

9 REPORT TYPE

11 ELECTION

12 OFFICE

OFFICE HELD (if any)

# CANDIDATE AFFIDAVIT CAMPAIGN FINANCIAL REPORT

FORM 6801

14 C/OH NAME

**KENNEDY**

13 Filer ID (Ethics Commission File #)

16 NOTICE FROM  
POLITICAL  
COMMITTEES(S)

THE FOLLOWING NAME(S) OF POLITICAL  
SUPPORT THE CANDIDATE  
KNOWS  
OF SUCH EXPENDITURES/CONTRIBUTIONS

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CITY

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

1. PLEDGES, LOANS, AND  
CONTRIBUTIONS MADE ELECTRONICALLY

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, AND GUARANTEES)

EXPENDITURE  
TOTALS

3. TOTAL UNRECORDED POLITICAL EXPENDITURE

4. TOTAL POLITICAL EXPENDITURES

CONTRIBUTION  
BALANCE

5. TOTAL CONTRIBUTIONS  
OF REPORTING PERIOD

LOAN TOTAL

6. TOTAL FINANCIAL DEBIT BALANCE AS OF THE  
LAST DAY OF THE REPORTING PERIOD

1090

1040

1700

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the foregoing is true and correct and includes all information required by Title 45, Election Code.



Signature of Candidate or Endorser

AFFIX NOTARY STAMP(S) HERE

Sworn to and subscribed before me, by the said

day of

*[Handwritten Signature]*

Signature of Officer Administering Oath

Printed name of Officer Administering Oath



**POLITICAL EXPENDITURE REPORT FROM POLITICAL COMMITTEE**

COMBINED F-1

**EXPENSES**

Advertising Expense      Event Expense      Contribution Raising Expense  
 Accounting/Printing Fees      Office Expense      Telephone Expense  
 Consulting Expense      Food/Beverage Expense      Polling Expense      Travel In District  
 Contributions/Donations by      Gift/Awards/Memorabilia      Campaign Signage      Travel Out of District  
 Candidate      Political Committee      Local Office  
 Credit Card Payments      The Instruction Guide explains how to complete this form.

1 Total pages Schedule F-1: 2      2 FILER NAME: Ken Kettner

4 Date: 10/23/20      5 FILER'S NAME: Ken Kettner

6 Amount: \$180.00      7 Payee Name: 201 N. ...

8 (a) Category: CONTRIBUTION      (b) Description: ...  
 PURPOSE OF EXPENDITURE: ...  
 (c)  Check if travel (see instructions)       Check if outside of Texas (see instructions)

9 Complete ONLY if direct expenditure to benefit of:      Candidate/Officer name: ...

Date: 10/23/20      Payee name: ...

Amount: 180.00      Payee address: ...

PURPOSE OF EXPENDITURE: ...  
 Category (See Categories listed at the top of this schedule): ...      Description: ...  
 Check if travel (see instructions)       Check if outside of Texas (see instructions)

Complete ONLY if direct expenditure to benefit of:      Candidate name: ...      Office/Station: ...

Date: 10/23/20      Payee name: ...

Amount: 180.00      Payee address: ...

PURPOSE OF EXPENDITURE: ...  
 Category (See Categories listed at the top of this schedule): ...      Description: ...  
 Check if travel (see instructions)       Check if outside of Texas (see instructions)

Complete ONLY if direct expenditure to benefit of:      Candidate name: ...

**ATTACH ADDITIONAL COPIES**



# POLITICAL EXPENDITURES MADE FROM SEPTEMBER 1, 2008

FORM 770

## EXPENDITURE CATEGORIES FOR BOY 8(a)

Advertising Expense      Fund Expenses      Repayment of Loan      Campaign Fundraising Expense  
 Accounting/Banking      Fees      (Political) Overhead/Rental Expense      Transportation/Equipment/Travel & Lodging  
 Consulting Expense      Food/Beverage Expense      Printing Expense      Telephone Expense  
 Contributions/Dues      Mail Expense      Other Miscellaneous Expenses      Travel Expense  
 Contribution Payment      Other

1 Total per Schedule B-1 (SEE NAME)

- 2 -

4 Date 10/6-10-08

6 Amount (\$) 570

209 EDWARD ST. WASHINGTON DC 20001

8 (a) Category CONTRACT LABOR

PURPOSE OF EXPENDITURE

9 Complete only if direct expenditures to benefit BOH

Candidate / Officeholder name

Date 10/10/08

Payee name

Amount (\$) 80

201 N. CALIFORNIA ST. WASHINGTON DC 20001

PURPOSE OF EXPENDITURE

Category (See Categories listed at top of this schedule)

Check if travel out-of-state to receive campaign contributions. Complete Schedule T.      Check if Audit, TV, or officeholder duties purposes.

Complete only if direct expenditures to benefit BOH

Candidate / Officeholder name

Date

Payee name

Amount

PURPOSE OF EXPENDITURE

Category (See Categories listed at top of this schedule)

Check if travel out-of-state to receive campaign contributions. Complete Schedule T.      Check if Audit, TV, or officeholder duties purposes.

Complete only if direct expenditures to benefit BOH

Candidate / Officeholder name

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED