

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
3 CANDIDATE / OFFICEHOLDER NAME	TITLE Judge	FIRST Brenda	MI P.
	NICKNAME	LAST Kennedy	SUFFIX
OFFICE USE ONLY			
Date Received			
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX 4925 Trail West Dr.	APT / SUITE #	CITY STATE ZIP CODE Austin, TX 78735
<input type="checkbox"/> Change of Address			
5 CAMPAIGN TREASURER NAME	TITLE	FIRST Edward	MI
	NICKNAME	LAST Taylor	SUFFIX
Receipt #		HD / PM	Amount
Date Processed		Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE) 16708 Decker Creek Dr.	APT / SUITE #	CITY STATE ZIP CODE Manor, Texas 78653
7 CAMPAIGN TREASURER PHONE	AREA CODE 512	PHONE NUMBER 276-7767	EXTENSION
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 11 / 1 / 99	THROUGH	Month Day Year 6 / 30 / 99
10 ELECTION	ELECTION DATE Month Day Year 3 / 1 / 2002	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) Judge, County Court at Law #7	12 OFFICE SOUGHT (if known) Judge, County Court at Law #7	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	.. 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		
<input type="checkbox"/> additional pages			

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 filers)

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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE NAME	<u>Brenda Kennedy Campaign Committee</u>
	COMMITTEE ADDRESS	<u>4925 Trail West Drive Austin, Texas 78735</u>
	COMMITTEE CAMPAIGN TREASURER NAME	<u>Edward Taylor</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS	<u>16708 Decker Creek Dr. Nolan, TX 78653</u>

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ _____
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ _____
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>279.20</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2533.01</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ _____
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ _____

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.

Brenda P. Kennedy
Signature of Candidate or Officeholder



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Brenda P. Kennedy this the 29 day of June 19 99, to certify which, witness my hand and seal of office.

Mary Louise Aguirre Mary Louise Aguirre Notary
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

N/A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A(J): 0	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
6 Contributor address: City: State: Zip Code			
9 Contributor's principal occupation		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.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F **3**

2 FILER NAME **Brenda P. Kennedy**

3 ACCOUNT # (Ethics Commission filers)

4 Date **1/20/99**

5 Payee name **Comp USA**
 6 Payee address, City, State, Zip Code
5601 Brodie Lane Austin TX 78745

7 Amount (\$) **247.81**

8 Purpose of expenditure
Computer HARD Drive
~~DATE + INSTALLATION~~

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

Date **1-20-99**

Payee name **Comp USA**
 Payee address, City, State, Zip Code
5601 Brodie Lane, Austin, TX 78745

Amount (\$) **123.81**

Purpose of expenditure
Hard Drive
Installation of Data Transfer

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

Date **3-1-99**

Payee name **Benny Ray Lone Star Seminars**
 Payee address, City, State, Zip Code
1601 Rio Grande Austin TX 78701

Amount (\$) **200.00**

Purpose of expenditure
Payment on Seminar
CHC

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

Date **3-15-99**

Payee name **Austin Chapter of Links, Inc**
 Payee address, City, State, Zip Code
c/o Arthur Lee Quander, Pres. 4107 Greystone Austin, TX 78731

Amount (\$) **305.00**

Purpose of expenditure
Membership Dues

-- 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 Brenda P. Kennedy		3 ACCOUNT # (Ethics Commission filers)
4 Date 4-20-99	5 Payee name Travis County Democratic Party Payee address: P.O. Box 684263 Austin TX 78768	7 Amount (\$) 100.00
8 Purpose of expenditure Fundraiser-Donation		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 6-3-99	Payee name Computer Source Payee address: 4970 W Hwy 290 Austin, TX 78735	Amount (\$) 151.44
Purpose of expenditure Computer Memory Installation		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 6/13/99	Payee name Circuit City Payee address: 5400 Brodie Lane Austin TX 78745	Amount (\$) 80.75
Purpose of expenditure Software		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date 6-18-99	Payee name Leisure Management Int'l Payee address: 1156 Hargrave Street Austin TX 78702	Amount (\$) 50.00
Purpose of expenditure Donation- East Austin Youth Entertainment Millenium Center complex		-- 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

Brenda P. Kennedy

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

5-17-99

Benny Ray (hone star seminars)

7 Amount (\$)

6 Payee address: City, State, Zip Code

1601 Rio Grande Austin TX 78701

995.00

8 Purpose of expenditure

Seminar - CHE Final Payment

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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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule G:
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2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
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4 Date 4-28-97	5 Payee name Travis County Democratic Party	8 Amount (\$) \$100.00
	6 Payee address: City, State, Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	7 Purpose of expenditure Fundraiser Donation	

Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address: City, State, Zip Code	<input type="checkbox"/> Reimbursement from political contributions intended
	Purpose of expenditure	

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

N/A

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I: 0

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	
	Payee name Payee address; City; State; Zip Code	
	Purpose of expenditure	
	Payee name Payee address; City; State; Zip Code	
	Purpose of expenditure	
	Payee name Payee address; City; State; Zip Code	
	Purpose of expenditure	
	Payee name Payee address; City; State; Zip Code	
	Purpose of expenditure	

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OUTSTANDING LOANS

N/A

SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule L <u>2</u>	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
LENDER INFORMATION	4 Name of lender		
	5 Lender address;	City;	State; Zip Code
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	6 Name of guarantor		
	7 Guarantor address;	City;	State; Zip Code
LENDER INFORMATION	Name of lender		
	Lender address;	City;	State; Zip Code
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor		
	Guarantor address;	City;	State; Zip Code
LENDER INFORMATION	Name of lender		
	Lender address;	City;	State; Zip Code
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor		
	Guarantor address;	City;	State; Zip Code
LENDER INFORMATION	Name of lender		
	Lender address;	City;	State; Zip Code
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor		
	Guarantor address;	City;	State; Zip Code
LENDER INFORMATION	Name of lender		
	Lender address;	City;	State; Zip Code
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor		
	Guarantor address;	City;	State; Zip Code

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

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
2 ACCOUNT # (Ethics Commission filers)
~~*Brenda P. Kennedy*~~
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