

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** IA **ZIP CODE** 52722
STATE DISTRICT IA 1
3. IS THIS REPORT NEW (N) OR AMENDED (A)

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 10 01 2005 through 12 31 2005

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 04 13 2006

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:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	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)).....	50043.53	185093.08
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	50043.53	185093.08
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	36935.68	120429.25
(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)).....	36935.68	120429.25
8. Cash on Hand at Close of Reporting Period (from Line 27).....	164105.78	
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).....	113080.46	

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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

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).....

42425.00

151349.93

(ii) Unitemized.....

1109.50

8567.46

(iii) TOTAL of contributions

43534.50

159917.39

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

3600.00

13600.00

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

2909.03

11575.69

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

50043.53

185093.08

(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.....

100000.00

100000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

100000.00

100000.00

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

0.00

0.00

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

0.12

0.12

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

150043.65

285093.20

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	36935.68	120429.25
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.....	353.17	558.17
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	37288.85	120987.42

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	51350.98
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	150043.65
25. SUBTOTAL (add Line 23 and Line 24).....	201394.63
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	37288.85
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	164105.78

CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)
(Millionaires' Amendment)

Name of Candidate		Candidate ID Number
BRIAN M F KENNEDY		H6IA01122
Name of Principal Campaign Committee		Committee ID Number
Brian Kennedy For Congress		C C00410738
Committee Address		
PO Box 670		
City	State	ZIP
Bettendorf	IA	52722-
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election		
	Primary	General
1. Gross receipts of authorized committees	272393.20	12700.00
2. Aggregate amount of contributions from personal funds of the candidate	111575.69	0.00
3. Gross receipts minus the candidate's personal contributions	160817.51	12700.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<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)
Amy Adelman

Mailing Address 718 Old Lancaster Road

City State Zip Code
Bryn Mawr PA 19010

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

Name of Employer Occupation
Morris and Partners Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 5

Transaction ID: 60123.C501

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Kenneth Adelman

Mailing Address 4018 N. 27th St.

City State Zip Code
Arlington VA 22207

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

Name of Employer Occupation
Tech Central Station Defense Analyst

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60123.C484

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Brian Baker

Mailing Address 68-131 E. Pukaua Place

City State Zip Code
Kamuela HI 96743

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

Name of Employer Occupation
Self Investment Management

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 5

Transaction ID: 60123.C504

Amount of Each Receipt this Period
2100.00

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

SUBTOTAL of Receipts This Page (optional) ► **2600.00**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
 Charles Ball

Mailing Address 2254 Latour Ave.

City State Zip Code
 Livermore CA 94550

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

Name of Employer Occupation
 Lawrence Livermore Nat. Lab Deputy Section Leader

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

400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 2 / 2 0 0 5

Transaction ID: 60123.C507

Amount of Each Receipt this Period
 200.00

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

B. Full Name (Last, First, Middle Initial)
 J Barry Banker

Mailing Address 4200 Lawrence Rd.

City State Zip Code
 Frankfort KY 40601

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

Name of Employer Occupation
 Stewart Home School President

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

2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 1 2 / 2 0 0 5

Transaction ID: 60123.C471

Amount of Each Receipt this Period
 2000.00

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

C. Full Name (Last, First, Middle Initial)
 Jean Ann Banker

Mailing Address 1033 Chancery Lane S.

City State Zip Code
 Nashville TN 37215-4523

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

Name of Employer Occupation
 N/A Homemaker

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

2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 1 2 / 2 0 0 5

Transaction ID: 60123.C472

Amount of Each Receipt this Period
 2000.00

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

SUBTOTAL of Receipts This Page (optional) ► 4200.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Scott Bernick

Mailing Address 3 Valley View Dr

City State Zip Code
Blue Grass IA 52726

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

Name of Employer Occupation
North Brady Animal Hosp. Veterinarian

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 5

Transaction ID: 60125.C531

Amount of Each Receipt this Period
75.00

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

NOTE: Food & Beverage

B. Full Name (Last, First, Middle Initial)
Mary Anne Carter

Mailing Address 801 Pennsylvania Ave., NW PH23

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation
MAC Research Owner/Manager

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60123.C480

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Julia Charles

Mailing Address 6509 Edinburgh Drive

City State Zip Code
Nashville TN 37221

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 5

Transaction ID: 60123.C496

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1575.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Steven Churchill

Mailing Address 6140 Nottingham

City State Zip Code
Johnston IA 50131

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

Name of Employer Occupation
University of Des Moines Development Office

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60123.C486

Amount of Each Receipt this Period
200.00

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

B. Full Name (Last, First, Middle Initial)
James W. Cicconi

Mailing Address 7019 Devereux Circle Dr.

City State Zip Code
Alexandria VA 22315

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

Name of Employer Occupation
AT & T Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60123.C481

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Harry D Cockrell

Mailing Address 8320 N. Harrison St.

City State Zip Code
Davenport IA 52806

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

Name of Employer Occupation
Salzman International Owner/Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 5

Transaction ID: 51201.C460

Amount of Each Receipt this Period
1500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2200.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Jennifer Dean

Mailing Address 2479 B Old Trail Rd.
P. O. Box 2001

City Avon State CO Zip Code 81620

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

Name of Employer JDK, Inc Occupation Graphic Artist

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 60123.C510

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Kenneth Earnhardt

Mailing Address 1738 E 43rd St

City Davenport State IA Zip Code 52807

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

Name of Employer Iowa American Water Co. Occupation General Manager

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4200.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60123.C487

Amount of Each Receipt this Period
2100.00

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

C. Full Name (Last, First, Middle Initial)
Tina Eckhardt

Mailing Address 8920 28th Street, Ct.

City Milan State IL Zip Code 61264

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

Name of Employer Davenport Eye Groups PC Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 60123.C519

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	4350.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Sarah Ewing

Mailing Address 3512 Bradley Lane

City State Zip Code
Chevy Chase MD 20815

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 60123.C516

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Todd Ewing

Mailing Address 3512 Bradley Lane

City State Zip Code
Chevy Chase MD 20815

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

Name of Employer Federal Title Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 60123.C475

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Michael Flesher

Mailing Address 2746 Central Park Avenue

City State Zip Code
Evanston IL 60201

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

Name of Employer Pfizer, Inc Occupation Medical Relations

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 5

Transaction ID: 60123.C502

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **4250.00**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Bryan Flood

Mailing Address 7152 Norwich Court

City State Zip Code
Warrenton VA 20187

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

Name of Employer Occupation
K12 Inc. Public Affairs

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 8 / 2 0 0 5

Transaction ID: 60123.C500

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Charles C. Francis

Mailing Address 1527 Sixteenth St., #7

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation
DCI Group LLC Public Affairs

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60123.C482

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Charles H. Gabus

Mailing Address 2727 82nd Place #110

City State Zip Code
Urbandale IA 50322-4315

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

Name of Employer Occupation
Charles Gabus Ford Car Dealer

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 5

Transaction ID: 51201.C463

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Charles Gately

Mailing Address 6118 Vernon Terrace

City State Zip Code
Alexandria VA 22307

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

Name of Employer Occupation
GPS Ventrues, LLC Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2005

Transaction ID: 51201.C459

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Jessica Gavora

Mailing Address 5141 Palisade Lane, NW

City State Zip Code
Washington DC 20016

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

Name of Employer Occupation
Self Writer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2005

Transaction ID: 60123.C505

Amount of Each Receipt this Period
300.00

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

C. Full Name (Last, First, Middle Initial)
James K. Glassman

Mailing Address 15 Battle Hill Road

City State Zip Code
Falls Village CT 06031-1301

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

Name of Employer Occupation
AEI Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2005

Transaction ID: 60123.C477

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Michael Glassner

Mailing Address 206 Willow Avenue, Apt. #1

City Hoboken State NJ Zip Code 07030-0000

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

Name of Employer IDT Occupation Vice President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60123.C478

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Tali Greenspon

Mailing Address 13175 Woodlands Pkwy

City Clive State IA Zip Code 50325-8674

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

Name of Employer Competitive Edge Occupation Account Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 5

Transaction ID: 60130.C540

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Mary Hamel

Mailing Address 5555 Charter Oaks Dr

City Bettendorf State IA Zip Code 52722

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

Name of Employer N/A Occupation Retired

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 60123.C509

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Robert Haus

Mailing Address 13232 Oak Brook Drive

City State Zip Code
Urbandale IA 50323

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

Name of Employer Occupation
DCI Group LLC Public Affairs

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 60123.C511

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Arnold Honkamp

Mailing Address 1050 Prince Phillip Dr

City State Zip Code
Dubuque IA 52003

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

Name of Employer Occupation
Honkamp Kruger CPA

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 60123.C493

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Margaret Hoover

Mailing Address 355 Eye Street SW

City State Zip Code
Washington DC 20024

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

Name of Employer Occupation
Dept of Homeland Security Executive

Receipt For: 2006 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 60123.C517

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► 1100.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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. Suzanne Hyde		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 5
Mailing Address 9062 Tower House Place		Transaction ID: 60123.C479
City Alexandria	State VA	Zip Code 22308
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer N/A	Occupation Homemaker	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Nancy Kennedy		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5
Mailing Address 2922 Orchard View Lane		Transaction ID: 60123.C521
City Iowa City	State IA	Zip Code 52240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer N/A	Occupation Retired	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2700.00	

Full Name (Last, First, Middle Initial) C. Nancy Kennedy		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5
Mailing Address 2922 Orchard View Lane		Transaction ID: 60123.C513
City Iowa City	State IA	Zip Code 52240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer N/A	Occupation Retired	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4200.00	

SUBTOTAL of Receipts This Page (optional)	▶	3100.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
David Kochel

Mailing Address 730 Polk Blvd

City State Zip Code
Des Moines IA 50312

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

Name of Employer Occupation
JDK President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 5

Transaction ID: 60123.C473

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Linda Lewis

Mailing Address 3900 Jersey Ridge Rd

City State Zip Code
Davenport IA 52807

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

Name of Employer Occupation
Self Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 5

Transaction ID: 51205.C466

Amount of Each Receipt this Period
50.00

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

C. Full Name (Last, First, Middle Initial)
Herbert Markley

Mailing Address 4820 Blackhawk Trail Ct

City State Zip Code
Bettendorf IA 52722

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

Name of Employer Occupation
Deere & Company Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 5

Transaction ID: 51205.C467

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Lawrence Moore

Mailing Address 2010 E 38th Street, Ste 204

City State Zip Code
Davenport IA 52807

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

Name of Employer Design Promotions Occupation Owner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 60123.C520

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Michael Murphy

Mailing Address 6345 Balboa Blvd., Ste 373

City State Zip Code
Encino CA 91316

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

Name of Employer Navigators Occupation Consultant

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60123.C489

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Frank E. Neal

Mailing Address 5043 Hill Place Drive

City State Zip Code
Nashville TN 37205-2706

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

Name of Employer Frank E. Neal & Co., Inc. Occupation President

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 60123.C518

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **3500.00**

TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Justin Peterson

Mailing Address 3913 49th St., NW

City Washington State DC Zip Code 20016-2319

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

Name of Employer DCI Group LLC Occupation Partner

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt
MM / DD / YYYY
12 / 30 / 2005

Transaction ID: 60123.C512

Amount of Each Receipt this Period
1100.00

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

B. Full Name (Last, First, Middle Initial)
Jerry Smith

Mailing Address 1400 Oriole Road

City Boone State IA Zip Code 50036

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

Name of Employer Hearing Unlimited Occupation Self

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2005

Transaction ID: 51201.C458

Amount of Each Receipt this Period
200.00

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

C. Full Name (Last, First, Middle Initial)
Mrs. Reese Smith

Mailing Address 3245 Southall Road

City Franklin State TN Zip Code 37064

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
12 / 15 / 2005

Transaction ID: 60123.C474

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3300.00**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Jean Hamel Steffenson

Mailing Address 806 Oakwood Avenue

City State Zip Code
Wilmette IL 60091-3318

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 5

Transaction ID: 51201.C456

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Thomas E. Stock

Mailing Address 836 E. Village Circle Dr. N

City State Zip Code
Phoenix AZ 85022

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

Name of Employer T.S.E. Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 60123.C476

Amount of Each Receipt this Period
300.00

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

C. Full Name (Last, First, Middle Initial)
David Strieter

Mailing Address 4340 Tanglewood Rd

City State Zip Code
Bettendorf IA 52722

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

Name of Employer Strieter Motors Occupation Car Dealer

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 5

Transaction ID: 60123.C499

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Thomas Synhorst

Mailing Address 2401 W. Behrend Drive, Ste 7

City Phoenix State AZ Zip Code 85027

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

Name of Employer DCI Group LLC Occupation Chairman

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4100.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 9 / 2 0 0 5

Transaction ID: 60123.C488

Amount of Each Receipt this Period
 2000.00

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

B. Full Name (Last, First, Middle Initial)
Michael Tuffin

Mailing Address 6049 Shaffer Drive

City Alexandria State VA Zip Code 22310

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

Name of Employer AHIP Occupation SVP

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 2 / 2 0 0 5

Transaction ID: 60123.C506

Amount of Each Receipt this Period
 250.00

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

C. Full Name (Last, First, Middle Initial)
Jill Vogel

Mailing Address 7874 Wellington Drive

City Warrenton State VA Zip Code 20186

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

Name of Employer Holtzman Vogel PLLC Occupation Attorney

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 60123.C492

Amount of Each Receipt this Period
 1000.00

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

SUBTOTAL of Receipts This Page (optional)	▶	3250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 46
	(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)
Ronald Weis

Mailing Address 11720 High Dr.

City State Zip Code
Shawnee Mission KS 66211-2226

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

Name of Employer Occupation
Alliance Radiology Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2005

Transaction ID: 60123.C483

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Andrew Wisdom

Mailing Address 400 Poydras, Suite 1500

City State Zip Code
New Orleans LA 70130

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

Name of Employer Occupation
Turbo Squid, Inc. Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2005

Transaction ID: 51201.C461

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	42425.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 46
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
 Campaign Of One
 Mailing Address P. O. Box 887

City State Zip Code
 Ames IA 50010

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 6500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 60123.C514

Amount of Each Receipt this Period
 1500.00

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

B. Full Name (Last, First, Middle Initial)
 DCI Pac
 Mailing Address 1828 L Street NW, Suite 400

City State Zip Code
 Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2100.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 60123.C491

Amount of Each Receipt this Period
 2100.00

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

SUBTOTAL of Receipts This Page (optional)	3600.00
TOTAL This Period (last page this line number only)	3600.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 46
	(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

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NAME OF COMMITTEE (In Full)
 Brian Kennedy For Congress

A. Full Name (Last, First, Middle Initial)
 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) ▼

111575.69

Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 3 1 / 2 0 0 5

Transaction ID: 60130.C551

Amount of Each Receipt this Period
 2909.03

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

NOTE: Mileage

SUBTOTAL of Receipts This Page (optional)	▶	2909.03
TOTAL This Period (last page this line number only)	▶	2909.03

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 46	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input checked="" 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)
 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) ▼ 108666.66

Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 60123.C494

Amount of Each Receipt this Period
 100000.00

Loans Made/Guaranteed by Cand.
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	100000.00
TOTAL This Period (last page this line number only)	▶	100000.00

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. Scott Bernick		Transaction ID: 60125.C5311K Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 5
Mailing Address 3 Valley View Dr		Amount of Each Disbursement this Period 75.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Blue Grass State IA Zip Code 52726-	Purpose of Disbursement NOTE: FOOD & BEVERAGE 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) ▼	IN KIND: NOTE: FOOD & BEVERAGE

Full Name (Last, First, Middle Initial) B. Carol T Earnhardt		Transaction ID: 60125.E194 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 5
Mailing Address 1738 E. 43rd St		Amount of Each Disbursement this Period 994.38 <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 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

Full Name (Last, First, Middle Initial) C. Carol T Earnhardt		Transaction ID: 60125.E206 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 5
Mailing Address 1738 E. 43rd St		Amount of Each Disbursement this Period 994.37 <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 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

SUBTOTAL of Disbursements This Page (optional) ▶	2063.75
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. Carol T Earnhardt		Transaction ID: 60125.E210 Date of Disbursement 11 / 04 / 2005	
Mailing Address 1738 E. 43rd St		Amount of Each Disbursement this Period 994.38	
City Davenport State IA Zip Code 52807-	Purpose of Disbursement PAYROLL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	Category/Type PAYROLL	

Full Name (Last, First, Middle Initial) B. Carol T Earnhardt		Transaction ID: 60125.E213 Date of Disbursement 11 / 18 / 2005	
Mailing Address 1738 E. 43rd St		Amount of Each Disbursement this Period 994.37	
City Davenport State IA Zip Code 52807-	Purpose of Disbursement PAYROLL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	Category/Type PAYROLL	

Full Name (Last, First, Middle Initial) C. Carol T Earnhardt		Transaction ID: 60125.E215 Date of Disbursement 12 / 05 / 2005	
Mailing Address 1738 E. 43rd St		Amount of Each Disbursement this Period 994.38	
City Davenport State IA Zip Code 52807-	Purpose of Disbursement PAYROLL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	Category/Type PAYROLL	

SUBTOTAL of Disbursements This Page (optional) ▶	2983.13
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. Carol T Earnhardt		Transaction ID: 60125.E221 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address 1738 E. 43rd St		Amount of Each Disbursement this Period 1324.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Davenport State IA Zip Code 52807-	MILEAGE-PARADES & MILEAGE-/FOLDERS..	
Purpose of Disbursement MILEAGE-PARADES & MILEAGE/FOLDERS..		<input type="checkbox"/> Category/Type
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) ▼

Full Name (Last, First, Middle Initial) B. Carol T Earnhardt		Transaction ID: 60125.E224 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address 1738 E. 43rd St		Amount of Each Disbursement this Period 994.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Davenport State IA Zip Code 52807-	PAYROLL	
Purpose of Disbursement PAYROLL		<input type="checkbox"/> Category/Type
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) ▼

Full Name (Last, First, Middle Initial) C. Competitive Edge		Transaction ID: 60125.E196 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 5
Mailing Address 3500 109th Street		Amount of Each Disbursement this Period 4079.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Urbandale State IA Zip Code 50322-	PLACARDS/ CUSTOM CARDS	
Purpose of Disbursement PLACARDS/ CUSTOM CARDS		<input type="checkbox"/> Category/Type
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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	6399.08
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 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. DCI Group		Transaction ID: 60125.E198 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 5
Mailing Address 2401 W. Behrend Drive, Ste 7		Amount of Each Disbursement this Period 100.00 <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 MAINTENANCE 800# 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) ▼	MAINTENANCE 800#

Full Name (Last, First, Middle Initial) B. Derek M Flowers		Transaction ID: 60125.E195 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 5
Mailing Address 2710 E. 53rd St., Apt. #5		Amount of Each Disbursement this Period 696.15 <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 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

Full Name (Last, First, Middle Initial) C. Derek M Flowers		Transaction ID: 60125.E197 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 5
Mailing Address 2710 E. 53rd St., Apt. #5		Amount of Each Disbursement this Period 1955.85 <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 MILEAGE/MEALS/CANDY/STAMPS/INK/ENVE 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) ▼	MILEAGE/MEALS/CANDY/STAMP-S/INK/ENVE

SUBTOTAL of Disbursements This Page (optional) ▶	2752.00
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)

PAGE 30 / 46

<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. Derek M Flowers		Transaction ID: 60125.E207 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 5
Mailing Address 2710 E. 53rd St., Apt. #5		Amount of Each Disbursement this Period 696.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Davenport State IA Zip Code 52807-	PAYROLL	
Purpose of Disbursement PAYROLL		Category/ Type
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) ▼	

Full Name (Last, First, Middle Initial) B. Derek M Flowers		Transaction ID: 60125.E209 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 5
Mailing Address 2710 E. 53rd St., Apt. #5		Amount of Each Disbursement this Period 2141.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Davenport State IA Zip Code 52807-	MILEAGE/MEALS/STAMPS/INK.- ..	
Purpose of Disbursement MILEAGE/MEALS/STAMPS/INK...		Category/ Type
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) ▼	

Full Name (Last, First, Middle Initial) C. Derek M Flowers		Transaction ID: 60125.E211 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 2710 E. 53rd St., Apt. #5		Amount of Each Disbursement this Period 696.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Davenport State IA Zip Code 52807-	PAYROLL	
Purpose of Disbursement PAYROLL		Category/ Type
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3533.37
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. Derek M Flowers		Transaction ID: 60125.E214 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 8 / 2 0 0 5
Mailing Address 2710 E. 53rd St., Apt. #5		Amount of Each Disbursement this Period 696.15
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	Category/ Type	PAYROLL
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Derek M Flowers		Transaction ID: 60125.E216 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 5
Mailing Address 2710 E. 53rd St., Apt. #5		Amount of Each Disbursement this Period 696.15
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	Category/ Type	PAYROLL
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Derek M Flowers		Transaction ID: 60125.E217 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 5
Mailing Address 2710 E. 53rd St., Apt. #5		Amount of Each Disbursement this Period 2147.50
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 MILEAGE/MEALS/POSTAGE/INK CARTRIDGE	Category/ Type	MILEAGE/MEALS/POSTAGE/INK CARTRIDGE
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	3539.80
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)

PAGE 32 / 46

<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. Derek M Flowers		Transaction ID: 60125.E222 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address 2710 E. 53rd St., Apt. #5		Amount of Each Disbursement this Period 1670.66
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 MILEAGE/MEALS/STAMPS/INK...	Candidate Name	MILEAGE/MEALS/STAMPS/INK. - ..
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. Derek M Flowers		Transaction ID: 60125.E225 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address 2710 E. 53rd St., Apt. #5		Amount of Each Disbursement this Period 696.15
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	Candidate Name	PAYROLL
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. Great River Bank and Trust		Transaction ID: 60125.E203 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 5
Mailing Address 3889 Elmore Ave.		Amount of Each Disbursement this Period 1079.90
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3446.71
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 33 / 46

<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: 60125.E212 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 5	
Mailing Address 3889 Elmore Ave.		Amount of Each Disbursement this Period 1079.90	
City Davenport State IA Zip Code 52807-	Purpose of Disbursement PAYROLL TAXES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	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. Great River Bank and Trust		Transaction ID: 60125.E219 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5	
Mailing Address 3889 Elmore Ave.		Amount of Each Disbursement this Period 1079.90	
City Davenport State IA Zip Code 52807-	Purpose of Disbursement PAYROLL TAXES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	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. Iowa Workforce Development		Transaction ID: 60125.E204 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 5	
Mailing Address 1000 E Grand Ave		Amount of Each Disbursement this Period 129.00	
City Des Moines State IA Zip Code 50319-1020	Purpose of Disbursement PAYROLL TAXES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2288.80
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

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. Brian Kennedy Full Name (Last, First, Middle Initial) Mailing Address 3524 Woodberry Place City Bettendorf State IA Zip Code 52722- Purpose of Disbursement NOTE: MILEAGE 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) ▼		Transaction ID: 60130.C5511K Date of Disbursement 12 / 31 / 2005 Amount of Each Disbursement this Period 2909.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 IN KIND: NOTE: MILEAGE
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B. Kohlyne Lorton Full Name (Last, First, Middle Initial) Mailing Address Box 285 City Prairie City State IA Zip Code 50228- Purpose of Disbursement POSTAGE STAMPS 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) ▼		Transaction ID: 60125.E182 Date of Disbursement 10 / 12 / 2005 Amount of Each Disbursement this Period 84.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE STAMPS
--	--	--

C. Kohlyne Lorton Full Name (Last, First, Middle Initial) Mailing Address Box 285 City Prairie City State IA Zip Code 50228- Purpose of Disbursement TELEPHONE 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) ▼		Transaction ID: 51004.E167 Date of Disbursement 10 / 26 / 2005 Amount of Each Disbursement this Period 137.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE
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SUBTOTAL of Disbursements This Page (optional) ▶	3131.58
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 35 / 46

<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

A. Postmaster Full Name (Last, First, Middle Initial) Mailing Address 4439 Devils Glen Rd. City Bettendorf State IA Zip Code 52722-2260 Purpose of Disbursement POSTAGE 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) ▼		Transaction ID: 60125.E192 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 5 Amount of Each Disbursement this Period 370.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE
--	--	--

B. Renee Klink Full Name (Last, First, Middle Initial) Mailing Address 1600 22nd St., S City Arlington State VA Zip Code 22202- Purpose of Disbursement POLITICAL CONSULTING 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) ▼		Transaction ID: 60125.E202 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 5 Amount of Each Disbursement this Period 2785.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POLITICAL CONSULTING
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C. Response Consulting Full Name (Last, First, Middle Initial) Mailing Address 2401 Behrend Drive City Phoenix State AZ Zip Code 85027- Purpose of Disbursement POSTAGE 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) ▼		Transaction ID: 60125.E186 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 5 Amount of Each Disbursement this Period 422.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE
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SUBTOTAL of Disbursements This Page (optional) ▶	3578.45
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. Technetrics		Transaction ID: 60125.E200	
Mailing Address 8303 SW Frewway, Suite 425		Date of Disbursement 10 / 12 / 2005	
City Houston	State TX	Zip Code 77074-	Amount of Each Disbursement this Period 50.00
Purpose of Disbursement BUSINESS HOSTING PACKAGE		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		BUSINESS HOSTING PACKAGE
State: District:			

Full Name (Last, First, Middle Initial) B. Technetrics		Transaction ID: 60125.E218	
Mailing Address 8303 SW Frewway, Suite 425		Date of Disbursement 12 / 05 / 2005	
City Houston	State TX	Zip Code 77074-	Amount of Each Disbursement this Period 250.00
Purpose of Disbursement BUSINESS HOSTING PACKAGE/ BILL		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		BUSINESS HOSTING PACKAGE/ BILL
State: District:			

Full Name (Last, First, Middle Initial) C. Treasurer, State of Iowa		Transaction ID: 60125.E205	
Mailing Address PO Box 10411 P. O. Box 10411		Date of Disbursement 10 / 20 / 2005	
City Des Moines	State IA	Zip Code 50306-0411	Amount of Each Disbursement this Period 504.00
Purpose of Disbursement PAYROLL TAXES		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PAYROLL TAXES
State: District:			

SUBTOTAL of Disbursements This Page (optional)	804.00
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)

<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. USPS		Transaction ID: 60125.E187	
Mailing Address 4439 Devils Glen Road		Date of Disbursement 11 / 02 / 2005	
City Bettendorf	State IA	Zip Code 52722-	Amount of Each Disbursement this Period 13.65
Purpose of Disbursement POSTAGE- PRIORITY MAIL		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		POSTAGE- PRIORITY MAIL
State: District:			

Full Name (Last, First, Middle Initial) B. Veronica Markley		Transaction ID: 60125.E208	
Mailing Address 2084 Simpson St		Date of Disbursement 10 / 20 / 2005	
City Dubuque	State IA	Zip Code 52003-7712	Amount of Each Disbursement this Period 148.64
Purpose of Disbursement AUG & SEPT MILEAGE		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		AUG & SEPT MILEAGE
State: District:			

Full Name (Last, First, Middle Initial) C. Wachovia Bank		Transaction ID: 51003.E134	
Mailing Address 100 N. Main St.		Date of Disbursement 10 / 06 / 2005	
City Winston Salem	State NC	Zip Code 27150-	Amount of Each Disbursement this Period 8.00
Purpose of Disbursement CREDIT CARD SERVICE FEES		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		CREDIT CARD SERVICE FEES
State: District:			

SUBTOTAL of Disbursements This Page (optional)	170.29
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. Wachovia Bank		Transaction ID: 60125.E176 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 5
Mailing Address 100 N. Main St.		Amount of Each Disbursement this Period 121.00
City Winston Salem State NC Zip Code 27150-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement VISA/MC SERVICE FEES	Candidate Name	VISA/MC SERVICE FEES
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. Wachovia Bank		Transaction ID: 60125.E177 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5
Mailing Address 100 N. Main St.		Amount of Each Disbursement this Period 23.00
City Winston Salem State NC Zip Code 27150-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement VISA/MC SERVICE FEES	Candidate Name	VISA/MC SERVICE FEES
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. Wachovia Bank		Transaction ID: 60125.E179 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 5
Mailing Address 100 N. Main St.		Amount of Each Disbursement this Period 126.50
City Winston Salem State NC Zip Code 27150-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement VISA/MC SERVICE FEES	Candidate Name	VISA/MC SERVICE FEES
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) ▶	270.50
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. Wachovia Bank		Transaction ID: 60125.E178 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 5
Mailing Address 100 N. Main St.		Amount of Each Disbursement this Period 203.50
City Winston Salem State NC Zip Code 27150-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement VISA/MC SERVICE FEES	Candidate Name	VISA/MC SERVICE FEES
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. Wieder Associates		Transaction ID: 60125.E201 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 5
Mailing Address 8230 Hickman Rd., Ste. 100		Amount of Each Disbursement this Period 695.20
City Clive State IA Zip Code 50325-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ACCOUNTING SERVICE- OCT 05	Candidate Name	ACCOUNTING SERVICE- OCT 05
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. Wieder Associates		Transaction ID: 60125.E220 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address 8230 Hickman Rd., Ste. 100		Amount of Each Disbursement this Period 697.20
City Clive State IA Zip Code 50325-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ACCOUNTING SERVICE	Candidate Name	ACCOUNTING SERVICE
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) ▶	1595.90
TOTAL This Period (last page this line number only) ▶	36557.36

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 40 / 46
	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: LS60123.C494

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
100000.00	0.00	100000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 1 2 D D 3 0 Y Y Y Y 2 0 0 5	20051230	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	100000.00
TOTALS This Period (last page in this line only)	100000.00

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 Derek M Flowers	Nature of Debt (Purpose): Mileage/Meals/Candy/Stamp-s/Ink/Enve
Mailing Address 2710 E. 53rd St., Apt. #5	
City State ZIP Code Davenport IA 52807-	

Outstanding Balance Beginning This Period 1955.85	Transaction ID: 10LS60125.E197	
Amount Incurred This Period 0.00	Payment This Period 1955.85	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor FYI Messaging	Nature of Debt (Purpose): Mail Shop Service - Fundr-aising
Mailing Address 2401 W. Behrend Dr. Ste. 7	
City State ZIP Code Phoenix AZ 85027-	

Outstanding Balance Beginning This Period 0.00	Transaction ID: 16LS60125.E239	
Amount Incurred This Period 2108.69	Payment This Period 0.00	Outstanding Balance at Close of This Period 2108.69

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wieder Associates	Nature of Debt (Purpose): Accounting Services
Mailing Address 8230 Hickman Rd., Ste. 100	
City State ZIP Code Clive IA 50325-	

Outstanding Balance Beginning This Period 0.00	Transaction ID: 1LS60125.E240	
Amount Incurred This Period 698.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 698.00

1) SUBTOTALS This Period This Page (optional).....	▶	2806.69
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)

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 Competitive Edge	Nature of Debt (Purpose): Lapel Stickers
Mailing Address 3500 109th Street	
City State ZIP Code Urbandale IA 50322-	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID: 2LS60125.E231	
Amount Incurred This Period <input type="text" value="522.72"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="522.72"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Competitive Edge	Nature of Debt (Purpose): Note cards
Mailing Address 3500 109th Street	
City State ZIP Code Urbandale IA 50322-	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID: 3LS60125.E232	
Amount Incurred This Period <input type="text" value="374.30"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="374.30"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Competitive Edge	Nature of Debt (Purpose): Placards/ Custom Cards
Mailing Address 3500 109th Street	
City State ZIP Code Urbandale IA 50322-	

Outstanding Balance Beginning This Period <input type="text" value="4079.88"/>	Transaction ID: 18LS60125.E196	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="4079.88"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="897.02"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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 Competitive Edge	Nature of Debt (Purpose): Promotional Material
Mailing Address 3500 109th Street	
City State ZIP Code Urbandale IA 50322-	

Outstanding Balance Beginning This Period 3226.75	Transaction ID: 4LS51010.E171	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3226.75

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor DCI Group	Nature of Debt (Purpose): Maintenance 800#
Mailing Address 2401 W. Behrend Drive, Ste 7	
City State ZIP Code Phoenix AZ 85027-	

Outstanding Balance Beginning This Period 100.00	Transaction ID: 5LS60125.E198	
Amount Incurred This Period 0.00	Payment This Period 100.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor DCI Group	Nature of Debt (Purpose): 800# Maintenance
Mailing Address 2401 W. Behrend Drive, Ste 7	
City State ZIP Code Phoenix AZ 85027-	

Outstanding Balance Beginning This Period 0.00	Transaction ID: 14LS60125.E235	
Amount Incurred This Period 150.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 150.00

1) SUBTOTALS This Period This Page (optional).....	▶	3376.75
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)

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 Renee Klink	Nature of Debt (Purpose): Political Consulting
Mailing Address 1600 22nd St., S	
City State ZIP Code Arlington VA 22202-	

Outstanding Balance Beginning This Period 2785.51	Transaction ID: 15LS60125.E202	
Amount Incurred This Period 0.00	Payment This Period 2785.51	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Technetrics	Nature of Debt (Purpose): Business Hosting Package
Mailing Address 8303 SW Frewway, Suite 425	
City State ZIP Code Houston TX 77074-	

Outstanding Balance Beginning This Period 50.00	Transaction ID: 17LS60125.E200	
Amount Incurred This Period 0.00	Payment This Period 50.00	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 2550.00	Transaction ID: 13LS51004.E162	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2550.00

1) SUBTOTALS This Period This Page (optional).....	▶	2550.00
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)

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 Kohlyne Lorton	Nature of Debt (Purpose): postage stamps
Mailing Address Box 285	
City State ZIP Code Prairie City IA 50228-	

Outstanding Balance Beginning This Period 84.65	Transaction ID: 9LS60125.E182	
Amount Incurred This Period 0.00	Payment This Period 84.65	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor emotive, llc	Nature of Debt (Purpose): Newsletter - Email
Mailing Address 2800 Shirlington Road Suite 900	
City State ZIP Code Arlington VA 22206-	

Outstanding Balance Beginning This Period 0.00	Transaction ID: 11LS60125.E238	
Amount Incurred This Period 450.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 450.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Holtzman Vogel, PLLC	Nature of Debt (Purpose): Legal Fees
Mailing Address 98 Alexandria Pike, Ste 53	
City State ZIP Code Warrenton VA 20186-	

Outstanding Balance Beginning This Period 0.00	Transaction ID: 12LS60130.E241	
Amount Incurred This Period 1500.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1500.00

1) SUBTOTALS This Period This Page (optional).....	▶	1950.00
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 46 / 46	
	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 Holtzman Vogel, PLLC	Nature of Debt (Purpose): Legal Fees
Mailing Address 98 Alexandria Pike, Ste 53	
City State ZIP Code Warrenton VA 20186-	

Outstanding Balance Beginning This Period	Transaction ID: LS60130.E242	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1500.00	0.00	1500.00

1) SUBTOTALS This Period This Page (optional).....	1500.00
2) TOTALS This Period (last page this line number only).....	13080.46
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)	