

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4621

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: 16
3 CANDIDATE / OFFICEHOLDER NAME	TITLE JUDGE	FIRST BRENDA	MI P.
	NICKNAME	LAST KENNEDY	SUFFIX
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX: 4925 TRAIL West Drive	APT / SUITE #: Austin, TX	CITY: STATE: ZIP CODE 78735
<input type="checkbox"/> Change of Address		OFFICE USE ONLY Date Received: JUN 14 3 43 PM '00 JANA... COUNTY CLERK... TARRANT COUNTY, TEXAS FILED	
5 CAMPAIGN TREASURER NAME	TITLE	FIRST EDWARD	MI
	NICKNAME	LAST Taylor	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)		Receipt #	
STREET ADDRESS (NO PO BOX PLEASE): 16708 Decker Creek Dr.		HD / PM	
APT / SUITE #: Manor, TX		Amount	
CITY: STATE: ZIP CODE 78653		Date Processed	
7 CAMPAIGN TREASURER PHONE		Date Imaged	
AREA CODE (512)		PHONE NUMBER 276-7767	
EXTENSION		8 REPORT TYPE	
<input type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election	
<input checked="" type="checkbox"/> July 15		<input type="checkbox"/> Runoff	
<input type="checkbox"/> 8th day before election		<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	
<input type="checkbox"/> Exceeded \$500 limit		<input type="checkbox"/> Final report (Attach JC/OH - FR)	
9 PERIOD COVERED		Month Day Year	
Month Day Year 01/01/00		THROUGH	
Month Day Year 06/30/2000		10 ELECTION	
ELECTION DATE		ELECTION TYPE	
Month Day Year 11/03/2000		<input type="checkbox"/> Primary	
<input type="checkbox"/> Runoff		<input checked="" type="checkbox"/> General	
<input type="checkbox"/> Special		11 OFFICE	
OFFICE HELD (if any) JUDGE		12 OFFICE SOUGHT (if known)	
County Court at law #7		Judge	
County Court at law #7		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			

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	COMMITTEE NAME
<input checked="" type="checkbox"/> GENERAL	<i>Brenda Kennedy Campaign Committee</i>
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	<i>P.O. Box 10224</i> <i>4925</i> <i>Austin, TX 78735</i> <i>Trail West Dr</i>
	COMMITTEE CAMPAIGN TREASURER NAME
	<i>Edward Taylor</i>
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	<i>16708 Decker Creek Dr</i> <i>Manor, TX 78653</i>

additional pages

17 CONTRIBUTION TOTALS

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

\$ *0*

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

\$ *0*

EXPENDITURE TOTALS

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

\$ *419-*

4. TOTAL POLITICAL EXPENDITURES

\$ *2290*

CONTRIBUTION BALANCE

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

\$ ~~*2709-*~~

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 *14th* day of *July* *2000*, to certify which, witness my hand and seal of office.

Mary Louise Aguirre
Signature of officer administering oath

Mary Louise Aguirre
Print name of officer administering oath

2-15-2003
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):

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Full name of contributor

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

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

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):
---	------------------------------

2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
--------------	--

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
-----------------------------------	------------------------

12 Pledgor's employer/law firm	13 Law firm of pledgor's spouse (if any)
--------------------------------	--

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
--------------------------------	---------------------

Pledgor's employer/law firm	Law firm of pledgor's spouse (if any)
-----------------------------	---------------------------------------

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
--------------------------------	---------------------

Pledgor's employer/law firm	Law firm of pledgor's spouse (if any)
-----------------------------	---------------------------------------

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.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME

BRENDA P. Kennedy

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7

Amount (\$)

5-11-00

National Charity League

6 Payee address: City: State: Zip Code

9805 Spicewood Mesa Austin, TX 78759

120-

8 Purpose of expenditure

Dues membership

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

5-31-00

Office Depot

Payee address: City: State: Zip Code

Austin, TX

81.17

Purpose of expenditure

Office gifts & supplies

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

6-5-00

CitiBank Advantage

Payee address: City: State: Zip Code

P.O. Box 6000 The Lakes, NV Austin 89163

180.32

Purpose of expenditure

Scanner & Software

.. 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

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME

Brenda P. Kennedy

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

1-3-00

~~Travis County~~
~~Women Lawyers Assn~~

6 Payee address; City; State; Zip Code

~~P.O. Box 684683 Austin, TX 78766~~

8 Purpose of expenditure

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

4-3-00

~~Austin Area Lone Star~~
~~Speakers League~~
Seminars

Payee address; City; State; Zip Code

1307 West Ave Austin, TX 78701

1509-

Purpose of expenditure

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought / held

Seminar speaker + attendee

Date

Payee name

Amount (\$)

4-3-00

Travis County Women
Lawyers Assn - Scholarship
Trust

Payee address; City; State; Zip Code

P.O. Box 684683 Austin, TX 78766

250.00-

Purpose of expenditure

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought / held

Scholarship Fund
Donation

Date

Payee name

Amount (\$)

5-1-00

Austin Chapter
Jack & Jill of America

Payee address; City; State; Zip Code

P.O. Box 6059 Austin, TX 78762-6905

150-

Purpose of expenditure

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought / held

Scholarship Fund
Donation & Banquet Tickets

LOANS (JUDICIAL)

SCHEDULE E (J)

N/A

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 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

none

18 GUARANTOR INFORMATION

19 Name of guarantor

21 Amount Guaranteed (\$)

not applicable

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 MADE FROM PERSONAL FUNDS

N/A

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code	8 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure		
Date	Payee name Payee address; City; State; Zip Code	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

MA

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule H:
---	---------------------------

2 FILER NAME	3 ACCOUNT # (Ethics Commission files)
--------------	---------------------------------------

4 Date	5 Business name 6 Business address; City; State; Zip Code	7 Amount (\$)
--------	---	---------------

8 Purpose of payment	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
----------------------	---

Date	Business name Business address; City; State; Zip Code	Amount (\$)
------	---	-------------

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

Date	Business name Business address; City; State; Zip Code	Amount (\$)
------	---	-------------

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

Date	Business name Business address; City; State; Zip Code	Amount (\$)
------	---	-------------

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

N/A

SCHEDULE I

The INSTRUCTION Guide explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

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

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payor name	8 Amount (\$)
	6 Payor address: City: State: Zip Code	
	7 Reason for credit	

Date	Payor name	Amount (\$)
	Payor address: City: State: Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address: City: State: Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address: City: State: Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	Payor address: City: State: Zip Code	
	Reason for credit	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

OUTSTANDING LOANS

N/A

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

7 Guarantor address; City; State; Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address; City; State; Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address; City; State; Zip Code

not applicable

LENDER INFORMATION

Name of lender

Lender address; City; State; Zip Code

GUARANTOR INFORMATION

Name of guarantor

Guarantor address; City; State; Zip Code

not applicable

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

3 ACCOUNT # (Ethics Commission filers)

4 Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset