

# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

5461

|   |                    |   |                               |
|---|--------------------|---|-------------------------------|
| 1 | ACCOUNT # 00051821 | 2 | Total pages this report: 3/34 |
|---|--------------------|---|-------------------------------|

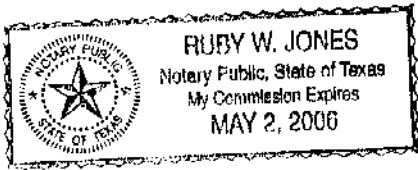
|   |                                    |          |       |        |                 |
|---|------------------------------------|----------|-------|--------|-----------------|
| 3 | CANDIDATE/<br>OFFICEHOLDER<br>NAME | TITLE    | FIRST | MI     | OFFICE USE ONLY |
|   |                                    | NICKNAME | LAST  | SUFFIX |                 |

|   |                         |                                                   |                                                                                   |                                          |                                                                                               |
|---|-------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------------------|
| 4 | ORIGINAL<br>REPORT TYPE | <input type="checkbox"/> January 15               | <input type="checkbox"/> Runoff                                                   | <input type="checkbox"/> Other (specify) | OFFICE USE ONLY<br>Date Received<br>Date filed/processed<br>Receipt #<br>Legal<br>Date Imaged |
|   |                         | <input checked="" type="checkbox"/> July 15       | <input type="checkbox"/> Exceeded \$500 limit                                     |                                          |                                                                                               |
|   |                         | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) |                                          |                                                                                               |
|   |                         | <input type="checkbox"/> 8th day before election  | <input type="checkbox"/> Final Report                                             |                                          |                                                                                               |

|   |                         |       |     |            |       |     |            |
|---|-------------------------|-------|-----|------------|-------|-----|------------|
| 5 | ORIGINAL PERIOD COVERED | Month | Day | Year       | Month | Day | Year       |
|   |                         |       |     | 01/01/0003 |       |     | 06/30/0003 |

|   |                           |                                                                                                                                                                                                                                                           |
|---|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6 | EXPLANATION OF CORRECTION | The total amount of political contributions maintained as of the last day of the reporting period was not included in the report that was filed. It has been added and corrected to reflect a balance of contributions held in the amount of \$12,894.39. |
|---|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|   |           |                                                                                                                                                                                                                                                                                                                                                |
|---|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7 | AFFIDAVIT | I swear, or affirm, under penalty of perjury, that this correct report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty or perjury, that I did not intend to violate a reporting requirement when I filed the original report. |
|---|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



*Ruby W. Jones*  
7-16-03

*Brenda P. Kennedy*  
7/16/03

RECEIVED  
 TRAVIS COUNTY, TEXAS  
 2003 JUL 16 PM 3:34

**Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections**

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM JC/OH COVER SHEET PG 1

|                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |                                                                                                                                                                |                                 |                                                                                            |                                             |                                                  |                                               |                                                          |        |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                 |  |  |  |  |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------|-----------------------------------------------|----------------------------------------------------------|--------|--|-----------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------|--|--|--|--|
| The JC/OH INSTRUCTION GUIDE explains how to complete this form.                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1 ACCOUNT #</b><br>(Ethics Commission filers)<br>00051821 | <b>2 Total pages this report:</b><br>1/33                                                                                                                      |                                 |                                                                                            |                                             |                                                  |                                               |                                                          |        |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                 |  |  |  |  |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>                                                      | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">FIRST</td> <td style="width:30%;">MI</td> </tr> <tr> <td>Hon.</td> <td>Brenda</td> <td></td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td></td> <td>Kennedy</td> <td></td> </tr> </table>                                                                                                                                                                                                                                        | TITLE                                                        | FIRST                                                                                                                                                          | MI                              | Hon.                                                                                       | Brenda                                      |                                                  | NICKNAME                                      | LAST                                                     | SUFFIX |  | Kennedy         |  | <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>OFFICE USE ONLY</b></p> <p style="font-size: small; margin: 5px 0;">Date Received</p> <p style="font-size: x-small; margin: 5px 0;">DATE RECEIVED FOR<br/>COUNTY OFFICE<br/>TRAVIS COUNTY TEXAS</p> <p style="font-size: x-small; margin: 5px 0;">Date Hand-delivered by Date (marked)</p> <p style="font-size: x-small; margin: 5px 0;">Receipt #      Amount</p> <p style="font-size: x-small; margin: 5px 0;">Date Processed</p> <p style="font-size: x-small; margin: 5px 0;">Date Imaged</p> </div> |  |  |                 |  |  |  |  |
| TITLE                                                                                       | FIRST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MI                                                           |                                                                                                                                                                |                                 |                                                                                            |                                             |                                                  |                                               |                                                          |        |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                 |  |  |  |  |
| Hon.                                                                                        | Brenda                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                              |                                                                                                                                                                |                                 |                                                                                            |                                             |                                                  |                                               |                                                          |        |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                 |  |  |  |  |
| NICKNAME                                                                                    | LAST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SUFFIX                                                       |                                                                                                                                                                |                                 |                                                                                            |                                             |                                                  |                                               |                                                          |        |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                 |  |  |  |  |
|                                                                                             | Kennedy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                              |                                                                                                                                                                |                                 |                                                                                            |                                             |                                                  |                                               |                                                          |        |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                 |  |  |  |  |
| <b>4 CANDIDATE / OFFICEHOLDER ADDRESS</b><br><br><input type="checkbox"/> Change of Address | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">ADDRESS / PO BOX;</td> <td style="width:20%;">APT / SUITE #;</td> <td style="width:15%;">CITY;</td> <td style="width:10%;">STATE;</td> <td style="width:25%;">ZIP CODE</td> </tr> <tr> <td colspan="5">7300 Covered Bridge Drive</td> </tr> <tr> <td colspan="5">Austin TX 78736</td> </tr> </table>                                                                                                                                                                                            | ADDRESS / PO BOX;                                            | APT / SUITE #;                                                                                                                                                 | CITY;                           | STATE;                                                                                     | ZIP CODE                                    | 7300 Covered Bridge Drive                        |                                               |                                                          |        |  | Austin TX 78736 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                 |  |  |  |  |
| ADDRESS / PO BOX;                                                                           | APT / SUITE #;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CITY;                                                        | STATE;                                                                                                                                                         | ZIP CODE                        |                                                                                            |                                             |                                                  |                                               |                                                          |        |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                 |  |  |  |  |
| 7300 Covered Bridge Drive                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |                                                                                                                                                                |                                 |                                                                                            |                                             |                                                  |                                               |                                                          |        |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                 |  |  |  |  |
| Austin TX 78736                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |                                                                                                                                                                |                                 |                                                                                            |                                             |                                                  |                                               |                                                          |        |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                 |  |  |  |  |
| <b>5 CAMPAIGN TREASURER NAME</b>                                                            | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">FIRST</td> <td style="width:30%;">MI</td> </tr> <tr> <td>Mr.</td> <td>Bruce</td> <td></td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td></td> <td>Todd</td> <td></td> </tr> </table>                                                                                                                                                                                                                                             | TITLE                                                        | FIRST                                                                                                                                                          | MI                              | Mr.                                                                                        | Bruce                                       |                                                  | NICKNAME                                      | LAST                                                     | SUFFIX |  | Todd            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                 |  |  |  |  |
| TITLE                                                                                       | FIRST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MI                                                           |                                                                                                                                                                |                                 |                                                                                            |                                             |                                                  |                                               |                                                          |        |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                 |  |  |  |  |
| Mr.                                                                                         | Bruce                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                              |                                                                                                                                                                |                                 |                                                                                            |                                             |                                                  |                                               |                                                          |        |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                 |  |  |  |  |
| NICKNAME                                                                                    | LAST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SUFFIX                                                       |                                                                                                                                                                |                                 |                                                                                            |                                             |                                                  |                                               |                                                          |        |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                 |  |  |  |  |
|                                                                                             | Todd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                              |                                                                                                                                                                |                                 |                                                                                            |                                             |                                                  |                                               |                                                          |        |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                 |  |  |  |  |
| <b>6 CAMPAIGN TREASURER ADDRESS</b><br>(Residence or business)                              | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:20%;">APT / SUITE #;</td> <td style="width:15%;">CITY;</td> <td style="width:10%;">STATE;</td> <td style="width:25%;">ZIP CODE</td> </tr> <tr> <td colspan="5">100 Congress</td> </tr> <tr> <td colspan="5">Ste. 800</td> </tr> <tr> <td colspan="5">Austin TX 78701</td> </tr> </table>                                                                                                                                               | STREET ADDRESS (NO PO BOX PLEASE);                           | APT / SUITE #;                                                                                                                                                 | CITY;                           | STATE;                                                                                     | ZIP CODE                                    | 100 Congress                                     |                                               |                                                          |        |  | Ste. 800        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | Austin TX 78701 |  |  |  |  |
| STREET ADDRESS (NO PO BOX PLEASE);                                                          | APT / SUITE #;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CITY;                                                        | STATE;                                                                                                                                                         | ZIP CODE                        |                                                                                            |                                             |                                                  |                                               |                                                          |        |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                 |  |  |  |  |
| 100 Congress                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |                                                                                                                                                                |                                 |                                                                                            |                                             |                                                  |                                               |                                                          |        |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                 |  |  |  |  |
| Ste. 800                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |                                                                                                                                                                |                                 |                                                                                            |                                             |                                                  |                                               |                                                          |        |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                 |  |  |  |  |
| Austin TX 78701                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |                                                                                                                                                                |                                 |                                                                                            |                                             |                                                  |                                               |                                                          |        |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                 |  |  |  |  |
| <b>7 CAMPAIGN TREASURER PHONE</b>                                                           | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">AREA CODE</td> <td style="width:40%;">PHONE NUMBER</td> <td style="width:30%;">EXTENSION</td> </tr> <tr> <td>( ) -</td> <td></td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                      | AREA CODE                                                    | PHONE NUMBER                                                                                                                                                   | EXTENSION                       | ( ) -                                                                                      |                                             |                                                  |                                               |                                                          |        |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                 |  |  |  |  |
| AREA CODE                                                                                   | PHONE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | EXTENSION                                                    |                                                                                                                                                                |                                 |                                                                                            |                                             |                                                  |                                               |                                                          |        |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                 |  |  |  |  |
| ( ) -                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |                                                                                                                                                                |                                 |                                                                                            |                                             |                                                  |                                               |                                                          |        |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                 |  |  |  |  |
| <b>8 REPORT TYPE</b>                                                                        | <table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 0th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table> | <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"/> 0th day before election | <input type="checkbox"/> Exceeded \$500 limit | <input type="checkbox"/> Final report (Attach C/OH - FR) |        |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                 |  |  |  |  |
| <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"/> 0th day before election                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Exceeded \$500 limit                | <input type="checkbox"/> Final report (Attach C/OH - FR)                                                                                                       |                                 |                                                                                            |                                             |                                                  |                                               |                                                          |        |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                 |  |  |  |  |
| <b>9 PERIOD COVERED</b>                                                                     | Month / Day / Year      THROUGH      Month / Day / Year<br>01/01/0003      06/30/0003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                              |                                                                                                                                                                |                                 |                                                                                            |                                             |                                                  |                                               |                                                          |        |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                 |  |  |  |  |
| <b>10 ELECTION</b>                                                                          | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">                     ELECTION DATE<br/>                     Month / Day / Year<br/>                     03/07/2006                 </td> <td style="width:60%;">                     ELECTION TYPE<br/> <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> General    <input type="checkbox"/> Special                 </td> </tr> </table>                                                                                             | ELECTION DATE<br>Month / Day / Year<br>03/07/2006            | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special |                                 |                                                                                            |                                             |                                                  |                                               |                                                          |        |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                 |  |  |  |  |
| ELECTION DATE<br>Month / Day / Year<br>03/07/2006                                           | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                              |                                                                                                                                                                |                                 |                                                                                            |                                             |                                                  |                                               |                                                          |        |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                 |  |  |  |  |
| <b>11 OFFICE</b>                                                                            | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">                     OFFICE HELD (if any)<br/>                     District Judge 403                 </td> <td style="width:50%;"> <b>12 OFFICE SOUGHT (if known)</b><br/>                     District Judge 403                 </td> </tr> </table>                                                                                                                                                                                                                                         | OFFICE HELD (if any)<br>District Judge 403                   | <b>12 OFFICE SOUGHT (if known)</b><br>District Judge 403                                                                                                       |                                 |                                                                                            |                                             |                                                  |                                               |                                                          |        |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                 |  |  |  |  |
| OFFICE HELD (if any)<br>District Judge 403                                                  | <b>12 OFFICE SOUGHT (if known)</b><br>District Judge 403                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                              |                                                                                                                                                                |                                 |                                                                                            |                                             |                                                  |                                               |                                                          |        |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                 |  |  |  |  |
| <b>13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>                        | <p style="font-size: x-small;">... 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. ...</p> <p>Name:</p> <p>Address/PO Box; Apt. / Suite #: City, State; Zip Code</p> <p><input type="checkbox"/> additional pages</p>                                                                                                                                                          |                                                              |                                                                                                                                                                |                                 |                                                                                            |                                             |                                                  |                                               |                                                          |        |  |                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                 |  |  |  |  |

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

14 C/OH NAME

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                    | COMMITTEE NAME                       |
| <input type="checkbox"/> GENERAL  | COMMITTEE ADDRESS                    |
| <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME    |
|                                   | COMMITTEE CAMPAIGN TREASURER ADDRESS |

additional pages

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)

\$

*See*

EXPENDITURE  
TOTALS

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

*None*

4. TOTAL POLITICAL EXPENDITURES

\$

*Page*

CONTRIBUTION  
BALANCE

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

\$

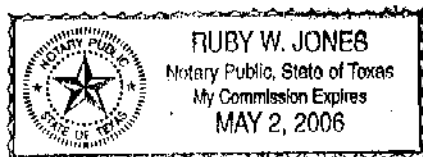
OUTSTANDING  
LOAN TOTALS

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. Jones*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ruby W. Jones this the 15<sup>th</sup> day of July 2003, to certify which, witness my hand and seal of office.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

|                                                                                                |                                                                                                                     |                                          |                                                    |                                                    |  |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------------|----------------------------------------------------|--|
| The <b>INSTRUCTION GUIDE</b> explains how to complete this form.                               |                                                                                                                     |                                          |                                                    | 1 Total pages report:<br>3/33                      |  |
| 2 FILER NAME<br>Hon. Brenda Kennedy                                                            |                                                                                                                     |                                          |                                                    | 3 ACCOUNT # (Ethics Commission filers)<br>00051821 |  |
| 4 Date<br>02/26/0003                                                                           | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>Law Office of Jeff Senler P.C. | 7 Amount of contribution (\$)<br>1000.00 | 8 In-kind contribution description (if applicable) |                                                    |  |
| 6 Contributor address: City: State: Zip Code<br>812 San Antonio<br>Ste. 305<br>Austin TX 78701 |                                                                                                                     |                                          |                                                    |                                                    |  |
| 9 Contributor's principal occupation<br>Law Firm                                               |                                                                                                                     |                                          | 10 Contributor's job title                         |                                                    |  |
| 11 Contributor's employer/law firm<br>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<br>03/03/0003                                                                             | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>Orr & Olavson PC                 | Amount of contribution (\$)<br>1000.00   | In-kind contribution description (if applicable)   |                                                    |  |
| Contributor address: City: State: Zip Code<br>804 Rio Grande<br>Austin TX 78704                |                                                                                                                     |                                          |                                                    |                                                    |  |
| Contributor's principal occupation<br>Law Firm                                                 |                                                                                                                     |                                          | Contributor's job title                            |                                                    |  |
| Contributor's employer/law firm<br>Law Firm                                                    |                                                                                                                     |                                          | Law firm of contributor's spouse (if any)          |                                                    |  |
| If contributor is a child, law firm of parent(s) (if any)                                      |                                                                                                                     |                                          |                                                    |                                                    |  |
| Date<br>03/04/0003                                                                             | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____ )<br>William Allison                  | Amount of contribution (\$)<br>500.00    | In-kind contribution description (if applicable)   |                                                    |  |
| Contributor address: City: State: Zip Code<br>700 Windsong Trail<br>Austin TX 78746            |                                                                                                                     |                                          |                                                    |                                                    |  |
| Contributor's principal occupation<br>attorney                                                 |                                                                                                                     |                                          | Contributor's job title<br>attorney                |                                                    |  |
| Contributor's employer/law firm<br>self                                                        |                                                                                                                     |                                          | Law firm of contributor's spouse (if any)          |                                                    |  |
| If contributor is a child, law firm of parent(s) (if any)                                      |                                                                                                                     |                                          |                                                    |                                                    |  |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

|                                                              |                                                                                                          |                                                                                               |                                                    |                                                   |  |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------------|--|
| The INSTRUCTION GUIDE explains how to complete this form.    |                                                                                                          |                                                                                               | 1 Total pages report:<br>4/33                      |                                                   |  |
| 2 FILER NAME<br>Hon. Brenda Kennedy                          |                                                                                                          |                                                                                               | 3 ACCOUNT # (Ethics Commission filers)<br>00051821 |                                                   |  |
| 4 Date<br>02/20/0003                                         | 5 Full name of contributor<br>Mr. Kent Anschutz<br><input type="checkbox"/> out-of-state PAC(ID# _____ ) | 6 Contributor address; City; State; Zip Code<br>1012 Rio Grande Street<br>Austin TX 78701     | 7 Amount of contribution (\$)<br>100.00            | 8 In-kind contribution description(if applicable) |  |
| 9 Contributor's principal occupation<br>Attorney             |                                                                                                          |                                                                                               | 10 Contributor's job title                         |                                                   |  |
| 11 Contributor's employer/law firm<br>Self                   |                                                                                                          |                                                                                               | 12 Law firm of contributor's spouse (if any)       |                                                   |  |
| 13 If contributor is a child, law firm of parent(s) (if any) |                                                                                                          |                                                                                               |                                                    |                                                   |  |
| Date<br>02/26/0003                                           | Full name of contributor<br>Jack Bacon<br><input type="checkbox"/> out-of-state PAC(ID# _____ )          | Contributor address; City; State; Zip Code<br>5200 McDade<br>Austin TX 78735                  | Amount of contribution (\$)<br>100.00              | In-kind contribution description(if applicable)   |  |
| Contributor's principal occupation<br>attorney               |                                                                                                          |                                                                                               | Contributor's job title<br>attorney                |                                                   |  |
| Contributor's employer/law firm<br>self                      |                                                                                                          |                                                                                               | Law firm of contributor's spouse (if any)          |                                                   |  |
| If contributor is a child, law firm of parent(s) (if any)    |                                                                                                          |                                                                                               |                                                    |                                                   |  |
| Date<br>03/03/0003                                           | Full name of contributor<br>Perry Barrow<br><input type="checkbox"/> out-of-state PAC(ID# _____ )        | Contributor address; City; State; Zip Code<br>12710 Research Blvd.<br>#380<br>Austin TX 78759 | Amount of contribution (\$)<br>100.00              | In-kind contribution description(if applicable)   |  |
| Contributor's principal occupation<br>attorney               |                                                                                                          |                                                                                               | Contributor's job title<br>attorney                |                                                   |  |
| Contributor's employer/law firm<br>self                      |                                                                                                          |                                                                                               | Law firm of contributor's spouse (if any)          |                                                   |  |
| If contributor is a child, law firm of parent(s) (if any)    |                                                                                                          |                                                                                               |                                                    |                                                   |  |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

|                                                                     |                                                                                                                                                                                              |                                                   |                                                   |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------|
| The INSTRUCTION GUIDE explains how to complete this form.           |                                                                                                                                                                                              | 1 Total pages report:<br>5/33                     |                                                   |
| 2 FILER NAME<br>Hon. Brenda Kennedy                                 |                                                                                                                                                                                              | 3 ACCOUNT # (Ethics Commission files)<br>00051821 |                                                   |
| 4 Date<br>02/20/0003                                                | 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# _____ )<br>Betty Blackwell<br>6 Contributor address; City; State; Zip Code<br>1306 Nueces Street<br>Austin TX 78701 | 7 Amount of contribution (\$)<br>100.00           | 8 In-kind contribution description(if applicable) |
| 9 Contributor's principal occupation<br>Attorney                    |                                                                                                                                                                                              | 10 Contributor's job title<br>Attorney            |                                                   |
| 11 Contributor's employer/law firm<br>Law Office of Betty Blackwell |                                                                                                                                                                                              | 12 Law firm of contributor's spouse (if any)      |                                                   |
| 13 If contributor is a child, law firm of parent(s) (if any)        |                                                                                                                                                                                              |                                                   |                                                   |
| Date<br>03/03/0003                                                  | Full name of contributor <input type="checkbox"/> out of state PAC(ID# _____ )<br>Oscar Buitron<br>Contributor address; City; State; Zip Code<br>600 West 13th<br>Austin TX 78701            | Amount of contribution (\$)<br>100.00             | In-kind contribution description(if applicable)   |
| Contributor's principal occupation<br>attorney                      |                                                                                                                                                                                              | Contributor's job title<br>attorney               |                                                   |
| Contributor's employer/law firm<br>self                             |                                                                                                                                                                                              | Law firm of contributor's spouse (if any)         |                                                   |
| If contributor is a child, law firm of parent(s) (if any)           |                                                                                                                                                                                              |                                                   |                                                   |
| Date<br>02/20/0003                                                  | Full name of contributor <input type="checkbox"/> out of state PAC(ID# _____ )<br>John Carsey<br>Contributor address; City; State; Zip Code<br>1100 Guadalupe Street<br>Austin TX 78701      | Amount of contribution (\$)<br>250.00             | In-kind contribution description(if applicable)   |
| Contributor's principal occupation<br>Attorney                      |                                                                                                                                                                                              | Contributor's job title<br>Attorney               |                                                   |
| Contributor's employer/law firm<br>Minton, Burton, Foster, Collins  |                                                                                                                                                                                              | Law firm of contributor's spouse (if any)         |                                                   |
| If contributor is a child, law firm of parent(s) (if any)           |                                                                                                                                                                                              |                                                   |                                                   |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

|                                                                                        |                                                                                                        |                                        |                                                   |                                                   |  |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------|---------------------------------------------------|--|
| The INSTRUCTION GUIDE explains how to complete this form.                              |                                                                                                        |                                        |                                                   | 1 Total pages report:<br>6/33                     |  |
| 2 FILER NAME<br>Hon. Brenda Kennedy                                                    |                                                                                                        |                                        |                                                   | 3 ACCOUNT # (Ethics Commission files)<br>00051821 |  |
| 4 Date<br>02/26/0003                                                                   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>C. Bryan Case       | 7 Amount of contribution (\$)<br>75.00 | 8 In kind contribution description(if applicable) |                                                   |  |
| 6 Contributor address; City; State; Zip Code<br>3139 Montwood Trail<br>Austin TX 78748 |                                                                                                        |                                        |                                                   |                                                   |  |
| 9 Contributor's principal occupation<br>Attorney                                       |                                                                                                        |                                        | 10 Contributor's job title<br>Attorney            |                                                   |  |
| 11 Contributor's employer/law firm<br>District Attorney's Office                       |                                                                                                        |                                        | 12 Law firm of contributor's spouse (if any)      |                                                   |  |
| 13 If contributor is a child, law firm of parent(s) (if any)                           |                                                                                                        |                                        |                                                   |                                                   |  |
| Date<br>02/10/0003                                                                     | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Chambers & Associates | Amount of contribution (\$)            | In kind contribution description(if applicable)   |                                                   |  |
| Contributor address; City; State; Zip Code<br>1104 Nueces<br>Austin TX 78701           |                                                                                                        |                                        | Postage for Mailing for -<br>Fundraiser \$943.50  |                                                   |  |
| Contributor's principal occupation<br>Law Firm                                         |                                                                                                        |                                        | Contributor's job title                           |                                                   |  |
| Contributor's employer/law firm<br>Chambers & Associates                               |                                                                                                        |                                        | Law firm of contributor's spouse (if any)         |                                                   |  |
| If contributor is a child, law firm of parent(s) (if any)                              |                                                                                                        |                                        |                                                   |                                                   |  |
| Date<br>02/26/0003                                                                     | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Sidney Childress      | Amount of contribution (\$)<br>250.00  | In kind contribution description(if applicable)   |                                                   |  |
| Contributor address; City; State; Zip Code<br>P.O. Box 684709<br>Austin TX 78768       |                                                                                                        |                                        |                                                   |                                                   |  |
| Contributor's principal occupation<br>attorney                                         |                                                                                                        |                                        | Contributor's job title<br>attorney               |                                                   |  |
| Contributor's employer/law firm<br>self                                                |                                                                                                        |                                        | Law firm of contributor's spouse (if any)         |                                                   |  |
| If contributor is a child, law firm of parent(s) (if any)                              |                                                                                                        |                                        |                                                   |                                                   |  |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:  
7/33

2 FILER NAME

Hon. Brenda Kennedy

3 ACCOUNT # (Ethics Commission filers)  
00051821

4 Date

02/26/0003

5 Full name of contributor

Santiago Coronado

out of state PAC (ID# \_\_\_\_\_)

6 Contributor address: City; State; Zip Code

5602 Palisade Court

Austin TX 78731

7 Amount of contribution (\$)

150.00

8 In-kind contribution description (if applicable)

9 Contributor's principal occupation

ATTORNEY

10 Contributor's job title

attorney

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

02/20/0003

Full name of contributor

Elsie Craven

out of state PAC (ID# \_\_\_\_\_)

Contributor address: City; State; Zip Code

1302 West Avenue

Austin TX 78701

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor's principal occupation

attorney

Contributor's job title

Contributor's employer/law firm

self

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

02/26/0003

Full name of contributor

Kristina Davis-Jones

out of state PAC (ID# \_\_\_\_\_)

Contributor address: City; State; Zip Code

3903 Duval Street

Austin TX 78751

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor's principal occupation

attorney

Contributor's job title

attorney

Contributor's employer/law firm

self

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

|                                                                  |                                                                                                                                                                                                   |                                                    |                                                   |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------------|
| The <b>INSTRUCTION GUIDE</b> explains how to complete this form. |                                                                                                                                                                                                   | 1 Total pages report:<br>8/33                      |                                                   |
| 2 FILER NAME<br>Hon. Brenda Kennedy                              |                                                                                                                                                                                                   | 3 ACCOUNT # (Ethics Commission filers)<br>00051821 |                                                   |
| 4 Date<br>02/26/0003                                             | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#.....)<br>Lisa Delong<br>6 Contributor address, City, State, Zip Code<br>3009 North IH35<br>Austin TX 78722               | 7 Amount of contribution (\$)<br>1000.00           | 8 In-kind contribution description(if applicable) |
| 9 Contributor's principal occupation<br>Attorney                 |                                                                                                                                                                                                   | 10 Contributor's job title<br>Attorney             |                                                   |
| 11 Contributor's employer/law firm<br>Law Office of Lisa Delong  |                                                                                                                                                                                                   | 12 Law firm of contributor's spouse (if any)       |                                                   |
| 13 If contributor is a child, law firm of parent(s) (if any)     |                                                                                                                                                                                                   |                                                    |                                                   |
| Date<br>03/04/0003                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#.....)<br>Bart Denum<br>Contributor address, City, State, Zip Code<br>P.O. Box 5995<br>Austin TX 78763                      | Amount of contribution (\$)<br>300.00              | In-kind contribution description(if applicable)   |
| Contributor's principal occupation<br>attorney                   |                                                                                                                                                                                                   | Contributor's job title<br>attorney                |                                                   |
| Contributor's employer/law firm<br>self                          |                                                                                                                                                                                                   | Law firm of contributor's spouse (if any)          |                                                   |
| If contributor is a child, law firm of parent(s) (if any)        |                                                                                                                                                                                                   |                                                    |                                                   |
| Date<br>02/20/0003                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID#.....)<br>Kwesi Dodi<br>Contributor address, City, State, Zip Code<br>2028 E. Ben White Blvd<br>Ste. 220<br>Austin TX 78741 | Amount of contribution (\$)<br>100.00              | In-kind contribution description(if applicable)   |
| Contributor's principal occupation<br>attorney                   |                                                                                                                                                                                                   | Contributor's job title                            |                                                   |
| Contributor's employer/law firm<br>self                          |                                                                                                                                                                                                   | Law firm of contributor's spouse (if any)          |                                                   |
| If contributor is a child, law firm of parent(s) (if any)        |                                                                                                                                                                                                   |                                                    |                                                   |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:

9/33

2 FILER NAME

Hon. Brenda Kennedy

3 ACCOUNT # (Ethics Commission filers)

00051821

4 Date

02/26/0003

5 Full name of contributor

Nick Duncan

out-of-state PAC(ID# \_\_\_\_\_)

6 Contributor address; City; State; Zip Code

4422 Packsaddle  
#101  
aUSTIN TX 78745

7 Amount of contribution (\$)

100.00

8 In-kind contribution description(if applicable)

9 Contributor's principal occupation

ATTORNEY

10 Contributor's job title

ATTORNEY

11 Contributor's employer/law firm

SELF

12 Law firm of contributor's spouse (if any)

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

Date

02/26/0003

Full name of contributor

Dan Dworin

out-of-state PAC(ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

700 Lavaca  
Ste. 1550  
Austin TX 78701

Amount of contribution (\$)

250.00

In-kind contribution description(if applicable)

Contributor's principal occupation

attorney

Contributor's job title

attorney

Contributor's employer/law firm

self

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

01/07/0003

Full name of contributor

Ms. Rose Fairweather

out-of-state PAC(ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

6210 John Chisum Lane  
Austin TX 78749

Amount of contribution (\$)

100.00

In-kind contribution description(if applicable)

Contributor's principal occupation

Retired Teacher

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)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages report:

20/33

2 FILER NAME

Hon. Brenda Kennedy

3 ACCOUNT # (Ethics Commission filers)

00051821

4 Date

02/20/0003

5 Full name of contributor

Philip Pressa

out-of-state PAC(ID# \_\_\_\_\_)

6 Contributor address; City; State; Zip Code

819 1/2 West 11th

Austin TX 78701

7 Amount of contribution (\$)

250.00

8 In-kind contribution description(if applicable)

9 Contributor's principal occupation  
attorney

10 Contributor's job title

11 Contributor's employer/law firm

self

12 Law firm of contributor's spouse (if any)

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

Date

03/04/0003

Full name of contributor

Benny Ray

out-of-state PAC(ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

1307 West Avenue

Austin TX 78701

Amount of contribution (\$)

500.00

In-kind contribution description(if applicable)

Contributor's principal occupation  
attorney

Contributor's job title

attorney

Contributor's employer/law firm

self

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

03/03/0003

Full name of contributor

Rick Reed

out-of-state PAC(ID# \_\_\_\_\_)

Contributor address; City; State; Zip Code

11614 Anatole Court

Austin TX 78748

Amount of contribution (\$)

100.00

In-kind contribution description(if applicable)

Contributor's principal occupation  
attorney

Contributor's job title

attorney

Contributor's employer/law firm

District Attorney's Office

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

|                                                                                   |                                                                                                                  |                                              |                                                                   |                                                   |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------|
| The INSTRUCTION GUIDE explains how to complete this form.                         |                                                                                                                  |                                              | 1 Total pages report:<br><p style="text-align: center;">21/33</p> |                                                   |
| 2 FILER NAME<br>Hon. Brenda Kennedy                                               |                                                                                                                  |                                              | 3 ACCOUNT # (Ethics Commission filers)<br>00051821                |                                                   |
| 4 Date<br><br>02/26/0003                                                          | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# ..... )<br>Rene Reyes                   | 7 Amount of contribution (\$)<br><br>100.00  |                                                                   | 8 In-kind contribution description(if applicable) |
| 6 Contributor address; City; State; Zip Code<br>1715 South 1st<br>Austin TX 78704 |                                                                                                                  |                                              |                                                                   |                                                   |
| 9 Contributor's principal occupation<br>ATTORNEY                                  |                                                                                                                  | 10 Contributor's job title<br>ATTORNEY       |                                                                   |                                                   |
| 11 Contributor's employer/law firm<br>SELF                                        |                                                                                                                  | 12 Law firm of contributor's spouse (if any) |                                                                   |                                                   |
| 13 If contributor is a child, law firm of parent(s) (if any)                      |                                                                                                                  |                                              |                                                                   |                                                   |
| Date<br><br>02/28/0003                                                            | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# ..... )<br>Rippy,Whillow,Ranc,& Hines LLP | Amount of contribution (\$)<br><br>500.00    |                                                                   | In-kind contribution description(if applicable)   |
| Contributor address; City; State; Zip Code<br>1307 Nueces<br>Austin TX 78701      |                                                                                                                  |                                              |                                                                   |                                                   |
| Contributor's principal occupation<br>Law Firm                                    |                                                                                                                  | Contributor's job title                      |                                                                   |                                                   |
| Contributor's employer/law firm<br>Law Firm                                       |                                                                                                                  | Law firm of contributor's spouse (if any)    |                                                                   |                                                   |
| If contributor is a child, law firm of parent(s) (if any)                         |                                                                                                                  |                                              |                                                                   |                                                   |
| Date<br><br>02/26/0003                                                            | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# ..... )<br>Sandra Ritz                    | Amount of contribution (\$)<br><br>100.00    |                                                                   | In-kind contribution description(if applicable)   |
| Contributor address; City; State; Zip Code<br>1104 Nueces<br>Austin TX 78702      |                                                                                                                  |                                              |                                                                   |                                                   |
| Contributor's principal occupation<br>attorney                                    |                                                                                                                  | Contributor's job title                      |                                                                   |                                                   |
| Contributor's employer/law firm<br>self                                           |                                                                                                                  | Law firm of contributor's spouse (if any)    |                                                                   |                                                   |
| If contributor is a child, law firm of parent(s) (if any)                         |                                                                                                                  |                                              |                                                                   |                                                   |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

|                                                                     |                                                                                                                                                                                                                |                                                                          |                                                          |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------|
| The <b>INSTRUCTION GUIDE</b> explains how to complete this form.    |                                                                                                                                                                                                                | <b>1</b> Total pages report:<br><p style="text-align: center;">22/33</p> |                                                          |
| <b>2</b> FILER NAME<br>Hon. Brenda Kennedy                          |                                                                                                                                                                                                                | <b>3</b> ACCOUNT # (Ethics Commission filers)<br>00051821                |                                                          |
| <b>4</b> Date<br>02/20/0003                                         | <b>5</b> Full name of contributor <input type="checkbox"/> out of state PAC(ID# _____ )<br>Hon. Ramona Roberts<br><b>6</b> Contributor address; City; State; Zip Code<br>3336 Parkside Drive<br>Flint MI 48503 | <b>7</b> Amount of contribution (\$)<br>100.00                           | <b>8</b> In-kind contribution description(if applicable) |
| <b>9</b> Contributor's principal occupation<br>Judge                |                                                                                                                                                                                                                | <b>10</b> Contributor's job title<br>Judge                               |                                                          |
| <b>11</b> Contributor's employer/law firm<br>State of Michigan      |                                                                                                                                                                                                                | <b>12</b> Law firm of contributor's spouse (if any)                      |                                                          |
| <b>13</b> If contributor is a child, law firm of parent(s) (if any) |                                                                                                                                                                                                                |                                                                          |                                                          |
| Date<br>03/03/0003                                                  | Full name of contributor <input type="checkbox"/> out of state PAC(ID# _____ )<br>Russ Sablatura<br>Contributor address; City; State; Zip Code<br>13706 Research Blvd.<br>Ste. 315<br>Austin TX 78750          | Amount of contribution (\$)<br>100.00                                    | In-kind contribution description(if applicable)          |
| Contributor's principal occupation<br>attorney                      |                                                                                                                                                                                                                | Contributor's job title<br>attorney                                      |                                                          |
| Contributor's employer/law firm<br>self                             |                                                                                                                                                                                                                | Law firm of contributor's spouse (if any)                                |                                                          |
| If contributor is a child, law firm of parent(s) (if any)           |                                                                                                                                                                                                                |                                                                          |                                                          |
| Date<br>02/20/0003                                                  | Full name of contributor <input type="checkbox"/> out of state PAC(ID# _____ )<br>David Shapiro<br>Contributor address; City; State; Zip Code<br>1200 San Antonio Street<br>Austin TX 78701                    | Amount of contribution (\$)<br>100.00                                    | In-kind contribution description(if applicable)          |
| Contributor's principal occupation<br>attorney                      |                                                                                                                                                                                                                | Contributor's job title                                                  |                                                          |
| Contributor's employer/law firm<br>self                             |                                                                                                                                                                                                                | Law firm of contributor's spouse (if any)                                |                                                          |
| If contributor is a child, law firm of parent(s) (if any)           |                                                                                                                                                                                                                |                                                                          |                                                          |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

|                                                                                            |                                                                                                    |                                                  |                                                   |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------|
| The INSTRUCTION GUIDE explains how to complete this form.                                  |                                                                                                    | 1 Total pages input:<br>23/33                    |                                                   |
| 2 FILER NAME<br>Hon. Brenda Kennedy                                                        |                                                                                                    | 3 ACCOUNT # (Ethics Commission form)<br>00051821 |                                                   |
| 4 Date<br>02/20/0003                                                                       | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____ )<br>David Sheppard | 7 Amount of contribution (\$)<br>250.00          | 8 In-kind contribution description(if applicable) |
| 6 Contributor address; City; State; Zip Code<br>700 Lavaca<br>Ste. 1550<br>Austin TX 78701 |                                                                                                    |                                                  |                                                   |
| 9 Contributor's principal occupation<br>attorney                                           |                                                                                                    | 10 Contributor's job title                       |                                                   |
| 11 Contributor's employer/law firm<br>self                                                 |                                                                                                    | 12 Law firm of contributor's spouse (if any)     |                                                   |
| 13 If contributor is a child, law firm of parent(s) (if any)                               |                                                                                                    |                                                  |                                                   |
| Date<br>02/20/0003                                                                         | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____ )<br>Scott Smith      | Amount of contribution (\$)<br>100.00            | In-kind contribution description(if applicable)   |
| Contributor address; City; State; Zip Code<br>1304 Nueces Street<br>Austin TX 78701        |                                                                                                    |                                                  |                                                   |
| Contributor's principal occupation<br>Attorney                                             |                                                                                                    | Contributor's job title<br>Attorney              |                                                   |
| Contributor's employer/law firm<br>Law Office of Scott Smith                               |                                                                                                    | Law firm of contributor's spouse (if any)        |                                                   |
| If contributor is a child, law firm of parent(s) (if any)                                  |                                                                                                    |                                                  |                                                   |
| Date<br>02/26/0003                                                                         | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____ )<br>Thad Son         | Amount of contribution (\$)<br>300.00            | In-kind contribution description(if applicable)   |
| Contributor address; City; State; Zip Code<br>104 Cold Water Lane<br>Austin TX 78734       |                                                                                                    |                                                  |                                                   |
| Contributor's principal occupation<br>attorney                                             |                                                                                                    | Contributor's job title<br>attorney              |                                                   |
| Contributor's employer/law firm<br>self                                                    |                                                                                                    | Law firm of contributor's spouse (if any)        |                                                   |
| If contributor is a child, law firm of parent(s) (if any)                                  |                                                                                                    |                                                  |                                                   |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

|                                                              |                                                                                                                                                                                     |                                                  |                                                   |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------|
| The INSTRUCTION GUIDE explains how to complete this form.    |                                                                                                                                                                                     | 1 Total pages report:<br>24/33                   |                                                   |
| 2 FILER NAME<br>Hon. Brenda Kennedy                          |                                                                                                                                                                                     | 3 ACCOUNT # (Ethics Commission Uses)<br>00051821 |                                                   |
| 4 Date<br>02/20/0003                                         | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# )<br>Franklin Spears<br>6 Contributor address; City; State; Zip Code<br>P.O. Box 160580<br>Austin TX 78716 | 7 Amount of contribution (\$)<br>100.00          | 8 In-kind contribution description(if applicable) |
| 9 Contributor's principal occupation<br>attorney             |                                                                                                                                                                                     | 10 Contributor's job title<br>attorney           |                                                   |
| 11 Contributor's employer/law firm<br>Arenson & Spears       |                                                                                                                                                                                     | 12 Law firm of contributor's spouse (if any)     |                                                   |
| 13 If contributor is a child, law firm of parent(s) (if any) |                                                                                                                                                                                     |                                                  |                                                   |
| Date<br>03/03/0003                                           | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# )<br>Nate Stark<br>Contributor address; City; State; Zip Code<br>900 Rio Grande<br>Austin TX 78701           | Amount of contribution (\$)<br>100.00            | In-kind contribution description(if applicable)   |
| Contributor's principal occupation<br>attorney               |                                                                                                                                                                                     | Contributor's job title<br>attorney              |                                                   |
| Contributor's employer/law firm<br>self                      |                                                                                                                                                                                     | Law firm of contributor's spouse (if any)        |                                                   |
| If contributor is a child, law firm of parent(s) (if any)    |                                                                                                                                                                                     |                                                  |                                                   |
| Date<br>02/26/0003                                           | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# )<br>Janet Stockard<br>Contributor address; City; State; Zip Code<br>607 West 9th<br>Austin TX 78701         | Amount of contribution (\$)<br>100.00            | In-kind contribution description(if applicable)   |
| Contributor's principal occupation<br>attorney               |                                                                                                                                                                                     | Contributor's job title<br>attorney              |                                                   |
| Contributor's employer/law firm<br>self                      |                                                                                                                                                                                     | Law firm of contributor's spouse (if any)        |                                                   |
| If contributor is a child, law firm of parent(s) (if any)    |                                                                                                                                                                                     |                                                  |                                                   |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

|                                                                     |                                                                                                                                                                                                            |                                                                  |                                                           |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------|
| The <b>INSTRUCTION GUIDE</b> explains how to complete this form.    |                                                                                                                                                                                                            | 1 Total pages report:<br><p style="text-align: right;">25/33</p> |                                                           |
| 2 <b>FILER NAME</b><br>Hon. Brenda Kennedy                          |                                                                                                                                                                                                            | 3 <b>ACCOUNT #</b> (Ethics Commission files)<br>00051821         |                                                           |
| 4 <b>Date</b><br>02/26/0003                                         | 5 <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Keith Tarriguchi<br>6 <b>Contributor address; City; State; Zip Code</b><br>3900 Manchaca Road<br>Austin TX 78704 | 7 <b>Amount of contribution (\$)</b><br>240.00                   | 8 <b>In-kind contribution description (if applicable)</b> |
| 9 <b>Contributor's principal occupation</b><br>attorney             |                                                                                                                                                                                                            | 10 <b>Contributor's job title</b><br>attorney                    |                                                           |
| 11 <b>Contributor's employer/law firm</b><br>self                   |                                                                                                                                                                                                            | 12 <b>Law firm of contributor's spouse (if any)</b>              |                                                           |
| 13 <b>If contributor is a child, law firm of parent(s) (if any)</b> |                                                                                                                                                                                                            |                                                                  |                                                           |
| Date<br>02/27/0003                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Joe Taylor<br>Contributor address; City; State; Zip Code<br>P.O. Box 1521<br>Austin TX 78767                              | Amount of contribution (\$)<br>500.00                            | In-kind contribution description (if applicable)          |
| Contributor's principal occupation<br>attorney                      |                                                                                                                                                                                                            | Contributor's job title<br>attorney                              |                                                           |
| Contributor's employer/law firm<br>self                             |                                                                                                                                                                                                            | Law firm of contributor's spouse (if any)                        |                                                           |
| If contributor is a child, law firm of parent(s) (if any)           |                                                                                                                                                                                                            |                                                                  |                                                           |
| Date<br>02/26/0003                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>The Dunham Law Firm<br>Contributor address; City; State; Zip Code<br>P.O. Box 604666<br>Austin TX 78768                   | Amount of contribution (\$)<br>500.00                            | In-kind contribution description (if applicable)          |
| Contributor's principal occupation<br>Law Firm                      |                                                                                                                                                                                                            | Contributor's job title                                          |                                                           |
| Contributor's employer/law firm<br>The Dunham Law Firm              |                                                                                                                                                                                                            | Law firm of contributor's spouse (if any)                        |                                                           |
| If contributor is a child, law firm of parent(s) (if any)           |                                                                                                                                                                                                            |                                                                  |                                                           |



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

|                                                                                               |                                                                                                                                    |                                                    |                                                   |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------------|
| The <b>INSTRUCTION GUIDE</b> explains how to complete this form.                              |                                                                                                                                    | 1 Total pages report:<br><b>26/33</b>              |                                                   |
| 2 FILER NAME<br>Hon. Brenda Kennedy                                                           |                                                                                                                                    | 3 ACCOUNT # (Ethics Commission filers)<br>00051821 |                                                   |
| 4 Date<br>02/20/0003                                                                          | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# .....)<br>Mr. Steve Turro                                 | 7 Amount of contribution (\$)<br>100.00            | 8 In-kind contribution description(if applicable) |
| 6 Contributor address; City; State; Zip Code<br>404 West 13th<br>Austin TX 78701              |                                                                                                                                    |                                                    |                                                   |
| 9 Contributor's principal occupation<br>attorney                                              |                                                                                                                                    | 10 Contributor's job title                         |                                                   |
| 11 Contributor's employer/law firm<br>self                                                    |                                                                                                                                    | 12 Law firm of contributor's spouse (if any)       |                                                   |
| 13 If contributor is a child, law firm of parent(s) (if any)                                  |                                                                                                                                    |                                                    |                                                   |
| Date<br>03/04/0003                                                                            | Full name of contributor <input type="checkbox"/> out of state PAC(ID# .....)<br>Vinson & Elkins, Texas Political Action Committee | Amount of contribution (\$)<br>150.00              | In-kind contribution description(if applicable)   |
| Contributor address; City; State; Zip Code<br>2801 Via Fortuna<br>Ste. 100<br>Austin TX 78746 |                                                                                                                                    |                                                    |                                                   |
| Contributor's principal occupation<br>Law Firm                                                |                                                                                                                                    | Contributor's job title                            |                                                   |
| Contributor's employer/law firm<br>Law Firm                                                   |                                                                                                                                    | Law firm of contributor's spouse (if any)          |                                                   |
| If contributor is a child, law firm of parent(s) (if any)                                     |                                                                                                                                    |                                                    |                                                   |
| Date<br>02/20/0003                                                                            | Full name of contributor <input type="checkbox"/> out of state PAC(ID# .....)<br>David Wahlburg                                    | Amount of contribution (\$)<br>100.00              | In-kind contribution description(if applicable)   |
| Contributor address; City; State; Zip Code<br>1208 West Avenue<br>Austin TX 78701             |                                                                                                                                    |                                                    |                                                   |
| Contributor's principal occupation<br>attorney                                                |                                                                                                                                    | Contributor's job title<br>attorney                |                                                   |
| Contributor's employer/law firm<br>self                                                       |                                                                                                                                    | Law firm of contributor's spouse (if any)          |                                                   |
| If contributor is a child, law firm of parent(s) (if any)                                     |                                                                                                                                    |                                                    |                                                   |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

|                                                                                                  |                                                                                                       |                                                    |                                                   |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------------|
| The INSTRUCTION GUIDE explains how to complete this form.                                        |                                                                                                       | 1 Total pages report:<br>27/33                     |                                                   |
| 2 FILER NAME<br>Hon. Brenda Kennedy                                                              |                                                                                                       | 3 ACCOUNT # (Ethics Commission filers)<br>00051821 |                                                   |
| 4 Date<br>02/28/0003                                                                             | 5 Full name of contributor <input type="checkbox"/> out of state PAC(ID# _____ )<br>Tom Weber         | 7 Amount of contribution (\$)<br>250.00            | 8 In-kind contribution description(if applicable) |
| 6 Contributor address; City; State; Zip Code<br>8214 Briarwood<br>Austin TX 78757                |                                                                                                       |                                                    |                                                   |
| 9 Contributor's principal occupation<br>attorney                                                 |                                                                                                       | 10 Contributor's job title<br>attorney             |                                                   |
| 11 Contributor's employer/law firm<br>self                                                       |                                                                                                       | 12 Law firm of contributor's spouse (if any)       |                                                   |
| 13 If contributor is a child, law firm of parent(s) (if any)                                     |                                                                                                       |                                                    |                                                   |
| Date<br>02/26/0003                                                                               | Full name of contributor <input type="checkbox"/> out of state PAC(ID# _____ )<br>Williams & Forsythe | Amount of contribution (\$)<br>500.00              | In-kind contribution description(if applicable)   |
| Contributor address; City; State; Zip Code<br>1100 West Avenue<br>Austin TX 78701                |                                                                                                       |                                                    |                                                   |
| Contributor's principal occupation<br>Law Firm                                                   |                                                                                                       | Contributor's job title                            |                                                   |
| Contributor's employer/law firm<br>Williams & Forsythe                                           |                                                                                                       | Law firm of contributor's spouse (if any)          |                                                   |
| If contributor is a child, law firm of parent(s) (if any)                                        |                                                                                                       |                                                    |                                                   |
| Date<br>02/20/0003                                                                               | Full name of contributor <input type="checkbox"/> out of state PAC(ID# _____ )<br>Vernice Williams    | Amount of contribution (\$)<br>500.00              | In-kind contribution description(if applicable)   |
| Contributor address; City; State; Zip Code<br>809 West Rio Grande<br>Ste. 102<br>Austin TX 78701 |                                                                                                       |                                                    |                                                   |
| Contributor's principal occupation<br>Bondsman                                                   |                                                                                                       | Contributor's job title<br>Bondsman                |                                                   |
| Contributor's employer/law firm<br>Ace & Bird's Bail Bonds                                       |                                                                                                       | Law firm of contributor's spouse (if any)          |                                                   |
| If contributor is a child, law firm of parent(s) (if any)                                        |                                                                                                       |                                                    |                                                   |

**PLEGGED CONTRIBUTIONS (JUDICIAL)**

**SCHEDULE B (J)**

|                                                                  |                                                                                                                                                                                       |                                                   |                                                           |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------|
| The <b>INSTRUCTION GUIDE</b> explains how to complete this form. |                                                                                                                                                                                       | 1 Total pages report:<br>28/33                    |                                                           |
| 2 FILER NAME<br>Hon. Brenda Kennedy                              |                                                                                                                                                                                       | 3 ACCOUNT # (Ethics Commission files)<br>00051821 |                                                           |
| 4 TOTAL OF UNITEMIZED PLEDGES:                   ○○○○○○          |                                                                                                                                                                                       | \$ 250.00                                         |                                                           |
| 5 Date<br>03/04/0003                                             | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC(ID# )<br>James Short<br>7 Pledgor address;           City; State; Zip Code<br>4606 South 2nd<br>Austin TX 78745      | 8 Amount of pledge (\$)<br>150.00                 | 9 In-kind description (if applicable)<br>paid on 05-29-03 |
| 10 Pledgor's principal occupation<br>attorney                    |                                                                                                                                                                                       | 11 Pledgor's job title<br>attorney                |                                                           |
| 12 Pledgor's employer/law firm<br>self                           |                                                                                                                                                                                       | 13 Law firm of pledgor's spouse (if any)          |                                                           |
| 14 If pledgor is a child, law firm of parent(s) (if any)         |                                                                                                                                                                                       |                                                   |                                                           |
| Date<br>03/04/0003                                               | Full name of pledgor <input type="checkbox"/> out-of-state PAC(ID# )<br>Malcolm Smith<br>Pledgor address;           City; State; Zip Code<br>1604 West Lynn Street<br>Austin TX 78702 | Amount of pledge (\$)<br>100.00                   | In-kind description (if applicable)<br>paid on 05-02-03   |
| Pledgor's principal occupation<br>attorney                       |                                                                                                                                                                                       | Pledgor's job title<br>attorney                   |                                                           |
| Pledgor's employer/law firm<br>self                              |                                                                                                                                                                                       | Law firm of pledgor's spouse (if any)             |                                                           |
| If pledgor is a child, law firm of parent(s) (if any)            |                                                                                                                                                                                       |                                                   |                                                           |
|                                                                  |                                                                                                                                                                                       |                                                   |                                                           |

# POLITICAL EXPENDITURES

# SCHEDULE F

|                                                                                                                                                          |                                                                                                                                                                          |                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| The INSTRUCTION GUIDE explains how to complete this form.                                                                                                |                                                                                                                                                                          | 1 Total pages report:<br>29/33                                                                                              |
| 2 FILER NAME<br>Hon. Brenda Kennedy                                                                                                                      |                                                                                                                                                                          | 3 ACCOUNT # (Ethics Commission filers)<br>00051821                                                                          |
| 4 Date<br>03/20/0003                                                                                                                                     | 5 Payee name<br>Austin Chapter of the Links Inc.<br>6 Payee address; City; State; Zip Code<br>c/o Georgia Johnson, Financial Sec'y<br>6505 Auburnhill<br>Austin TX 78723 | 7 Amount (\$)<br>355.00                                                                                                     |
| 8 Purpose of expenditure (See instructions regarding type of information required.)<br>organizational dues                                               |                                                                                                                                                                          | 9 -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name      Office sought      Office held |
| Date<br>02/05/0003                                                                                                                                       | Payee name<br>Austin Young Lawyers Assn.<br>Payee address; City; State; Zip Code<br>c/o Travis County Bar Assn.<br>Austin TX 78701                                       | Amount (\$)<br>60.00                                                                                                        |
| Purpose of expenditure (See instructions regarding type of information required.)<br>Bar N Grille Ad With Judges                                         |                                                                                                                                                                          | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name      Office sought      Office held   |
| Date<br>03/11/0003                                                                                                                                       | Payee name<br>David Butts<br>Payee address; City; State; Zip Code<br>1914 Patton Lane<br>Austin TX 78722                                                                 | Amount (\$)<br>10500.00                                                                                                     |
| Purpose of expenditure (See instructions regarding type of information required.)<br>campaign consultant fee                                             |                                                                                                                                                                          | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name      Office sought      Office held   |
| Date<br>02/09/0003                                                                                                                                       | Payee name<br>HEB Grocery<br>Payee address; City; State; Zip Code<br>Brodie Lane<br>Austin TX                                                                            | Amount (\$)<br>57.90                                                                                                        |
| Purpose of expenditure (See instructions regarding type of information required.)<br>refreshments, food, utensils, napkins for envelope stuffing session |                                                                                                                                                                          | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name      Office sought      Office held   |

**POLITICAL  
EXPENDITURES****SCHEDULE F**

|                                                                                                                               |                                                                                                                                |                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| The INSTRUCTION GUIDE explains how to complete this form.                                                                     |                                                                                                                                | 1 Total pages report:<br>30/33                                                                                    |
| 2 FILER NAME<br>Hon. Brenda Kennedy                                                                                           |                                                                                                                                | 3 ACCOUNT # (Ethics Commission filers)<br>00051821                                                                |
| 4 Date<br>01/23/0003                                                                                                          | 5 Payee name<br>In the News<br>6 Payee address; City; State; Zip Code<br>8517 Sunstate Street<br>Tampa FL 83634                | 7 Amount (\$)<br>121.50                                                                                           |
| 8 Purpose of expenditure (See instructions regarding type of information required.)<br>Newspaper Article mounting and framing |                                                                                                                                | 9 -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name Office sought Office held |
| Date<br>02/26/0003                                                                                                            | Payee name<br>JC Perney<br>Payee address; City; State; Zip Code<br>Barton Creek Mall<br>Austin TX                              | Amount (\$)<br>177.83                                                                                             |
| Purpose of expenditure (See instructions regarding type of information required.)<br>Office sofa cover & pillows, slip cover  |                                                                                                                                | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name Office sought Office held   |
| Date<br>04/29/0003                                                                                                            | Payee name<br>National Charity League, Inc.<br>Payee address; City; State; Zip Code<br>302 Laurelwood Trail<br>Austin TX 78746 | Amount (\$)<br>390.00                                                                                             |
| Purpose of expenditure (See instructions regarding type of information required.)<br>Dues & Assessments                       |                                                                                                                                | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name Office sought Office held   |
| Date<br>06/23/0003                                                                                                            | Payee name<br>Nordstrom's Gala<br>Payee address; City; State; Zip Code<br>Barton Creek Mall<br>Austin TX                       | Amount (\$)<br>100.00                                                                                             |
| Purpose of expenditure (See instructions regarding type of information required.)<br>Grand Opening Contribution and Gala      |                                                                                                                                | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name Office sought Office held   |

**POLITICAL  
EXPENDITURES****SCHEDULE F**

|                                                                                                                                    |                                                                                                                                           |                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| The INSTRUCTION GUIDE explains how to complete this form.                                                                          |                                                                                                                                           | 1 Total pages report:<br>31/33                                                                                              |
| 2 FILER NAME<br>Hon. Brenda Kennedy                                                                                                |                                                                                                                                           | 3 ACCOUNT # (Ethics Commission filers)<br>00051821                                                                          |
| 4 Date<br>02/26/0003                                                                                                               | 5 Payee name<br>Stubbs BBQ<br>6 Payee address; City; State; Zip Code<br>801 Red River<br>Austin TX 78701                                  | 7 Amount (\$)<br>1704.00                                                                                                    |
| 8 Purpose of expenditure (See instructions regarding type of information required.)<br>Fundraiser facility,catering,etc...         |                                                                                                                                           | 9 -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name      Office sought      Office held |
| Date<br>03/25/0003                                                                                                                 | Payee name<br>Texas Center for the Judiciary<br>Payee address; City; State; Zip Code<br>1414 Colorado<br>Ste. 502<br>Austin TX 78701-1627 | Amount (\$)<br>85.00                                                                                                        |
| Purpose of expenditure (See instructions regarding type of information required.)<br>conference registration fee                   |                                                                                                                                           | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name      Office sought      Office held   |
| Date<br>03/27/0003                                                                                                                 | Payee name<br>Travis County Women Lawyers Foundation<br>Payee address; City; State; Zip Code<br>P.O. Box 684683<br>Austin TX 78768        | Amount (\$)<br>250.00                                                                                                       |
| Purpose of expenditure (See instructions regarding type of information required.)<br>Charter Membership Foundation FOR Scholarship |                                                                                                                                           | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name      Office sought      Office held   |
| Date<br>01/04/0003                                                                                                                 | Payee name<br>Verizon Wireless<br>Payee address; City; State; Zip Code<br>P.O. Box 660108<br>Dallas TX 75286                              | Amount (\$)<br>122.12                                                                                                       |
| Purpose of expenditure (See instructions regarding type of information required.)<br>campaign cellular bill                        |                                                                                                                                           | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name      Office sought      Office held   |

**POLITICAL  
EXPENDITURES****SCHEDULE F**

|                                                                                                               |                                                                                                                  |                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| The INSTRUCTION GUIDE explains how to complete this form.                                                     |                                                                                                                  | 1 Total pages report:<br>32/33                                                                                              |
| 2 FILER NAME<br>Hon. Brenda Kennedy                                                                           |                                                                                                                  | 3 ACCOUNT # (Ethics Commission files)<br>00051821                                                                           |
| 4 Date<br>03/13/0003                                                                                          | 5 Payee name<br>Verizon Wireless<br>6 Payee address; City; State; Zip Code<br>P.O. Box 660108<br>Dallas TX 75266 | 7 Amount (\$)<br>124.44                                                                                                     |
| 8 Purpose of expenditure (See instructions regarding type of information required.)<br>cellular communication |                                                                                                                  | 9 -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name      Office sought      Office held |
| Date<br>06/01/0003                                                                                            | Payee name<br>Verizon Wireless<br>Payee address; City; State; Zip Code<br>P.O. Box 660108<br>Dallas TX 75266     | Amount (\$)<br>119.94                                                                                                       |
| Purpose of expenditure (See instructions regarding type of information required.)<br>cellular communication   |                                                                                                                  | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name      Office sought      Office held   |
| Date<br>06/03/0003                                                                                            | Payee name<br>Verizon Wireless<br>Payee address; City; State; Zip Code<br>P.O. Box 660108<br>Dallas TX 75266     | Amount (\$)<br>188.82                                                                                                       |
| Purpose of expenditure (See instructions regarding type of information required.)<br>cellular communication   |                                                                                                                  | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name      Office sought      Office held   |
| Date<br>02/13/0003                                                                                            | Payee name<br>Verizon Wireless<br>Payee address; City; State; Zip Code<br>P.O. Box 660108<br>Dallas TX 75266     | Amount (\$)<br>107.70                                                                                                       |
| Purpose of expenditure (See instructions regarding type of information required.)<br>cellular expenditures    |                                                                                                                  | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name      Office sought      Office held   |

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report.  
33/33

2 FILER NAME  
Hon. Brenda Kennedy

3 ACCOUNT # (Ethics Commission filers)  
00051821

| 4 Date     | 5 Payee name                                                                                        | 7 Amount (\$) |
|------------|-----------------------------------------------------------------------------------------------------|---------------|
| 01/13/0003 | Bernard Willis<br>Payee address; City; State; Zip Code<br>3505 South Lamar #2014<br>Austin TX 78704 | 400.00        |

| 8 Purpose of expenditure (See instructions regarding type of information required.) | 9 -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name      Office sought      Office held |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Sign removal, pick up                                                               |                                                                                                                             |

| Date       | Payee name                                                                               | Amount (\$) |
|------------|------------------------------------------------------------------------------------------|-------------|
| 03/11/0003 | Worley Printing<br>Payee address; City; State; Zip Code<br>3217 North IH 35<br>Austin TX | 1301.17     |

| Purpose of expenditure (See instructions regarding type of information required.) | -- Complete if direct expenditure to benefit C/OH --<br>Candidate / Officeholder name      Office sought      Office held |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| printing, typesetting, etc.. for invitations to fundraiser                        |                                                                                                                           |



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report.

10/33

2 FILER NAME

Hon. Brenda Kennedy

3 ACCOUNT # (Ethics Commission filers)

00051821

4 Date

02/20/0003

5 Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

Fitzgerald & Meissner, P.C.

6 Contributor address: City: State: Zip Code

812 San Antonio  
Ste. 400  
Austin TX 78701

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

9 Contributor's principal occupation

Law Firm

10 Contributor's job title

11 Contributor's employer/law firm

Fitzgerald & Meissner

12 Law firm of contributor's spouse (if any)

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

Date

02/26/0003

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

David B. Frank

Contributor address: City: State: Zip Code

316 West 12th  
Ste. 214  
Austin TX 78701

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor's principal occupation

attorney

Contributor's job title

attorney

Contributor's employer/law firm

self

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

02/20/0003

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

Rick Freeman

Contributor address: City: State: Zip Code

114 West 7th  
Ste. 820  
Austin TX 78701

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor's principal occupation

Attorney

Contributor's job title

Contributor's employer/law firm

Self

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

|                                                                  |                                                                                                    |                                                                                          |                                                    |                                                                   |  |
|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------|--|
| The <b>INSTRUCTION GUIDE</b> explains how to complete this form. |                                                                                                    |                                                                                          |                                                    | 1 Total pages report:<br><p style="text-align: center;">11/33</p> |  |
| 2 FILER NAME<br>Hon. Brenda Kennedy                              |                                                                                                    |                                                                                          | 3 ACCOUNT # (Ethics Commission filers)<br>00051821 |                                                                   |  |
| 4 Date<br><br>02/26/0003                                         | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____ )<br>Alberto Garcia | 6 Contributor address; City; State; Zip Code<br>1715 South First<br>Austin TX 78704      | 7 Amount of contribution (\$)<br><br>200.00        | 8 In-kind contribution description(if applicable)                 |  |
| 9 Contributor's principal occupation<br>attorney                 |                                                                                                    |                                                                                          | 10 Contributor's job title<br>attorney             |                                                                   |  |
| 11 Contributor's employer/law firm<br>self                       |                                                                                                    |                                                                                          | 12 Law firm of contributor's spouse (if any)       |                                                                   |  |
| 13 If contributor is a child, law firm of parent(s) (if any)     |                                                                                                    |                                                                                          |                                                    |                                                                   |  |
| Date<br><br>02/26/0003                                           | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____ )<br>Gus Garcia       | Contributor address; City; State; Zip Code<br>600 West 13th<br>Austin TX 78701           | Amount of contribution (\$)<br><br>100.00          | In-kind contribution description(if applicable)                   |  |
| Contributor's principal occupation<br>attorney                   |                                                                                                    |                                                                                          | Contributor's job title<br>attorney                |                                                                   |  |
| Contributor's employer/law firm<br>self                          |                                                                                                    |                                                                                          | Law firm of contributor's spouse (if any)          |                                                                   |  |
| If contributor is a child, law firm of parent(s) (if any)        |                                                                                                    |                                                                                          |                                                    |                                                                   |  |
| Date<br><br>02/20/0003                                           | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____ )<br>Kenneth Gibson   | Contributor address; City; State; Zip Code<br>700 Lavaca<br>Ste. 1010<br>Austin TX 78701 | Amount of contribution (\$)<br><br>250.00          | In-kind contribution description(if applicable)                   |  |
| Contributor's principal occupation<br>attorney                   |                                                                                                    |                                                                                          | Contributor's job title<br>attorney                |                                                                   |  |
| Contributor's employer/law firm<br>Zunker, Crane, and Gibson LLP |                                                                                                    |                                                                                          | Law firm of contributor's spouse (if any)          |                                                                   |  |
| If contributor is a child, law firm of parent(s) (if any)        |                                                                                                    |                                                                                          |                                                    |                                                                   |  |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

|                                                              |                                                                                                                                                                                               |                                                   |                                                   |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------|
| The INSTRUCTION GUIDE explains how to complete this form.    |                                                                                                                                                                                               | 1 Total pages report:<br>12/33                    |                                                   |
| 2 FILER NAME<br>Hon. Brenda Kennedy                          |                                                                                                                                                                                               | 3 ACCOUNT # (Ethics Commission files)<br>00051821 |                                                   |
| 4 Date<br>02/20/0003                                         | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Granger & Mueller P.C.<br>6 Contributor address, City, State, Zip Code<br>605 West 10th<br>Austin TX 78701 | 7 Amount of contribution (\$)<br>1000.00          | 8 In-kind contribution description(if applicable) |
| 9 Contributor's principal occupation<br>law firm             |                                                                                                                                                                                               | 10 Contributor's job title                        |                                                   |
| 11 Contributor's employer/law firm<br>Granger & Mueller P.C. |                                                                                                                                                                                               | 12 Law firm of contributor's spouse (if any)      |                                                   |
| 13 If contributor is a child, law firm of parent(s) (if any) |                                                                                                                                                                                               |                                                   |                                                   |
| Date<br>03/04/0003                                           | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Charles Grant<br>Contributor address, City, State, Zip Code<br>600 West 13th<br>Austin TX 78701              | Amount of contribution (\$)<br>150.00             | In-kind contribution description(if applicable)   |
| Contributor's principal occupation<br>attorney               |                                                                                                                                                                                               | Contributor's job title<br>attorney               |                                                   |
| Contributor's employer/law firm<br>self                      |                                                                                                                                                                                               | Law firm of contributor's spouse (if any)         |                                                   |
| If contributor is a child, law firm of parent(s) (if any)    |                                                                                                                                                                                               |                                                   |                                                   |
| Date<br>02/28/0003                                           | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Chuch Grigson<br>Contributor address, City, State, Zip Code<br>604 West 12th<br>Austin TX 78722              | Amount of contribution (\$)<br>300.00             | In-kind contribution description(if applicable)   |
| Contributor's principal occupation<br>attorney               |                                                                                                                                                                                               | Contributor's job title<br>attorney               |                                                   |
| Contributor's employer/law firm<br>self                      |                                                                                                                                                                                               | Law firm of contributor's spouse (if any)         |                                                   |
| If contributor is a child, law firm of parent(s) (if any)    |                                                                                                                                                                                               |                                                   |                                                   |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

|                                                              |                                                                                                    |                                                    |                                                   |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------------|
| The INSTRUCTION GUIDE explains how to complete this form.    |                                                                                                    | 1 Total pages report<br>14/33                      |                                                   |
| 2 FILER NAME<br>Hon. Brenda Kennedy                          |                                                                                                    | 3 ACCOUNT # (Ethics Commission filers)<br>00051821 |                                                   |
| 4 Date                                                       | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Mr. Sam Johnson | 7 Amount of contribution (\$)                      | 8 In-kind contribution description(if applicable) |
|                                                              | 6 Contributor address: City: State: Zip Code<br>600 Congress Ave.<br>Ste.1500<br>Austin TX 78701   |                                                    |                                                   |
| 9 Contributor's principal occupation<br>attorney             |                                                                                                    | 10 Contributor's job title                         |                                                   |
| 11 Contributor's employer/law firm<br>self                   |                                                                                                    | 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(ID# _____)<br>Mr. Sam Johnson   | Amount of contribution (\$)                        | In-kind contribution description(if applicable)   |
| 02/20/0003                                                   | Contributor address: City: State: Zip Code<br>600 Congress Ave.<br>Ste.1500<br>Austin TX 78701     | 100.00                                             |                                                   |
| Contributor's principal occupation<br>attorney               |                                                                                                    | Contributor's job title                            |                                                   |
| Contributor's employer/law firm<br>self                      |                                                                                                    | 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(ID# _____)<br>Carol Jones       | Amount of contribution (\$)                        | In-kind contribution description(if applicable)   |
| 02/26/0003                                                   | Contributor address: City: State: Zip Code<br>3402 Clawson Road<br>Austin TX                       | 100.00                                             |                                                   |
| Contributor's principal occupation<br>unknown                |                                                                                                    | 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)    |                                                                                                    |                                                    |                                                   |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

|                                                                                          |                                                                                                                  |                                                   |                                                   |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------|
| The INSTRUCTION GUIDE explains how to complete this form.                                |                                                                                                                  | 1 Total pages report:<br><b>16/33</b>             |                                                   |
| 2 FILER NAME<br>Hon. Brenda Kennedy                                                      |                                                                                                                  | 3 ACCOUNT # (Ethics Commission files)<br>00051821 |                                                   |
| 4 Date<br>03/04/0003                                                                     | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Law Office of David Botsford  | 7 Amount of contribution (\$)<br>500.00           | 8 In-kind contribution description(if applicable) |
| 6 Contributor address; City; State; Zip Code<br>307 West Avenue<br>Austin TX 78701       |                                                                                                                  |                                                   |                                                   |
| 9 Contributor's principal occupation<br>Law firm                                         |                                                                                                                  | 10 Contributor's job title                        |                                                   |
| 11 Contributor's employer/law firm<br>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<br>02/26/0003                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Law Office of E.G. Morris       | Amount of contribution (\$)<br>250.00             | In-kind contribution description(if applicable)   |
| Contributor address; City; State; Zip Code<br>608 West 12th<br>Ste. B<br>Austin TX 78701 |                                                                                                                  |                                                   |                                                   |
| Contributor's principal occupation<br>Law Firm                                           |                                                                                                                  | Contributor's job title                           |                                                   |
| Contributor's employer/law firm<br>Law Office of E.G. Morris                             |                                                                                                                  | Law firm of contributor's spouse (if any)         |                                                   |
| If contributor is a child, law firm of parent(s) (if any)                                |                                                                                                                  |                                                   |                                                   |
| Date<br>02/26/0003                                                                       | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Law Office of Travis Williamson | Amount of contribution (\$)<br>250.00             | In-kind contribution description(if applicable)   |
| Contributor address; City; State; Zip Code<br>807 Brazos<br>Ste. 216<br>Austin TX 78701  |                                                                                                                  |                                                   |                                                   |
| Contributor's principal occupation<br>Law Firm                                           |                                                                                                                  | Contributor's job title                           |                                                   |
| Contributor's employer/law firm<br>Law Office of Travis Williamson                       |                                                                                                                  | Law firm of contributor's spouse (if any)         |                                                   |
| If contributor is a child, law firm of parent(s) (if any)                                |                                                                                                                  |                                                   |                                                   |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

|                                                                                     |                                                                                             |                                                   |                                                   |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------|
| The INSTRUCTION GUIDE explains how to complete this form.                           |                                                                                             | 1 Total pages report:<br>17/33                    |                                                   |
| 2 FILER NAME<br>Hon. Brenda Kennedy                                                 |                                                                                             | 3 ACCOUNT # (Ethics Commission file#)<br>00051821 |                                                   |
| 4 Date<br>02/26/0003                                                                | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# )<br>Randy Leavitt | 7 Amount of contribution (\$)<br>250.00           | 8 In-kind contribution description(if applicable) |
| 6 Contributor address, City, State, Zip Code<br>1110 Exton Cove<br>Austin TX 78733  |                                                                                             |                                                   |                                                   |
| 9 Contributor's principal occupation<br>attorney                                    |                                                                                             | 10 Contributor's job title<br>attorney            |                                                   |
| 11 Contributor's employer/law firm<br>self                                          |                                                                                             | 12 Law firm of contributor's spouse (if any)      |                                                   |
| 13 If contributor is a child, law firm of parent(s) (if any)                        |                                                                                             |                                                   |                                                   |
| Date<br>02/20/0003                                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# )<br>Catherine Lee   | Amount of contribution (\$)<br>100.00             | In-kind contribution description(if applicable)   |
| Contributor address, City, State, Zip Code<br>8003 Moravian Cove<br>Austin TX 78746 |                                                                                             |                                                   |                                                   |
| Contributor's principal occupation<br>retired educator                              |                                                                                             | 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<br>02/26/0003                                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# )<br>Kyle Lowe Jr.   | Amount of contribution (\$)<br>500.00             | In-kind contribution description(if applicable)   |
| Contributor address, City, State, Zip Code<br>800 Rio Grande<br>Austin TX 78701     |                                                                                             |                                                   |                                                   |
| Contributor's principal occupation<br>attorney                                      |                                                                                             | Contributor's job title<br>attorney               |                                                   |
| Contributor's employer/law firm<br>self                                             |                                                                                             | Law firm of contributor's spouse (if any)         |                                                   |
| if contributor is a child, law firm of parent(s) (if any)                           |                                                                                             |                                                   |                                                   |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

|                                                                  |                                                                                                                                                                                                   |                                                                   |                                                   |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------|
| The <b>INSTRUCTION GUIDE</b> explains how to complete this form. |                                                                                                                                                                                                   | 1 Total pages report:<br><p style="text-align: center;">18/33</p> |                                                   |
| 2 FILER NAME<br>Hon. Brenda Kennedy                              |                                                                                                                                                                                                   | 3 ACCOUNT # (Ethics Commission files)<br>00051821                 |                                                   |
| 4 Date<br>03/04/0003                                             | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Albert Machado<br>6 Contributor address: City: State; Zip Code<br>1200 Tredwell<br>#106<br>Austin TX 78701     | 7 Amount of contribution (\$)<br>200.00                           | 8 In-kind contribution description(if applicable) |
| 9 Contributor's principal occupation<br>attorney                 |                                                                                                                                                                                                   | 10 Contributor's job title<br>attorney                            |                                                   |
| 11 Contributor's employer/law firm<br>self                       |                                                                                                                                                                                                   | 12 Law firm of contributor's spouse (if any)                      |                                                   |
| 13 If contributor is a child, law firm of parent(s) (if any)     |                                                                                                                                                                                                   |                                                                   |                                                   |
| Date<br>02/27/0003                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Mark McCrimmon<br>Contributor address: City: State; Zip Code<br>900 Rio Grande<br>Austin TX 78701                | Amount of contribution (\$)<br>100.00                             | In-kind contribution description(if applicable)   |
| Contributor's principal occupation<br>attorney                   |                                                                                                                                                                                                   | Contributor's job title<br>attorney                               |                                                   |
| Contributor's employer/law firm<br>self                          |                                                                                                                                                                                                   | Law firm of contributor's spouse (if any)                         |                                                   |
| If contributor is a child, law firm of parent(s) (if any)        |                                                                                                                                                                                                   |                                                                   |                                                   |
| Date<br>02/26/0003                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____)<br>Minton,Buton,Foster,& Collins<br>Contributor address: City: State; Zip Code<br>1100 Guadalupe<br>Austin TX 78701 | Amount of contribution (\$)<br>500.00                             | In-kind contribution description(if applicable)   |
| Contributor's principal occupation<br>Law Firm                   |                                                                                                                                                                                                   | Contributor's job title                                           |                                                   |
| Contributor's employer/law firm<br>Law Firm                      |                                                                                                                                                                                                   | Law firm of contributor's spouse (if any)                         |                                                   |
| If contributor is a child, law firm of parent(s) (if any)        |                                                                                                                                                                                                   |                                                                   |                                                   |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

|                                                                                                   |                                                                                                    |                                              |                                                    |                                                   |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------|---------------------------------------------------|
| The <b>INSTRUCTION GUIDE</b> explains how to complete this form.                                  |                                                                                                    |                                              | 1 Total pages report:<br>19/33                     |                                                   |
| 2 FILER NAME<br>Hon. Branda Kennedy                                                               |                                                                                                    |                                              | 3 ACCOUNT # (Ethics Commission filers)<br>00051821 |                                                   |
| 4 Date<br>03/04/0003                                                                              | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____ )<br>Nguyen & Morel | 7 Amount of contribution (\$)<br>200.00      |                                                    | 8 In-kind contribution description(if applicable) |
| 6 Contributor address; City; State; Zip Code<br>7701 North Lamar Blvd.<br>#512<br>Austin TX 78752 |                                                                                                    |                                              |                                                    |                                                   |
| 9 Contributor's principal occupation<br>law firm                                                  |                                                                                                    | 10 Contributor's job title                   |                                                    |                                                   |
| 11 Contributor's employer/law firm<br>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<br>02/28/0003                                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____ )<br>Victor Olavson   | Amount of contribution (\$)<br>250.00        |                                                    | In-kind contribution description(if applicable)   |
| Contributor address; City; State; Zip Code<br>804 Rio Grande<br>Austin TX 78701                   |                                                                                                    |                                              |                                                    |                                                   |
| Contributor's principal occupation<br>attorney                                                    |                                                                                                    | Contributor's job title<br>attorney          |                                                    |                                                   |
| Contributor's employer/law firm<br>self                                                           |                                                                                                    | Law firm of contributor's spouse (if any)    |                                                    |                                                   |
| If contributor is a child, law firm of parent(s) (if any)                                         |                                                                                                    |                                              |                                                    |                                                   |
| Date<br>02/26/0003                                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____ )<br>Charles Popper   | Amount of contribution (\$)<br>100.00        |                                                    | In-kind contribution description(if applicable)   |
| Contributor address; City; State; Zip Code<br>6409 Gouldville Court<br>Austin TX 78739            |                                                                                                    |                                              |                                                    |                                                   |
| Contributor's principal occupation<br>attorney                                                    |                                                                                                    | Contributor's job title<br>attorney          |                                                    |                                                   |
| Contributor's employer/law firm<br>self                                                           |                                                                                                    | Law firm of contributor's spouse (if any)    |                                                    |                                                   |
| If contributor is a child, law firm of parent(s) (if any)                                         |                                                                                                    |                                              |                                                    |                                                   |



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

|                                                                                       |                                               |                                                      |                                              |                                                   |                                                   |
|---------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------|----------------------------------------------|---------------------------------------------------|---------------------------------------------------|
| The INSTRUCTION GUIDE explains how to complete this form.                             |                                               |                                                      |                                              | 1 Total pages report:<br>15/33                    |                                                   |
| 2 FILER NAME<br>Hon. Brenda Kennedy                                                   |                                               |                                                      |                                              | 3 ACCOUNT # (Ethics Commission files)<br>00051821 |                                                   |
| 4 Date<br>03/03/0003                                                                  | 5 Full name of contributor<br>Demetra Kennedy | <input type="checkbox"/> out-of-state PAC(ID# _____) |                                              | 7 Amount of contribution (\$)<br>100.00           | 8 In-kind contribution description(if applicable) |
| 6 Contributor address; City; State; Zip Code<br>267 Oakwood Lane<br>McGregor TX 76657 |                                               |                                                      |                                              |                                                   |                                                   |
| 9 Contributor's principal occupation<br>chemist                                       |                                               |                                                      | 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<br>02/26/0003                                                                    | Full name of contributor<br>Kinard & Kinard   | <input type="checkbox"/> out of state PAC(ID# _____) |                                              | Amount of contribution (\$)<br>250.00             | In-kind contribution description(if applicable)   |
| Contributor address; City; State; Zip Code<br>P.O. Box 685138<br>Austin TX 78768      |                                               |                                                      |                                              |                                                   |                                                   |
| Contributor's principal occupation<br>Law Firm                                        |                                               |                                                      | Contributor's job title                      |                                                   |                                                   |
| Contributor's employer/law firm<br>Kinard & Kinard                                    |                                               |                                                      | Law firm of contributor's spouse (if any)    |                                                   |                                                   |
| If contributor is a child, law firm of parent(s) (if any)                             |                                               |                                                      |                                              |                                                   |                                                   |
| Date<br>02/04/0003                                                                    | Full name of contributor<br>Ms. Pam Lancaster | <input type="checkbox"/> out-of-state PAC(ID# _____) |                                              | Amount of contribution (\$)<br>250.00             | In-kind contribution description(if applicable)   |
| Contributor address; City; State; Zip Code<br>1103 Nueces<br>Austin TX 78701          |                                               |                                                      |                                              |                                                   |                                                   |
| Contributor's principal occupation<br>Attorney                                        |                                               |                                                      | Contributor's job title                      |                                                   |                                                   |
| Contributor's employer/law firm<br>Self                                               |                                               |                                                      | Law firm of contributor's spouse (if any)    |                                                   |                                                   |
| If contributor is a child, law firm of parent(s) (if any)                             |                                               |                                                      |                                              |                                                   |                                                   |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages report:

13/33

2 FILER NAME

Hon. Brenda Kennedy

3 ACCOUNT # (Ethics Commission files)

00051821

4 Date

02/26/0003

5 Full name of contributor

out-of-state PAC(ID# \_\_\_\_\_)

Hanna & Plaut LLP.

6 Contributor address; City; State; Zip Code

106 East 6th

Ste. 520

Austin TX 78701

7 Amount of contribution (\$)

250.00

8 In-kind contribution description(if applicable)

9 Contributor's principal occupation

Law Firm

10 Contributor's job title

11 Contributor's employer/law firm

Hanna & Plaut

12 Law firm of contributor's spouse (if any)

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

Date

02/27/0003

Full name of contributor

out-of-state PAC(ID# \_\_\_\_\_)

Robert Harris

Contributor address; City; State; Zip Code

2402 Bluffview Drive

Austin TX 78704

Amount of contribution (\$)

200.00

In-kind contribution description(if applicable)

Contributor's principal occupation

attorney

Contributor's job title

attorney

Contributor's employer/law firm

self

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

02/26/0003

Full name of contributor

out-of-state PAC(ID# \_\_\_\_\_)

John Howard

Contributor address; City; State; Zip Code

316 West 12th

Ste 319

Austin TX 78701

Amount of contribution (\$)

100.00

In-kind contribution description(if applicable)

Contributor's principal occupation

attorney

Contributor's job title

attorney

Contributor's employer/law firm

self

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)