)	\$100.00
	Principal occu	<u> </u>	loloyer (See Instructions)		
	Date 11/06/2024	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$200.00
	Principal occu Safety Direct		oloyer (See Instructions)		
	Date 11/27/2024	Full name of contributor out-of-state PAC (ID#: Curlin, Jackson  Contributor address; City; State; Zip Code 2020 N. Saint Vrian  El Paso, TX 79902		Amount of Contribution (\$)	\$250.00
	Principal occu CPA	oation / Job title (See Instructions) Emp Ret	oloyer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A			
	The Instruc	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 2/4 Rpt: 5/20		
2	FILER NAME Kennedy, Bri	an	3	Filer ID (Ethics Commission 00000011	n Filers)	
4	Date  5 Full name of contributor out-of-state PAC (ID#:)  Dipp, Suzanne  6 Contributor address; City; State; Zip Code  515 Rim Road				Amount of Contribution (\$)	\$1,500.00
8	Principal occu Self Employe		9 Employer (See Instructions	)		
	Date 11/19/2024	Full name of contributor out-of-state PAC (ID#: EI Paso Association of Firefighters PAC Contributor address; City; State; Zip Code 3112 Forney  EI Paso, TX 79935			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/23/2024	Full name of contributor out-of-state PAC (ID#:Fidler, William  Contributor address; City; State; Zip Code 10300 Jollyville Road #113 Austin, TX 10300	)		Amount of Contribution (\$)	\$250.00
	Principal occu Engineer	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/11/2024	Full name of contributor out-of-state PAC (ID#: Jessen, Jess  Contributor address; City; State; Zip Code 6112 N.Mesa #312 El Paso, TX 79912	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Sales	pation / Job title (See Instructions)	Employer (See Instructions Self	)		
	Date 11/21/2024	Full name of contributor out-of-state PAC (ID#: Kennedy, Marcia  Contributor address; City; State; Zip Code 517 Markgrafs Lake Alcove  Woodbury, MN 55129	)		Amount of Contribution (\$)	\$75.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	)		
		<u>'</u>				

	MONEI	ARY POLITICAL CONT		SCHEDUL	E <b>A1</b>		
	The Instruc	ction Guide explains how to con	1	Total pages Schedule A1: Sch: 3/4 Rpt: 6/20			
2	FILER NAME Kennedy, Bri	an	3	Filer ID (Ethics Commission 00000011	n Filers)		
4	Date  5 Full name of contributor out-of-state PAC (ID#:)  Leeser, Oscar  6 Contributor address; City; State; Zip Code  8600 Montana		7	Amount of Contribution (\$) \$	10,000.00		
8	Principal occu Business Ow	El Paso, TX 79925 pation / Job title (See Instructions) rner		Employer (See Instructions) Hyundai of El Paso	)		
	Date Full name of contributor out-of-state PAC (ID#:)  11/24/2024 Mallett, Veronica  Contributor address; City; State; Zip Code  3132 Forrest Park Ave  Nashville, TN 37215					Amount of Contribution (\$)	\$1,000.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions) CommonSpirit	)		
	Date 11/05/2024	Full name of contributor out-o Martinez, Vanessa  Contributor address; City; State; Zip C 5904 Mira Hermosa  El Pao, TX 79912	f-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occup	pation / Job title (See Instructions)					
	Date 11/13/2024	Full name of contributor out-or Milazzo, Cindy  Contributor address; City; State; Zip C 2631 Altura  El Paso, TX 79930	f-state PAC (ID#:			Amount of Contribution (\$)	\$75.00
	Principal occup Retired	oation / Job title (See Instructions)		Employer (See Instructions)	)		
	Date 11/18/2024	Full name of contributor out-o Priddy, Sara  Contributor address; City; State; Zip C 1307 N Kansas #2  El Paso, TX 79902	f-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occup Attorney	pation / Job title (See Instructions)		Employer (See Instructions) Self	)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/20			
2	FILER NAME Kennedy, Br			3 Filer ID (Ethics Commission 00000011	n Filers)	
4	Date 11/06/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_Saucedo, David</li> <li>6 Contributor address; City; State; Zip Code 711 N. Copia</li> <li>El Paso, TX 79903</li> </ul>	7 Amount of Contribution (\$)	\$500.00		
8	Principal occu Locksmith	pation / Job title (See Instructions)	9 Employer (See Instructions The SAUCEDO Corpora			
	Date 11/13/2024	Full name of contributor out-of-state PAC (ID#:_ Wedermeyer, Jacob Contributor address; City; State; Zip Code 619-B White Cliffs El Paso, TX 79912	Amount of Contribution (\$)	\$100.00		
	Principal occu Lawyer	pation / Job title (See Instructions)	Employer (See Instructions Estrella Del Paso	)		
	Date 12/04/2024	Full name of contributor out-of-state PAC (ID#:_ Wieland, Patrick Contributor address; City; State; Zip Code 1000 Singing Hills Drive El Paso, TX 79912	)	Amount of Contribution (\$)	\$500.00	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 11/23/2024	Full name of contributor out-of-state PAC (ID#:_Zampini, Maria  Contributor address; City; State; Zip Code 6640 Mesa Grande  El Paso, TX 79912		Amount of Contribution (\$)	\$400.00	
	Principal occu Administration	ppation / Job title (See Instructions)	Employer (See Instructions UMC	)		

#### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 8/20 FILER NAME 3 Filer ID (Ethics Commission Filers) Kennedy, Brian 00000011 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 12/03/2024 Barnett, Sherman \$500.00 Facebook Boost Contributor address; City; State; Zip Code 8272 Gtwy Blvd El Paso, TX 79907 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) Owner Barnett Harley Davidson 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 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) In-kind contribution Date Full name of contributor Amount of out-of-state PAC (ID#: contribution (\$) description 12/03/2024 Barnett, Sherman \$1,947.96 | Direct Mail Contributor address; City; State; Zip Code 8272 Gtwy Blvd El Paso, TX 79907 Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Barnett Harley Davidson Contributor's job title (FOR JUDICIAL) Contributor's principal occupation (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)

	LOANS				SCHEDULE E
	The Instruction	on Guide explains how to complete this	s form.	1	ages Schedule E: /1 Rpt: 9/20
2	FILER NAME Kennedy, Brian			3 Filer ID 00000	(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS		·	\$
5	Date of loan 11/06/2024	7 Name of lender out-of-state Kennedy, Brian	PAC (ID#:		9 Loan Amount (\$) \$50,000.00
6	Is lender a financial institution?	8 Lender address; City; State 5015 Montoya	; Zip Code		10 Interest Rate
	No	El Paso, TX 79922			11 Maturity Date
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instruction Kennedy Law	s)	
14	Description of Col	lateral	15 Check if personal funds w	ere deposite	d into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City; State	; Zip Code		
20	Principal occupation	on	21 Employer (See Instruction	s)	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	-
1	Sch: 1/3 Rpt: 10/20	Kennedy, Brian 00000011	
4	Date	5 Payee name	
	11/19/2024	El Paso Mail and Print	
6	Amount (\$) \$3,400.00	7 Payee address; City; State; Zip Code 1144 Vista de Oro	
	40, 100.00		
		El Paso, TX 79935	
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	
		Printing	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H -	
	Date	Payee name	
	11/14/2024	El Paso Mail and Print	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5,100.00	1144 Vista de Oro	
		El Paso, TX 79935	
	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  Printing	
		Finding	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	11/14/2024	El Paso Mail and Print	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5,500.00	1144 Vista de Oro	
		El Paso, TX 79935	
	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.	
	EVENDLICKE	Check if Austin, TX, officeholder living expense	
		Printing	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

# POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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)

	Credit Card F dyment	The Instruction Guide explains how to complete this	s form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 2/3 Rpt: 11/20	Kennedy, Brian	00000011
4	Date	5 Payee name	•
	11/27/2024	GODIRECT	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$24,042.83	8400 Boeing Dr.	
		El Paso, TX 79925	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	ription
	OF EXPENDITURE	Advertising Expense	neck if travel outside of Texas. Complete Schedule T.
		│ │ │ │ │ Cr │ Post	neck if Austin, TX, officeholder living expense
		1 030	age
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		Cindo Nola
H	Date	Payee name	
	11/20/2024	GODIRECT	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
	\$19,345.84	8400 Boeing Dr.	
	,, · ·	5 :00	
		El Paso, TX 79925	
H	PURPOSE		rintion
	OF		neck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		neck if Austin, TX, officeholder living expense
		Post	age
			25
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
L			
	Date	Payee name	
L	11/07/2024	GODIRECT	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,387.61	8400 Boeing Dr.	
		FI D TV 70005	
		El Paso, TX 79925	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Desc	ription neck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	neck if Austin, TX, officeholder living expense
		Post	age
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/Ol	<del>1</del>	

# 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 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)

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 3/3 Rpt: 12/20	Kennedy, Brian		00000011
4	Date	5 Payee name		
	11/05/2024	Halleluah!BBQ		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$800.00	130a N. Cotton St.		
l				
l		El Paso, TX 79901		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE			Check if Austin, TX, officeholder living expense
l				Election Watch
Ļ	0 1: 0::::			0.00
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	jht	Office held
┡	·			
l	Date	Payee name		
L	11/06/2024	KVIA		
l	Amount (\$)	Payee address; City; State; Zip Coo	de	
l	\$4,250.00	4140 Rio Bravo		
l				
		El Paso, TX 79902		
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Advertising
				Ç
H	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O	1		
Г				
l				
l				
l				
l				

# SCHEDULE G

#### **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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage Exp Gift/Awards/Memor Legal Services The Instruction	ials Expense				Travel in Distric Travel Out of D OTHER (enter		above)
1	Total pages Schedule G:	2	FILER NAME					3	Filer ID (	Ethics Commiss	sion Filers)
	Sch: 1/8 Rpt: 13/20		Kennedy, E	rian					00000011		
4	Date	5	Payee name								
	11/05/2024	l	Facebook								
6	Amount (\$)	7	Payee addre	ss; City;	State:	Zip Co	nde				
Ī	\$30.22	ı	One Hacke	-	Otato,	_,p 0,					
	Reimbursement from political contributions intended			, CA 94025							
8	PURPOSE	(a)	Category (s	ee Categories listed	at the top of this sch	edule)	(b) Description	_		side of Texas. Com	
	OF EXPENDITURE		Advertising	Expense			l L	Che	eck if Austin, T	X, officeholder living	expense
							Boost				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate/Office	holder name			Office sought			Office held	
	Date		Payee name								
	12/04/2024		Facebook								
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode				
	\$187.00		One Hacke	r Way							
	Reimbursement from										
	political contributions intended		Menlo Park	, CA 94025							
	PURPOSE		Category (s	ee Categories listed	at the top of this sch	edule)	Description	Che	eck if travel out	side of Texas. Comp	olete Schedule T.
	OF EXPENDITURE		Advertising	Expense			[	Che	eck if Austin, T	X, officeholder living	expense
	LAI LINDITORE						Boost				
	Complete ONLY if direct expenditure to benefit	Can	didate/Office	holder name			Office sought			Office held	
	C/OH										
	Date	<u> </u>	Davas nama								
	11/23/2024	ı	Payee name Facebook								
		┞		cc: City:	Ctata:	Zip Co	ada				
	Amount (\$) \$63.92	ı	Payee addre One Hacke		Sidle,	Zip Ct	oue				
			One Hacke	ı vvay							
	Reimbursement from political contributions intended		Menlo Park	, CA 94025							
	PURPOSE		Category (s	ee Categories listed	at the top of this sch	edule)	Description	=		side of Texas. Comp	
	OF EXPENDITURE		Advertising	Expense			_ L	Che	eck if Austin, T	X, officeholder living	expense
							Boost				
		<u> </u>									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate/Office	holder name			Office sought			Office held	

# SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAME	:			3 Filer ID (Ethics Commission Filers)
_	Sch: 2/8 Rpt: 14/20	Kennedy, Bı				00000011
4	Date	5 Payee name				
	11/26/2024	Facebook				
6	Amount (\$)	7 Payee address	ss; City; State	; Zip Co	ode	
	\$85.00	One Hacker	· Way			
	Reimbursement from political contributions intended	Menlo Park,	, CA 94025			
8	PURPOSE	(a) Category (Se	ee Categories listed at the top of this sch	iedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertising	Expense		L	Check if Austin, TX, officeholder living expense
					boost	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeh	nolder name		Office sought	Office held
	Date	Payee name				
	11/29/2024	Facebook				
	Amount (\$)	Payee addres	ss; City; State	; Zip Co	nde	
	\$115.00	One Hacker	•	,p o.		
		One nacker	vvay			
	Reimbursement from political contributions intended	Menlo Park,	, CA 94025			
	PURPOSE	Category (Se	ee Categories listed at the top of this sch	iedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertising	Expense		L	Check if Austin, TX, officeholder living expense
					Boost	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeh	nolder name		Office sought	Office held
	Date	Payee name				
	11/28/2024	Facebook				
	Amount (\$)	Payee addres	ss; City; State	; Zip Co	nde	
	\$104.00	One Hacker	•	, 1		
	Reimbursement from political contributions intended	Menlo Park,	•			
	PURPOSE	Category (Se	ee Categories listed at the top of this sch	iedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertising	Expense			Check if Austin, TX, officeholder living expense
	EXI ENDITORE				Boost	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeh	nolder name		Office sought	Office held

# SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E			Travel in Dis Travel Out o				
	Credit Card Fayinent		The Instruction Guide explains I	now to co	omplete this form.						
1	Total pages Schedule G: Sch: 3/8 Rpt: 15/20	2 FILER NAME Kennedy, E				(Ethics Commission Filers)					
_	·	,,					0000001				
4	Date 11/28/2024	5 Payee name Facebook									
6	Amount (\$)	7 Payee addre	ss; City; State;	Zip Co	ode						
	\$104.00	One Hacke	r Way								
	Reimbursement from political contributions intended	Menlo Park	, CA 94025								
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	edule)	(b) Description	Ch	eck if travel o	outside of Texas. Complete Schedule	e T.		
	OF EXPENDITURE	OF Check if Austin, TX, officeholder livin				, TX, officeholder living expense					
	EXPENDITORE	Boost									
9	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held			
9	expenditure to benefit C/OH	Candidate/Office	noidei name		Office Sought			Office field			
	Date	Payee name									
	11/27/2024	Facebook									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$94.00										
	Reimbursement from		,								
	political contributions intended	Menlo Park	, CA 94025								
	PURPOSE	Category (s	ee Categories listed at the top of this sche	edule)	Description	Ch	eck if travel o	outside of Texas. Complete Schedule	e T.		
	OF EXPENDITURE	Advertising	Expense			Ch	eck if Austin,	, TX, officeholder living expense			
					Boost						
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought			Office held			
	C/OH										
	Date	Payee name									
	12/01/2024	Facebook									
	Amount (\$)	Payee addre	ss; City; State;	Zip Co	ode						
	\$149.00	One Hacke	r Way								
	Reimbursement from										
	political contributions intended	Menlo Park	, CA 94025								
	PURPOSE	<b>Category</b> (s	ee Categories listed at the top of this sche	edule)	Description	=		outside of Texas. Complete Schedule	e T.		
	OF EXPENDITURE	Advertising	Expense		L	Ch	eck if Austin,	, TX, officeholder living expense			
					Boost						
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought			Office held			

# SCHEDULE G

# **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment	ributions/ Donations Made By - andidate/Officeholder/Political Committee		The Instruction Guide explains how to complete this form.					Travel in District Travel Out of District OTHER (enter a cate	gory not listed above)
1	Total pages Schedule G:	2	FILER NAME	Ξ				3	Filer ID (Ethic	s Commission Filers)
	Sch: 4/8 Rpt: 16/20		Kennedy, E	Brian					00000011	
4	Date	5	Payee name							
	11/25/2024		Facebook							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode			
	\$77.00		One Hacke	r Way						
	Reimbursement from political contributions intended		Menlo Park	, CA 94025						
8	PURPOSE	(a)	Category (s	ee Categories listed at the	top of this sche	edule)	(b) Description	=		Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising	Expense			L	Ch	eck if Austin, TX, office	eholder living expense
							Boost			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought		Office	e held
	Date		Payee name							
	12/01/2024		Facebook							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode			
	\$154.00		One Hacke	r Way						
	Reimbursement from									
	political contributions intended		Menlo Park	, CA 94025						
	PURPOSE		Category (s	ee Categories listed at the	top of this sche	edule)	Description	Ch	eck if travel outside of	Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising	Expense			[	Ch	eck if Austin, TX, office	eholder living expense
							Boost			
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Office	holder name			Office sought		Office	e held
	C/OH									
F	Date	Г	Payee name							
	11/30/2024		Facebook							
	Amount (\$)	$\vdash$	Payee addre	ss; City;	State:	Zip Co	nde			
	\$127.00		One Hacke		O totto,	p				
	Reimbursement from									
	political contributions intended		Menlo Park	, CA 94025						
	PURPOSE OF			ee Categories listed at the	top of this sche	edule)	Description	_		Texas. Complete Schedule T.
	EXPENDITURE		Advertising	Expense			L	_ Cii	leck if Austin, TX, office	eholder living expense
							Boost			
	Complete ONLY if direct	<u>Car</u>	adidata/Offica	holder neme			Office cought		Office	a hald
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Office	noider name			Office sought		Office	e held

# SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Fees Food/Beverage Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Gift/Awards/Memoria Legal Services  The Instruction (	·		expense  Wages/Contract Labor  complete this form.	Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule G:	2	FILER NAME					3 Filer ID (Ethics Commission Filers)
	Sch: 5/8 Rpt: 17/20		Kennedy, B	rian				00000011
4	Date	5	Payee name					
	12/02/2024		Facebook					
6	Amount (\$)	7	Payee addre	ss; City;	State;	; Zip Co	ode	
	\$170.00		One Hacke	r Way				
	Reimbursement from political contributions intended		Menlo Park	, CA 94025				
8	PURPOSE	(a)	Category (s	ee Categories listed at	the top of this sch	edule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising	Expense			l L	Check if Austin, TX, officeholder living expense
							Boost	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought	Office held
	Date		Payee name					
	12/03/2024		Facebook					
H	Amount (\$)	H	Payee addre	ss; City;	State:	; Zip Co	ode	
	\$128.00		One Hacke	-		, ,		
			Ono maono	· ···				
	Reimbursement from political contributions intended		Menlo Park	, CA 94025				
	PURPOSE		Category (s	ee Categories listed at	the top of this sch	edule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising	Expense			[	Check if Austin, TX, officeholder living expense
							Boost	
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought	Office held
		_						
	Date		Payee name					
	12/02/2024		KFOX					
	Amount (\$)	Π	Payee addre	ss; City;	State;	; Zip Co	ode	
	\$14,747.50		200 S Alto I	Mesa Dr				
	Reimbursement from political contributions intended		El Paso, TX	( 79912				
	PURPOSE		Category (s	ee Categories listed at	the top of this sch	edule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising	Expense			[	Check if Austin, TX, officeholder living expense
	<b></b>						Marketing	
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought	Office held

# SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Gift/Awards/Memorials I Legal Services  The Instruction Gu	·		Vages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule G:	2	FILER NAME					3 Filer ID (Ethics Commission Filers)
	Sch: 6/8 Rpt: 18/20		Kennedy, B	rian				00000011
4	Date	5	Payee name					
	12/04/2024		KVIA					
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode	
	\$17,780.00		4140 Rio Bi	ravo				
	Reimbursement from political contributions intended		El Paso, TX	( 79902				
8	PURPOSE	(a)	Category (s	ee Categories listed at th	e top of this sch	edule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising	Expense				Check if Austin, TX, officeholder living expense
							COMMERCIALS	
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought	Office held
	Date		Payee name					
	11/05/2024		Scale to wir	า				
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode	
	\$1,744.96		13742 Harp	er St.				
	Reimbursement from		·					
	political contributions intended		Santa Ana,	CA 92703				
	PURPOSE		Category (s	ee Categories listed at th	e top of this sche	edule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising	Expense				Check if Austin, TX, officeholder living expense
	ZAI ZABITORZ						texting	
	Compulate ONII V if direct						Office country	Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit	cal	ndidate/Officel	пошентатте			Office sought	Office held
	C/OH							
f	Date	Ē	Payee name					
	11/16/2024		Scale to wir	า				
	Amount (\$)	$\vdash$	Payee addre	ss; City;	State:	Zip Co	ode	
	\$1,200.73		13742 Harp		,	, 30		
	Reimbursement from							
	political contributions intended		Santa Ana,	CA 92703				
	PURPOSE		Category (S	ee Categories listed at th	e top of this sch	edule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising	Expense				Check if Austin, TX, officeholder living expense
							Texting	
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought	Office held
Т								

# SCHEDULE G

#### **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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ations Made By - eholder/Political Committee ent		FOOM/Beverage Expense Gift/Awards/Memorials Expense Legal Services  Polling Expense Printing Expense Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.					Travel in District Travel Out of Distric OTHER (enter a cat	t egory not listed above)	
1 Total pages Schedule G: 2 FILER NAME					1	•	cs Commission Filers)				
	Sch: 7/8 Rpt: 19/20		Kennedy, E	rian					00000011		
4	Date	5	Payee name					_			
	12/03/2024		Scale to wi	1							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de				
	\$6,618.90		13742 Harp	er St.							
	Reimbursement from political contributions intended		Santa Ana,	CA 92703							
8	PURPOSE	(a)	Category (s	ee Categories listed at t	he top of this sch	edule)	(b) Description	_		of Texas. Complete Schedule T.	
OF Advertising										iceholder living expense	
							Texting				
0	Complete ONLY if direct		adidate/Office	holder name			Office sought		O#:	ce held	
Complete ONLY if direct Candidate/Office expenditure to benefit C/OH				noidei naine			Onice Sought		Ollik	ue neiu	
	Date		Payee name								
	11/22/2024		United Eve	nts							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de				
	\$9,855.00		6070 Gatev	vay East							
	Reimbursement from political contributions		Suite 209	te 209							
	intended		El Paso, TX	79905							
	PURPOSE OF		Category (S	ee Categories listed at t	he top of this sch	edule)	Description	_		of Texas. Complete Schedule T.	
	EXPENDITURE		Salaries/Wa	ages/Contract L	abor		L	Ch	neck if Austin, TX, offi	iceholder living expense	
							door hangers				
	Complete ONLY if direct expenditure to benefit C/OH	<u>l</u> Car	ndidate/Office	holder name			Office sought		Offic	ce held	
	Date	Ε	Dayoo namo								
	11/29/2024		Payee name United Eve	nts							
$\vdash$	Amount (\$)	$\vdash$	Payee addre		State:	Zip Co	de				
	\$8,955.00		6070 Gatev		•	•					
	Reimbursement from		Suite 209								
	political contributions intended		El Paso, TX	79905							
	PURPOSE	Г	Category (s	ee Categories listed at t	he top of this sch	edule)	Description	Ch	neck if travel outside o	of Texas. Complete Schedule T.	
	OF EXPENDITURE		Salaries/Wa	ages/Contract L	abor			Ch	neck if Austin, TX, offi	iceholder living expense	
							door hangers				
	Complete ONLY if direct	<u>I</u> Car	ndidate/Office	holder name			Office sought		Offic	ce held	
	expenditure to benefit C/OH										

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 8/8 Rpt: 20/20 Kennedy, Brian 00000011 Date Payee name 11/27/2024 VOTER ACTIVATION NET DC Amount (\$) Payee address; City; State; Zip Code \$215.00 1445 NY AVE NORTH WEST SUITE 200 Reimbursement from political contributions intended Washington, DC 20005

**PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE** Accèss to Voter Information Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/27/2024 **VOTER ACTIVATION NET** DC Amount (\$) Payee address; City; State; Zip Code \$205.63 1445 NY AVE NORTH WEST SUITE 200 Reimbursement from political contributions Washington, DC 20005 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE** Access to Voter Information Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

Forms provided by Texas Ethics Commission