

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5764

FORM JC/OH
COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00051821	2 Total pages this report: 1/4
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Hon. Brenda	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
	NICKNAME LAST SUFFIX Kennedy		
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7300 Covered Bridge Drive Austin TX 78736		
<input type="checkbox"/> Change of Address			
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Mr. Bruce		
	NICKNAME LAST SUFFIX Todd		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 100 Congress Ste. 800 Austin TX 78701		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 370-2873		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach CrOH - FR)		
9 PERIOD COVERED	Month / Day / Year THROUGH Month / Day / Year 01/01/2004 06/30/2004		
10 ELECTION	ELECTION DATE Month / Day / Year 03/07/2006	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Social	
11 OFFICE	OFFICE HELD (if any) District Judge 403	12 OFFICE SOUGHT (if known) District Judge 403	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...		
	Name Address/PO Box: Apt. / Suite #: City: State: Zip Code		
<input type="checkbox"/> additional pages			

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME
Hon. Brenda Kennedy

15 ACCOUNT # (Ethics Commission filers)
00051821

16 NOTICE FROM 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 \$ 9.75

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 9.75

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 160.00

EXPENDITURE TOTALS

4. TOTAL POLITICAL EXPENDITURES \$ 835.90

OUTSTANDING LOAN TOTALS

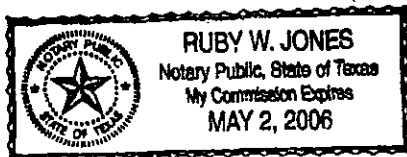
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 8129.09

CONTRIBUTION BALANCE

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

18 AFFIDAVIT

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



Brenda P. Kennedy
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Brenda P. Kennedy, this the 13 day of July, 2006, to certify which, witness my hand and seal of office.

Ruby W. Jones
Signature of officer administering oath

Ruby W. Jones
Print name of officer administering oath

notary
Title of officer administering oath

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

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 3/4
2 FILER NAME Hon. Brenda Kennedy		3 ACCOUNT # (Ethics Commission filers) 00051821
4 Date 04/05/2004	5 Payee name Austin Chapter of Jack and Jill of America 6 Payee address: City: State: Zip Code P.O. Box 6059 Austin TX 78702	7 Amount (\$) 120.00
8 Purpose of expenditure (See instructions regarding type of information required.) fundraiser ad and ticket		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 04/15/2004	Payee name Austin Chapter, National Charity League Inc. Payee address: City: State: Zip Code P.O. Box 161807 Austin TX 78716	Amount (\$) 345.00
Purpose of expenditure (See instructions regarding type of information required.) Dues		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 02/27/2004	Payee name Austin Women's Political Caucus Payee address: City: State: Zip Code 815 Brazos Austin TX 78701	Amount (\$) 65.00
Purpose of expenditure (See instructions regarding type of information required.) membership dues		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 06/25/2004	Payee name Fyr's Electronics Payee address: City: State: Zip Code 12707 North Mopac Austin TX 78727	Amount (\$) 90.90
Purpose of expenditure (See instructions regarding type of information required.) wireless microsoft keyboard and mouse		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:

4/4

2 FILER NAME

Hon. Brenda Kennedy

3 ACCOUNT # (Ethics Commission filers)

00051821

4 Date

01/28/2004

5 Payee name

Townlake Chapter of the Links, Inc.

6 Payee address; City; State; Zip Code

c/o Link Lora Livingston
5712 Painted Valley Drive
Austin TX 78759

7 Amount (\$)

55.00

8 Purpose of expenditure (See instructions regarding type of information required.)

Fundraiser Ticket & Donation

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

Candidate / Officeholder name Office sought Office held