

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Brian Kennedy For Congress

ADDRESS (number and street) PO Box 670
 Check if different than previously reported. (ACC)
Bettendorf IA 52722

2. **FEC IDENTIFICATION NUMBER** C00410738
CITY **STATE** **ZIP CODE**
STATE **DISTRICT**
3. **IS THIS REPORT** NEW (N) **OR** AMENDED (A)
IA 1

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 07 01 2006 through 09 30 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer K Brock Earnhardt
Signature of Treasurer Electronically Filed by K Brock Earnhardt Date 05 01 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Brian Kennedy For Congress

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	7865.00	269914.97
(b) Total Contribution Refunds (from Line 20(d)).....	12200.00	12200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-4335.00	257714.97
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	8928.12	377800.29
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	8928.12	377800.29
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1872.50	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	133227.27	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
 Brian Kennedy For Congress

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

200.00

216059.93

(ii) Unitemized.....

115.00

15572.16

(iii) TOTAL of contributions

315.00

231632.09

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

5000.00

19350.00

(c) Other Political Committees (such as PACS).....

2550.00

18932.88

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

7865.00

269914.97

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

125000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

125000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

3.25

515.99

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

7868.25

395430.96

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	8928.12	377800.29
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	2500.00	2500.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	2500.00	2500.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	12200.00	12200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	12200.00	12200.00
21. OTHER DISBURSEMENTS.....	500.00	1058.17
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	24128.12	393558.46

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	18132.37
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	7868.25
25. SUBTOTAL (add Line 23 and Line 24).....	26000.62
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	24128.12
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1872.50

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 / 19	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 11d
		<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
 Brian Kennedy For Congress

A. Full Name (Last, First, Middle Initial)
 MR. Brian Kennedy

Mailing Address 3524 Woodberry Place

City State Zip Code
 Bettendorf IA 52722

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Gallagher & Millage & Gal- Attorney
 laghe

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 143932.88

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 14 / 2006

Transaction ID: 61006.C828

Amount of Each Receipt this Period
 2550.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

NOTE: Aristotle Tech Support

SUBTOTAL of Receipts This Page (optional)	▶	2550.00
TOTAL This Period (last page this line number only)	▶	2550.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 19	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
 Brian Kennedy For Congress

A. Full Name (Last, First, Middle Initial)
 MRS. Lois Malawsky

Mailing Address 7409 N. Crossway Rd.

City	State	Zip Code
Milwaukee	WI	53217

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Volunteer
-------------------------	-------------------------

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 200.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 20 / 2006

Transaction ID: 61006.C827

Amount of Each Receipt this Period
 200.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	200.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 / 19
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
		<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full) Brian Kennedy For Congress

Full Name (Last, First, Middle Initial) A. Volunteer PAC	
Mailing Address PO Box 158552	
City Nashville	State Zip Code TN 37215
FEC ID number of contributing federal political committee. C	
Name of Employer	Occupation
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY 08 / 08 / 2006
Transaction ID: 61006.C824
Amount of Each Receipt this Period 5000.00
Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	5000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Brian Kennedy For Congress

Full Name (Last, First, Middle Initial) A. Aristotle International		Transaction ID: 61006.E464 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 2550.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement SQL HOSTING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SQL HOSTING

Full Name (Last, First, Middle Initial) B. emotive, llc		Transaction ID: 61006.E465 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 2800 Shirlington Road Suite 900		Amount of Each Disbursement this Period 1950.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Arlington State VA Zip Code 22206-	Purpose of Disbursement NEWSLETTER E MAIL Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	NEWSLETTER E MAIL

Full Name (Last, First, Middle Initial) C. Great River Bank and Trust		Transaction ID: 61006.E451 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6
Mailing Address 3889 Elmore Ave.		Amount of Each Disbursement this Period 32.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Davenport State IA Zip Code 52807-	Purpose of Disbursement PAYROLL TAXES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES

SUBTOTAL of Disbursements This Page (optional) ▶	4532.80
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Brian Kennedy For Congress

Full Name (Last, First, Middle Initial) A. Great River Bank and Trust		Transaction ID: 61006.E448 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6
Mailing Address 3889 Elmore Ave.		Amount of Each Disbursement this Period 1475.30
City Davenport State IA Zip Code 52807-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL TAXES	Candidate Name	PAYROLL TAXES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Iowa Workforce Development		Transaction ID: 61006.E449 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6
Mailing Address 1000 E Grand Ave		Amount of Each Disbursement this Period 183.00
City Des Moines State IA Zip Code 50319-1020	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL TAXES	Candidate Name	PAYROLL TAXES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Response Consulting		Transaction ID: 61006.E462 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 2401 Behrend Drive		Amount of Each Disbursement this Period 1200.00
City Phoenix State AZ Zip Code 85027-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING DM	Candidate Name	FUNDRAISING DM
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2858.30
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 19

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Brian Kennedy For Congress

Full Name (Last, First, Middle Initial) A. Response Consulting		Transaction ID: 61006.E463 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 2401 Behrend Drive		Amount of Each Disbursement this Period 800.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Phoenix State AZ Zip Code 85027-	Purpose of Disbursement FUNDRAISING DM Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING DM

Full Name (Last, First, Middle Initial) B. Treasurer, State of Iowa		Transaction ID: 61006.E450 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 6
Mailing Address PO Box 10411 P. O. Box 10411		Amount of Each Disbursement this Period 690.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Des Moines State IA Zip Code 50306-0411	Purpose of Disbursement PAYROLL TAXES Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES

Full Name (Last, First, Middle Initial) C. USPS		Transaction ID: 61006.E447 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6
Mailing Address 4439 Devils Glen Road		Amount of Each Disbursement this Period 14.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bettendorf State IA Zip Code 52722-	Purpose of Disbursement STAMP PURCHASE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	STAMP PURCHASE

SUBTOTAL of Disbursements This Page (optional) ▶	1505.06
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 19

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Brian Kennedy For Congress

Full Name (Last, First, Middle Initial)

A. Wachovia Bank

Mailing Address 100 N. Main St.

City Winston Salem State NC Zip Code 27150-

Purpose of Disbursement
VISA/MC FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 61006.E454

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

VISA/MC FEES

SUBTOTAL of Disbursements This Page (optional)

15.00

TOTAL This Period (last page this line number only)

8911.16

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 19

<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input checked="" type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Brian Kennedy For Congress

Full Name (Last, First, Middle Initial) A. Brian Kennedy		Transaction ID: 61006.E466 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6	
Mailing Address 3524 Woodberry Place		Amount of Each Disbursement this Period 2500.00	
City Bettendorf State IA Zip Code 52722-	Purpose of Disbursement Repay Loan Made/Guar. by Cand Software r Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

2500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 19

<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input checked="" type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Brian Kennedy For Congress

A. Full Name (Last, First, Middle Initial)
IDI Management, Inc

Mailing Address 1700 N. Moore Street, Suite 2020

City Arlington State VA Zip Code 22209-

Purpose of Disbursement
REFUND OF DEPOSIT ERROR

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: 61006.E452

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
0	7		1	4		2	0	0	6

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 19

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Brian Kennedy For Congress

Full Name (Last, First, Middle Initial) A. Kenneth Earnhardt		Transaction ID: 61006.E455 Date of Disbursement 07 / 21 / 2006
Mailing Address 1738 E 43rd St		Amount of Each Disbursement this Period 2100.00
City Davenport State IA Zip Code 52807-	Purpose of Disbursement Refund of Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Sarah Ewing		Transaction ID: 61006.E460 Date of Disbursement 08 / 25 / 2006
Mailing Address 3512 Bradley Lane		Amount of Each Disbursement this Period 2000.00
City Chevy Chase State MD Zip Code 20815-	Purpose of Disbursement Refund of Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Todd Ewing		Transaction ID: 61006.E459 Date of Disbursement 08 / 25 / 2006
Mailing Address 3512 Bradley Lane		Amount of Each Disbursement this Period 2000.00
City Chevy Chase State MD Zip Code 20815-	Purpose of Disbursement Refund of Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	6100.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Brian Kennedy For Congress

Full Name (Last, First, Middle Initial) A. Timothy Hyde		Transaction ID: 61006.E458 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 6
Mailing Address 9062 Tower House Place		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22308-	Purpose of Disbursement Refund of Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) B. Nancy Kennedy		Transaction ID: 61006.E457 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 0 6
Mailing Address 2922 Orchard View Lane		Amount of Each Disbursement this Period 2100.00
City Iowa City State IA Zip Code 52240-	Purpose of Disbursement Refund of Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) C. Michael Murphy		Transaction ID: 61006.E456 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 0 6
Mailing Address 6345 Balboa Blvd., Ste 373		Amount of Each Disbursement this Period 1000.00
City Encino State CA Zip Code 91316-	Purpose of Disbursement Refund of Contribution Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	4100.00
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input checked="" type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Brian Kennedy For Congress

Full Name (Last, First, Middle Initial) A. Thomas Synhorst		Transaction ID: 61006.E461 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6	
Mailing Address 2401 W. Behrend Drive, Ste 7		Amount of Each Disbursement this Period 2000.00	
City Phoenix State AZ Zip Code 85027-	Purpose of Disbursement Refund of Contribution Candidate Name	010 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	12200.00

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 17 / 19
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)
Brian Kennedy For Congress

Transaction ID: LS60408.C633

LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. Brian Kennedy	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3524 Woodberry Place	
City Bettendorf State IA ZIP Code 52722-	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
125000.00	2500.00	122500.00

TERMS

Date Incurred M M 1 2 D D 3 0 Y Y Y Y 2 0 0 5	Date Due 20051230	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	122500.00
TOTALS This Period (last page in this line only)	▶	122500.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
 Brian Kennedy For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Campaign Of One	Nature of Debt (Purpose): Refund of Gen Elect Contribution
Mailing Address P. O. Box 887	
City State ZIP Code Ames IA 50010-	

Outstanding Balance Beginning This Period 0.00	Transaction ID: 1LS61011.E471	
Amount Incurred This Period 1500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Aristotle International	Nature of Debt (Purpose): SQL Hosting
Mailing Address 205 Pennsylvania Ave SE	
City State ZIP Code Washington DC 20003-1164	

Outstanding Balance Beginning This Period 2550.00	Transaction ID: 3LS61006.E464	
Amount Incurred This Period 0.00	Payment This Period 2550.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Response Consulting	Nature of Debt (Purpose): fundraising dm
Mailing Address 2401 Behrend Drive	
City State ZIP Code Phoenix AZ 85027-	

Outstanding Balance Beginning This Period 5227.27	Transaction ID: 5LS61006.E462	
Amount Incurred This Period 0.00	Payment This Period 2000.00	Outstanding Balance at Close of This Period 3227.27

1) SUBTOTALS This Period This Page (optional).....	▶	4727.27
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 19 / 19
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Brian Kennedy For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Weeks & Co.	Nature of Debt (Purpose): Consulting
Mailing Address 823 Congress Avenue , Ste. 1330	
City State ZIP Code Austin TX 78701-	

Outstanding Balance Beginning This Period 3000.00	Transaction ID: 6LS61009.E470	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Weeks & Co.	Nature of Debt (Purpose): Consulting Advertising
Mailing Address 823 Congress Avenue , Ste. 1330	
City State ZIP Code Austin TX 78701-	

Outstanding Balance Beginning This Period 3000.00	Transaction ID: LS60524.E393	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

1) SUBTOTALS This Period This Page (optional).....	6000.00
2) TOTALS This Period (last page this line number only).....	10727.27
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	