

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM JC/OH
COVER SHEET PG 1**

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed 17
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Judge Brenda P NICKNAME LAST SUFFIX Kennedy	OFFICE USE ONLY Date Received RECEIVED JAN 4 4 23 PM '98 FILED CLERK OF COURTS TRAVIS COUNTY TEXAS	
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE 4925 Trail West Austin, Tx 78735	Receipt # HD / PM Amount Date Processed Date Imaged	
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Edward NICKNAME LAST SUFFIX Taylor	6 CAMPAIGN TREASURER ADDRESS (Residence or business) STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE 16708 Decker Creek Dr. Manor, Tx 78653	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 276-7767	8 REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach JC/OH - FR)	
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 1 / 98 THROUGH 6 / 30 / 98		
10 ELECTION	ELECTION DATE Month Day Year 11 / 3 / 98	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) Judge County Court #7	12 OFFICE SOUGHT (if known) Judge County Court #7	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure .. Name N/A Address / PO Box APT / Suite # City State Zip Code		

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME

Brenda P. Kennedy

15 ACCOUNT # (Ethics Commission files)

16 SUPPORTING POLITICAL COMMITTEE(S)

- This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Judge Brenda Kennedy Campaign Committee

4925 Trail West 78735
Austin TX

Edward Taylor

16708 Decker Creek Dr.
McHUR TX 78653

additional pages

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 250

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

\$ 750

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 462.²⁸

4. TOTAL POLITICAL EXPENDITURES

\$ 2462.⁹¹

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 7764.⁰⁰

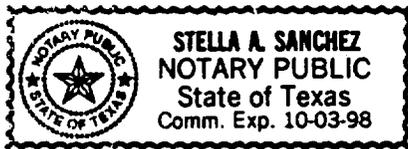
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 64664

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Brenda Kennedy this the 4th day of August

19 98, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

STELLA A. SANCHEZ
Print name of officer administering oath

NOTARY
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A(J)	
2 FILER NAME <i>Brenda P. Kenne</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>5-15-98</i>	5 Full name of contributor <input type="checkbox"/> out of state PAC <i>NED CRAIGER</i>	7 Amount of contribution (\$) <i>500.00</i>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <i>605 W 10th Austin TX 78701</i>			
9 Contributor's principal occupation <i>Attorney</i>		10 Contributor's job title	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code		
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address: City: State: Zip Code		
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS (JUDICIAL)

N/A

SCHEDULE B (J)

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule B(J):
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2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
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4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$

5 Date	6 Full name of pledgor <input type="checkbox"/> out of state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address: City: State: Zip Code			

10 Pledgor's principal occupation	11 Pledgor's job title
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12 Pledgor's employer/law firm	13 Law firm of pledgor's spouse (if any)
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14 If pledgor is a child, law firm of parent(s) (if any)

Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address: City: State: Zip Code			

Pledgor's principal occupation	Pledgor's job title
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Pledgor's employer/law firm	Law firm of pledgor's spouse (if any)
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If pledgor is a child, law firm of parent(s) (if any)

Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address: City: State: Zip Code			

Pledgor's principal occupation	Pledgor's job title
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Pledgor's employer/law firm	Law firm of pledgor's spouse (if any)
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If pledgor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS (JUDICIAL)

N/A

SCHEDULE E (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E(J):
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$		
5 Date of loan	7 Name of lender <input type="checkbox"/> out of state PAC	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address City State Zip Code	10 Interest rate
		11 Maturity date
12 Lender's Principal Occupation		13 Lender's Job Title
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input type="checkbox"/> none		
18 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	19 Name of guarantor	21 Amount Guaranteed (\$)
	20 Guarantor address City State Zip Code	
22 Guarantor's Principal Occupation		23 Guarantor's Job Title
24 Guarantor's Employer/Law Firm		25 Law Firm of guarantor's spouse (if any)
26 If guarantor is child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME		3 ACCOUNT # (Ethics Commission files)
4 Date 1-14-98	5 Payee name Tarrant County Democratic Party Computer Nerds	7 Amount (\$) 277 ¹⁰
6 Payee address, City, State, Zip Code 4201 So Congress Austin TX 78701		
8 Purpose of expenditure Computer Repair		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 1-15-98	Payee name Benny Ray, TC DHA	Amount (\$) 100 ⁰⁰
Payee address, City, State, Zip Code 1601 Rio Grande Austin TX 78701		
Purpose of expenditure		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 2-11-98	Payee name Benny Ray TC DHA	Amount (\$) 200 ⁰⁰
Payee address, City, State, Zip Code 1601 Rio Grande Austin TX 78701		
Purpose of expenditure Seminar		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 5-4-98	Payee name Jared + Jill (Beautilion)	Amount (\$) 100 ⁰⁰
Payee address, City, State, Zip Code c/o Susan Johnson, 11603 Parkfield Austin, TX 78758		
Purpose of expenditure Fundraising Tickets		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

5-6

Benny Ray, TEDHA
 1601 Rio Grande
 Austin, TX 78701

300.00

6 Payee address: City, State, Zip Code

8 Purpose of expenditure

9 -- Complete if direct expenditure to benefit C/OH --
 Candidate / Officeholder name

Office sought / held

Seminar

Date

Payee name

Amount (\$)

5-6

Kurzweil Software
 VOICEPAD
 1 TIKSOFT Dist. Ctr.
 803 E. St
 Frederick, Md. 21701
 1-888-252-5441

87.80

6 Payee address: City, State, Zip Code

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --
 Candidate / Officeholder name

Office sought / held

Computer software

Date

Payee name

Amount (\$)

5/23/98

Circuit City
 5400 Brodie Lane
 Austin, TX 78745

204.71

6 Payee address: City, State, Zip Code

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --
 Candidate / Officeholder name

Office sought / held

Office electronics

Date

Payee name

Amount (\$)

6/1/98

The Bombay Co
 Bombay Imports
 Barton Creek Mall
 Austin TX

85.82

6 Payee address: City, State, Zip Code

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --
 Candidate / Officeholder name

Office sought / held

Delores, going away gift

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F.

2 FILER NAME

Brenda P. Kennedy

3 ACCOUNT # (Ethics Commission files)

4 Date

6-15-98

5 Payee name

Benny Ray, TCDLA

7 Amount (\$)

705.00

6 Payee address. City, State, Zip Code

*1601 Rio Grande
Austin, TX 78701*

8 Purpose of expenditure

Seminar

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address. City, State, Zip Code

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address. City, State, Zip Code

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Payee address. City, State, Zip Code

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

NA

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H.
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name	7 Amount (\$)
6 Business address: City State Zip Code		
8 Purpose of payment		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Business name	Amount (\$)
Business address: City State Zip Code		
Purpose of payment		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Business name	Amount (\$)
Business address: City State Zip Code		
Purpose of payment		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Business name	Amount (\$)
Business address: City State Zip Code		
Purpose of payment		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Business name	Amount (\$)
Business address: City State Zip Code		
Purpose of payment		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

NA

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
6 Payee address: City, State, Zip Code		
7 Purpose of expenditure		
Date Payee name Payee address: City, State, Zip Code		Amount (\$)
Purpose of expenditure		
Date Payee name Payee address: City, State, Zip Code		Amount (\$)
Purpose of expenditure		
Date Payee name Payee address: City, State, Zip Code		Amount (\$)
Purpose of expenditure		
Date Payee name Payee address: City, State, Zip Code		Amount (\$)
Purpose of expenditure		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

NA

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payor name 6 Payor address: City: State: Zip Code 7 Reason for credit	8 Amount (\$)
Date	Payor name Payor address: City: State: Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address: City: State: Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address: City: State: Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address: City: State: Zip Code Reason for credit	Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

OUTSTANDING LOANS

NA

SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule L:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender

5 Lender address; City; State; Zip Code

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address; City; State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

ASSETS VALUED AT \$500 OR MORE

SCHEDULE M

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule M

2 FILER NAME

Brenda P. Kennedy

3 ACCOUNT # (Ethics Commission filers)

4 Description of Asset

2000 Gateway Computer

Description of Asset

~~Epson Stylus Printer~~

Description of Asset

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**
FORM JC/OH - FR

The JC/OH Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on JC/OH page 1 is marked "Final Report" --

1 C/OH NAME

Brenda P. Kennedy

2 ACCOUNT # (Ethics Commission filers)
3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are a candidate --

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer appointment on file.

Signature of Officeholder