

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM JC/OH COVER SHEET PG 1

### 4852

The JC/OH Instruction Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: <b>12</b>
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3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI <i>Judge Brenda P</i> NICKNAME LAST SUFFIX <i>Kennedy</i>	OFFICE USE ONLY
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4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE <i>4925 Trail West Dr Austin TX 78735</i>	Date Received RECEIVED 01 JUL 10 PM 2:26 TRAVIS COUNTY CLERK OFFICE OF ETHICS
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5 CAMPAIGN TREASURER NAME	TITLE FIRST MI <i>Bruce</i> NICKNAME LAST SUFFIX <i>TODD</i>	Receipt # MD / PM Date Processed Date Imaged
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6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE <i>111 Congress Ave. Suite 1200 Austin TX 78701</i>
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7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(512) 480-3232</i>
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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)
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9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <i>01/01/01    THROUGH    06/30/01</i>
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10 ELECTION	ELECTION DATE Month Day Year <i>03/05/02</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
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11 OFFICE OFFICE HELD (if any) <i>JUDGE, County Court at Law #7</i>	12 OFFICE SOUGHT (if known) <i>(same)</i>
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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 <i>N/A</i> Address / PO Box APT / Suite # City State Zip Code
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# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

14 C/OH NAME

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 <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	Brenda Kennedy Campaign Committee
	COMMITTEE ADDRESS	4925 Trail West Dr. Austin TX 78735
	COMMITTEE CAMPAIGN TREASURER NAME	Bruce Todd
	COMMITTEE CAMPAIGN TREASURER ADDRESS	111 Congress Ave. Suite 1209 Austin TX 78701

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)

\$ 500

EXPENDITURE TOTALS

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

\$ 255

4. TOTAL POLITICAL EXPENDITURES

\$ 480.00

CONTRIBUTION BALANCE

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

\$ 3786.31

OUTSTANDING LOAN TOTALS

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

\$ 0

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.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Brenda Kennedy, this the 17 day of November

19 2007 to certify which, witness my hand and seal of office.

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)

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule A(J): 1

2 FILER NAME: Brenda P Kennedy 3 ACCOUNT # (Ethics Commission filer)

4 Date <u>6-22-01</u>	5 Full name of contributor <input type="checkbox"/> out of state PAC <u>C. Kent Olson</u>	7 Amount of contribution (\$) <u>500<sup>00</sup></u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>Bail BONDS OF Austin 1709 SAN ANTONIO, Ste. 2 Austin 78701</u>			

9 Contributor's principal occupation: BONDSMAN 10 Contributor's job title: same

11 Contributor's employer/law firm: NA 12 Law firm of contributor's spouse (if any): NA

13 If contributor is a child, law firm of parent(s) (if any): N/A

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 <u>N/A</u>			

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)**

**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 checked="" 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.**

**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 files)	
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: 1

2 FILER NAME

Brenda P. Kennedy

3 ACCOUNT # (Ethics Commission files)

4 Date

2-9-01

5 Payee name

Austin Area Urban League

7

Amount (\$)

\$160.<sup>00</sup>

6 Payee address; City; State; Zip Code

1825 East 38<sup>th</sup> 1/2 St.  
Austin, TX 78722

8 Purpose of expenditure

Fundraiser Ticket

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

Office sought / held

Date

1-3-01

Payee name

NWPC

Amount (\$)

\$55.<sup>00</sup>

Payee address; City; State; Zip Code

1630 Connecticut Ave. NW, Suite 201  
Washington D.C 20009

Purpose of expenditure

DUES

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

Office sought / held

Date

4-25-01

Payee name

TRAVIS County Democratic Party

Amount (\$)

150.<sup>00</sup>

Payee address; City; State; Zip Code

1949 IH 35  
Austin, TX 78741

Purpose of expenditure

Finance Council Membership Payment

-- 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



# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

N/A

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 ..... 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





# 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

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

# ASSETS VALUED AT \$500 OR MORE

*N/A*

## 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

*N/A*

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

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 file)

### 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