TUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 208 PO BOX 40808 OLYMPIA WA BOSS-10808 (360) 783-111 Toll Pros 1-677-601-2828		C1 DATE FILED FDC MAR 2 0 2007
Candidate's Name (Give candidate's full name.) Brian Peter Kennedy Candidate's Committee Name (Do not abbreviate.) Citizens to Elect Brian K	rennedy	Telephone Number (206) 243.663 9 Fax Number ()
Mailing Address 12602 37th Ave. 50 City County Tukwila King 1. What office are you running for? Legislative Tukwila City (accord) 2. Political party (if partisan office)	Zip+4 9816%-3 e District, County or City F Tuku: 16 3. Date of ge Nov.	position No. Do you now hold this office? S, # 2 Yes No X Thereal or special election
4. How much do you plan to spend during your entire election campaign, including the primary and general elections? Based on that estimate, choose one of the reporting options below. If no box is checked you are obligated to use Option II, Full Reporting. See Instruction manuals for Information about reports required and changing reporting options. Option I MINI REPORTING: In addition to my filting fee of \$, I will raise and spend no more than \$3,500, including any charges for inclusion in state and local voters pemphlets. I will not accept more than \$300 in the aggregate from any contributor except myself. Option II FULL REPORTING: I will use the Full Reporting system. I will file the frequent, detailed campaign reports required by law. 5. Treasurer's Name and Address. Candidate may be treasurer. List deputy treasurers on attached sheet. Desytime Telephone Number		
6. Committee Officers. List name, title and address. Continue on attached sh	w	(206)2436634
14120 34+ Place South Tukwila WA. 94168		
7. Campaign Bank or Depository Sound Bank On Depository	East Margina	Seat-Hie
8. Related or Affiliated Political Committees. List name, address and relations Notathors.	пър.	
9. Campaign books must be open to the public by appointment between 8 a.m. holidays. In the space below, provide contact information for scheduling an a post office box or an out-of-area address. Street Address, Room Number, City where campaign books will be available しょうしょう スプザルンミック	appointment and the address where the ins	pection will take place. It is not acceptable to provide
10. CERTIFICATION: I certify that this report is true, complete and correct to the best of my knowle Candidate's Signature Wenney	Date	120/07