PAGE 1 / 14

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		authorized Con			Offic	ce Use Only
NAME OF COMMITTEE (in	TYPE OR PRINT		xample: If typing, ver the lines.	type 1	2FE4M5	
KENNEDY FO	PR US SENATE	1 1 1 1 1 1		1 1 1 1		
ADDRESS (number an	659 E 200 N					
▼ Check if dif						
than previous	usly ALPINE				UT 8400	04
2. FEC IDENTIFIC	CATION NUMBER ▼	CITY ▲		STA	TE A	ZIP CODE ▲
C C0067435		3. IS THIS REPORT	× NEW (N)	OR	AMENDED (A)	STATE ▼ DISTRICT
4. TYPE OF REI	PORT (Choose One)	(b) 12-Day PRI	E-Election Report	for the:		
(a) Quarterly Re	eports:	(,	Primary (12P)	П	General (12G)	Runoff (12R)
April 15	Quarterly Report (Q1)	Ä	Convention (12		Special (12S)	Tidilon (1211)
X July 15	Quarterly Report (Q2)		Convention (12			
October	r 15 Quarterly Report (Q3)	Election or	M M /	D D / Y	YYY	in the State of
January	31 Year-End Report (YE)	(c) 30-Day PO	ST-Election Repo	rt for the:		
			General (30G)		Runoff (30R)	Special (30S)
Termina	tion Report (TER)	Election or	M M /	D D / Y	Y " Y " Y	in the State of
5. Covering Period	M M / D D /	Y Y Y Y Y 2025	through	M M /	30 / Y	Y Y Y 2025
I certify that I have e	examined this Report and to	-	nowledge and be	lief it is true,	correct and cor	mplete.
Type or Print Name of	of Treasurer Datwyler, The	лпаs, , , 				
Signature of Treasure	Datwyler, Thomas, , ,			Date	M M /	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of	false, erroneous, or incomple	te information may	subject the perso	n signing this	Report to the pe	enalties of 52 U.S.C. §30109
Office Use Only						FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

KENNEDY FOR US SENATE

^M06 2025 2025 30 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 0.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 0.00 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 0.00 343.02 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 343.02 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 0.00 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 422543.19 Schedule C and/or Schedule D).....

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

KENNEDY FOR US SENATE

(Refunds, Rebates, etc.)

(Dividends, Interest, etc.).....

(Carry Total to Line 24, page 4).....

15. OTHER RECEIPTS

16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15)

04 06 30 01 2025 2025 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 0.00 (i) Itemized (use Schedule A)..... 0.00 0.00 (ii) Unitemized..... (iii) TOTAL of contributions 0.00 0.00 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 0.00 0.00 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) 0.00 0.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 0.00 422543.19 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 422543.19 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES**

0.00

0.00

0.00

0.00

0.00

422543.19

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 05/2016)

of Disbursements

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	0.00	343.02
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(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))	0.00	0.00
 21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	343.02
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	rting period	0.00
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		0.00
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	0.00
27.	CASH ON HAND AT CLOSE OF REPORTING	G PERIOD	0.00

Use separate schedule(s) for each category of the

PAGE 5 OF FOR LINE NUMBER: (check only one)

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X | 13a Detailed Summary Page 13b Transaction ID: SC/10.4112 NAME OF COMMITTEE (In Full) KENNEDY FOR US SENATE LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary KENNEDY, MIKE, , , General Mailing Address Other (specify) 659 EAST 200 NORTH City State ZIP Code Personal Funds of the Candidate 84004 ALPINE UT Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 30143.19 0.00 30143.19 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 03 2018 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 30143.19 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

PAGE 6 OF FOR LINE NUMBER: (check only one)

14

X | 13a Detailed Summary Page 13b Transaction ID: SC/10.4113 NAME OF COMMITTEE (In Full) KENNEDY FOR US SENATE LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2018 Memo Item Primary KENNEDY, MIKE, , , General Mailing Address Other (specify) 659 EAST 200 NORTH City State ZIP Code Personal Funds of the Candidate 84004 ALPINE UT Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 115000.00 0.00 115000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 03 2018 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 115000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

PAGE 7

13a

			Detailed Summary	Page			13b
NAME OF COMMITTEE (In Full)			Traı	saction ID	D : SC/10.4114		· ·
KENNEDY FOR US SENATE							
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		☐ Memo I	lem	tion: 2018		
KENNEDY, MIKE, , ,					Primary General		
Mailing Address 659 EAST 200 NORTH					Other (specify)		
City	State	ZIP Code	•				
ALPINE	UT	84004		X	Personal Funds	of the Ca	ındidate
Original Amount of Loan	Cumulative Pay	ment To D	ate	Balance O	utstanding at Clo	se of This	s Period
105000.00		,	0.00		, ,	105000.0)0
TERMS Date Incurred	D	ate Due	Interest (If none,			Secured:	
M 03 / 31 / Y Y Y Y Y Y Y	M M / D D	/ Y Y	/ Y Y	0.00	% (apr)	Yes	X No
List All Endorsers or Guarantors (if any) t	o Loan Source						
1. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address		(Occupation				
			Amount				1
City State	ZIP Code		Guaranteed Outstanding:		7		
2. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address		(Occupation				
			Amount				1
City	ZIP Code		Guaranteed Outstanding:	7	7		
3. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address		(Occupation				
			Amount				1
City	ZIP Code		Guaranteed Outstanding:	7	7		1
4. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address		(Occupation				
			Amount				1
City	ZIP Code		Guaranteed Outstanding:	7			
SUBTOTALS This Period This Page (optional).			······		7	105000.0	0
TOTALS This Period (last page in this line only	/)		······		, ,		
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	line. If no	Schedule D, carry	forward to	appropriate lin	e of Sum	ımary.

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

FOR LINE NUMBER: (check only one)

PAGE

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X	13a
	13b

									13b
	MMITTEE (In Full) FOR US SENATE					Transact	tion ID : SC/10.4105		
LOAN SOL	URCE Full Name (Last,	First, Mid	ldle Initial)			emo Item	Election: 2018		
KENNE	DY, MIKE, , ,						Primary		
Mailing Ad							General		
	200 NORTH						Other (specify)		
City			State	ZIP Code)		Personal Funds	of the Can	didate
ALPINE			UT	84004					
Original A	Amount of Loan		Cumulative Pay	ment To D	ate	Balar	nce Outstanding at Clo	se of This I	Period
	15000	0.00			0.00		, ,	15000.00	
TERMS	Date Incurred		D	ate Due		erest Rate		Secured:	
M 05	/ 25 / Y Y 2018	Y	M M / D D	/ Y	Y Y Y	0.0		Yes >	< No
List All En	ndorsers or Guarantors	(if anv) to	o Loan Source						
	ame (Last, First, Middle I				Name of Employ	yer			
Mailing	Address				Occupation				
					Amount				
City		State	ZIP Code		Guaranteed Outstanding:		, , , , , , ,		
2. Full Nar	me (Last, First, Middle Ir	itial)			Name of Employ	yer			
Mailing	Address				Occupation				
	, i.a.a., eee				· 				
		Ta	T=== 0 .		Amount Guaranteed				
City		State	ZIP Code		Outstanding:		7	-	
3. Full Nar	me (Last, First, Middle Ir	nitial)			Name of Employ	yer			
Mailing	Address				Occupation				
					Amount	-			
City		State	ZIP Code		Guaranteed Outstanding:		7		
4. Full Nar	me (Last, First, Middle Ir	nitial)	'		Name of Employ	yer			
Mailing	Address				Occupation				
					Amount				
City		State	ZIP Code		Guaranteed Outstanding:		7		
			·						
SUBTOTALS	This Period This Page (optional)						15000.00	П
	and the same that the same tha	- ₋ •					7 7	15000.00	
TOTALS This	Period (last page in this	s line only	'))	· [7 7		
Carry outsta	nding balance only to LI	NF 3 Sch	edule D for this	line If n	Schedule D	carry forw	ard to appropriate lin	e of Summ	narv
July Julistal	Salance only to Li	0, 001	.caa.c D, ioi uiis	,e. II III	, Joneaule D, (a.a to appropriate iii	J J. Juiiiii	.u. y.

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

PAGE 9 O
FOR LINE NUMBER: (check only one)

X 13a

			Detailed Garrinary	1 agc		13b
NAME OF COMMITTEE (In Full)			Tra	nsaction ID : SC/1	0.4106	
KENNEDY FOR US SENATE						
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		☐ Memo I			
KENNEDY, MIKE, , ,				Y Primary General		
Mailing Address					specify) 🔻	
659 EAST 200 NORTH						
City	State	ZIP Code				
ALPINE	UT	84004		X Person	nal Funds of the Ca	andidate
Original Amount of Loan	Cumulative Page	yment To D	ate	Balance Outstand	ing at Close of Thi	is Period
30000.00			0.00		30000.0	00
9 9	,			3	7	
TERMS Date Incurred		Date Due	Interest (If none,		Secured:	
06 05 / Y Y Y Y Y Y Y Y	M M / D D	/ Y Y	YY	0.00 % (a	apr) Yes	X No
List All Endorsers or Guarantors (if any) t	o Loan Source					
1. Full Name (Last, First, Middle Initial)		1	Name of Employer			
Mailing Address		(Occupation			
		1	Amount			_
City	ZIP Code		Guaranteed Outstanding:	7	,	
2. Full Name (Last, First, Middle Initial)	1	1	Name of Employer			
Mailing Address		(Occupation			
			Amount			
City State	ZIP Code		Guaranteed			1
			Outstanding:	7		
3. Full Name (Last, First, Middle Initial)		1	Name of Employer			
Mailing Address		(Occupation			
			Amount			1
City	ZIP Code		Guaranteed Outstanding:	7	, , , ,	
4. Full Name (Last, First, Middle Initial)		1	Name of Employer			
Mailing Address		(Occupation			
			Amount			
City	ZIP Code	(Guaranteed Dutstanding:	7	,	
SUBTOTALS This Period This Page (optional)-			·····•	7	30000.0	00
TOTALS This Period (last page in this line only	/)		·····•	,	. ,	
Carry outstanding balance only to LINE 3, Sci	nedule D. for this	s line. If no	Schedule D. carry	forward to appro	priate line of Sur	nmarv.

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

FOR LINE NUMBER: (check only one)

PAGE 10

X 13a

OF

			Detailed Summary Pa	13b
NAME OF COMMITTEE (In Full)			Transa	ction ID : SC/10.4107
KENNEDY FOR US SENATE				
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo Item	
KENNEDY, MIKE, , ,				Primary General
Mailing Address 659 EAST 200 NORTH				Other (specify)
City	State	ZIP Code	e	
ALPINE	UT	84004		Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	ment To D	ate Bal	ance Outstanding at Close of This Perioc
50000.00		,	0.00	50000.00
TERMS Date Incurred	D	ate Due	Interest Rat (If none, ente	
M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	/ Y Y	(Y Y O	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to	o Loan Source			
1. Full Name (Last, First, Middle Initial)		T I	Name of Employer	
Mailing Address		(Occupation	
			Amount	
City	ZIP Code		Guaranteed Outstanding:	, , , , ,
2. Full Name (Last, First, Middle Initial)		1	Name of Employer	
Mailing Address		(Occupation	
		-	Amount	
City	ZIP Code		Guaranteed Outstanding:	y
3. Full Name (Last, First, Middle Initial)		1	Name of Employer	
Mailing Address		(Occupation	
			Amount	
City	ZIP Code		Guaranteed Outstanding:	9
4. Full Name (Last, First, Middle Initial)		1	Name of Employer	
Mailing Address		(Occupation	
			Amount	
City State	ZIP Code		Guaranteed Outstanding:	7
·				
SUBTOTALS This Period This Page (optional)			······•	50000.00
TOTALS This Period (last page in this line only	y)			
Company of the compan	· ·			7 7 7 7
Carry outstanding balance only to LINE 3, Sc	hedule D, for this	s line. If no	Schedule D, carry for	ward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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X	13a
	13b

			Detailed Summary Pa	13b
NAME OF COMMITTEE (In Full)			Transa	ction ID : SC/10.4108
KENNEDY FOR US SENATE				
LOAN SOURCE Full Name (Last, First, Mi	ddle Initial)		☐ Memo Item	
KENNEDY, MIKE, , ,				Primary General
Mailing Address 659 EAST 200 NORTH				Other (specify)
City	State	ZIP Code	<u> </u>	
ALPINE	UT	84004		Personal Funds of the Candida
Original Amount of Loan	Cumulative Pag	yment To D	ate Bal	ance Outstanding at Close of This Peri
36000.00	2		0.00	36000.00
TERMS Date Incurred	С	ate Due	Interest Rat (If none, enter	
06 / 19 / Y Y Y Y Y Y	M M / D D	/ Y Y	C	0.00 % (apr) Yes X N
List All Endorsers or Guarantors (if any)	to Loan Source			
1. Full Name (Last, First, Middle Initial)		T I	Name of Employer	
Mailing Address		(Occupation	
			Amount	
City	ZIP Code		Guaranteed Outstanding:	9 9
2. Full Name (Last, First, Middle Initial)	<u>'</u>	1	Name of Employer	
Mailing Address		(Occupation	
		-	Amount	
City	ZIP Code		Guaranteed Outstanding:	7 7
3. Full Name (Last, First, Middle Initial)	·	1	Name of Employer	
Mailing Address		(Occupation	
			Amount	
City	ZIP Code		Guaranteed Outstanding:	y
4. Full Name (Last, First, Middle Initial)		1	Name of Employer	
Mailing Address		(Occupation	
			Amount	
City State	ZIP Code		Guaranteed Outstanding:	9-1-9-1-9-1-9-1-9-1-9-1-9-1-9-1-9-1-9-1
·	•			
SUBTOTALS This Period This Page (optional)			·····•	36000.00
TOTALS This Period (last page in this line only	y)			
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Carry outstanding balance only to LINE 3, Sc	hedule D, for this	s line. If no	Schedule D, carry for	ward to appropriate line of Summary

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

FOR LINE NUMBER: (check only one)

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AME OF COMMITTEE (In Full) KENNEDY FOR US SENATE LOAN SOURCE Full Name (Last, First, Middle Initial) KENNEDY, MIKE, , , Mailing Address 669 FAST 200 NORTH City ALPINE Loan Cumulative Payment To Date Balance Outstanding at Close of This F Balance Outstanding at Close of This	13b
LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item Election: 2018 Primary General Other (specify) ▼	
KENNEDY, MIKE, , , Mailing Address 659 EAST 200 NORTH City State UT 84004 Criginal Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This F 32000.00 TERMS Date Incurred Date Due Interest Rate (If none, enter 0) 1. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Outstanding: City State ZIP Code Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: City State ZIP Code Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: City State ZIP Code Outstanding: Amount Guaranteed Outstanding:	
Mailing Address 699 EAST 200 NORTH City ALPINE City Al	
Mailing Address 699 EAST 200 NORTH City ALPINE State UT State UT State Balance Outstanding at Close of This F 32000.00 TERMS Date Incurred Date Due Interest Rate (If none, enter 0) 19	
ALPINE UT 84004 Personal Funds of the Cand	
Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This F 32000.00 TERMS Date Incurred Date Due Interest Rate (If none, enter 0) Yes List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding:	
TERMS Date Incurred Date Due Interest Rate (If none, enter 0) Secured: M	didate
TERMS Date Incurred Date Due Interest Rate (If none, enter 0) Moe	Period
List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code City Name of Employer Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: City State ZIP Code City State ZIP Code City City State ZIP Code City City State ZIP Code City City City City City City City State ZIP Code City Cit	
List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code City State ZIP Code Occupation Amount Guaranteed Outstanding: City State ZIP Code City State ZIP Code Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: 7. Full Name (Last, First, Middle Initial) Name of Employer Occupation Amount Guaranteed Outstanding: 7. Name of Employer Occupation Amount Guaranteed Outstanding: 7. Amount Guaranteed Outstanding: 7. Amount Guaranteed Outstanding: Occupation	
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Mailing Address City State ZIP Code Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Guaranteed Outstanding: City State ZIP Code Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mame of Employer Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding:	
City State ZIP Code Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mame of Employer Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mame of Employer Amount Guaranteed Outstanding: City State ZIP Code Guaranteed Outstanding:	
City State ZIP Code Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Guaranteed Outstanding: Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding:	
City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Name of Employer Outstanding: Amount Guaranteed Outstanding: City State ZIP Code City State ZIP Code Outstanding:	
Mailing Address City State ZIP Code Guaranteed Outstanding: Name of Employer Mailing Address City State ZIP Code Outstanding: Name of Employer City State ZIP Code Outstanding: Occupation Amount Guaranteed Outstanding:	
Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding:	
City State ZIP Code Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding:	
Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding:	
Mailing Address Occupation Amount Guaranteed Outstanding:	
City State ZIP Code Guaranteed Outstanding:	
City State ZIP Code Guaranteed Outstanding:	
Outstanding:	
4. Full Name (Last, First, Middle Initial) Name of Employer	
Mailing Address Occupation	
Amount	
City State ZIP Code Guaranteed Outstanding:	
	_
SUBTOTALS This Period This Page (optional)	
FOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summ	nary.

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

FOR LINE NUMBER: (check only one)

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13a

			Detailed Summary	Page	13b
NAME OF COMMITTEE (In Full)			Tran	saction ID : SC/10.4110	
KENNEDY FOR US SENATE					
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		☐ Memo It	em Election: 2018	
KENNEDY, MIKE, , ,				Primary General	
Mailing Address				Other (specify)	
659 EAST 200 NORTH	1	1			
City	State	ZIP Code	Э	Personal Funds of the	Candidate
ALPINE	UT	84004		ZX 1 disellar 1 and of the	Carialaato
Original Amount of Loan	Cumulative Pay	yment To D	oate I	Balance Outstanding at Close of T	his Period
5200.00			0.00	520	0.00
TERMS Date Incurred	D	ate Due	Interest I		<u></u>
M M / D D / Y Y Y	M M / D D	/ V)	(If none, e		
07 31 2018	/ 5 5] [ــا لـنــ	0.00 % (apr) Yes	X No
List All Endorsers or Guarantors (if any) t	o Loan Source				
1. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
			Amount		_
City	ZIP Code		Guaranteed Outstanding:	. , ,	
2. Full Name (Last, First, Middle Initial)	<u> </u>		Name of Employer		
Mailing Address			Occupation		
City State	ZIP Code	-	Amount Guaranteed		
State	Zii Oode		Outstanding:	7 7 7	
3. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City	ZID Code		Amount Guaranteed		
City	ZIP Code		Outstanding:		
4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
			Amount		_
City	ZIP Code		Guaranteed Outstanding:	7 7 7	
SUBTOTALS This Period This Page (optional).			······································	5200	0.00
TOTALS This Period (last page in this line only	/)		······		
Carry outstanding balance only to LINE 3, Sci	nedule D. for this	s line. If no	Schedule D. carry	forward to appropriate line of Si	ummary
i carry catotalianing balance offine to first of oci	2, 101 1118	,c. II IIC	Jonesia D, Carry	ioi irai a to appropriate iiile di ol	y.

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

FOR LINE NUMBER: (check only one)

PAGE 14

13a

			Detailed Suffiffiary	Page	13b
NAME OF COMMITTEE (In Full)			Trans	saction ID : SC/10.4111	
KENNEDY FOR US SENATE					
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo Ite	Election: 2018	
KENNEDY, MIKE, , ,				Primary General	
Mailing Address				Other (specify) ▼	
659 EAST 200 NORTH					
City	State	ZIP Code	9	Personal Funds of the 0	:andidate
ALPINE	UT	84004		7 Torsonal Funds of the C	Janaidate
Original Amount of Loan	Cumulative Pay	yment To D	ate E	Balance Outstanding at Close of T	nis Period
4200.00			0.00	4200	.00
TERMS Date Incurred		Date Due	Interest F		:
	M M / D D	_	(If none, e		
08 / 21 / 2018	M M / D D] / [' _ '		0.00 % (apr) Yes	X No
List All Endorsers or Guarantors (if any) t	o Loan Source				
1. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
			Amount		_
City State	ZIP Code		Guaranteed Outstanding:	- y y	
2. Full Name (Last, First, Middle Initial)	·		Name of Employer		
Mailing Address		•	Occupation		
City State	ZID Code		Amount Guaranteed		7
City State	ZIP Code		Outstanding:	7 7	
3. Full Name (Last, First, Middle Initial)		!	Name of Employer		
Mailing Address		(Occupation		
City	ZIP Code		Amount Guaranteed		7
City	ZIP Code		Outstanding:	y y x	
4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
			Amount		7
City	ZIP Code	I	Guaranteed Outstanding:	7 7 7	
SUBTOTALS This Period This Page (optional)					00
COSTOTALE THIS I CHOU THIS I age (optional).				4200	.00
TOTALS This Period (last page in this line only	/)		······	422543	.19
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	s line. If no	Schedule D, carry f	orward to appropriate line of Su	mmary.