

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5890

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:  1/3		
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI	<b>OFFICE USE ONLY</b>  Date Received: JAN 13 2006 Date Hand-Delivered or Date Postmarked: 1/13/06 Receipt #      Amount Date Processed Date Imaged	
	Hon.	Brenda			
NICKNAME	LAST	SUFFIX			
	Kennedy				
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
<input type="checkbox"/> Change of Address	7300 Covered Bridge Drive Austin TX 78736				
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 checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (off-candidate only)	
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)	
9 PERIOD COVERED	Month / Day / Year	THROUGH		Month / Day / Year	
	07/01/2004			12/31/2004	
10 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month / Day / Year		<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General <input type="checkbox"/> Special
	03/07/2006				
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. ..

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		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 **\$ 9.06**

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **\$ 9.06**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED **\$ 162.19**

EXPENDITURE TOTALS

4. TOTAL POLITICAL EXPENDITURES **\$ 886.89**

OUTSTANDING LOAN TOTALS

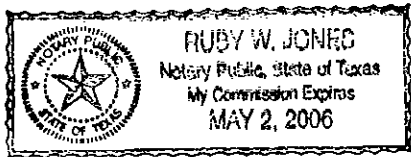
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD **\$ 7251.26**

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.



*[Handwritten Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ruby Jones, this the 13 day of January, 2005, 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 Public  
Title of officer administering oath

# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 3/3
2 FILER NAME Hon. Brenda Kennedy		3 ACCOUNT # (Ethics Commission file#) 00051821
4 Date 12/01/2004	5 Payee name Austin Area Urban League 6 Payee address; City; State; Zip Code 1033 La Posada Drive Suite 150 Austin TX 78752	7 Amount (\$) 500.00
8 Purpose of expenditure (See instructions regarding type of information required.) Board of Director Dues	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held	
Date 10/05/2004	Payee name Austin Chapter of Links, Inc. Payee address; City; State; Zip Code P.O. Box 143255 Austin TX 78714-3255	Amount (\$) 120.00
Purpose of expenditure (See instructions regarding type of information required.) Foundation fundraising donation	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held	
Date 12/05/2004	Payee name Linens N Things Payee address; City; State; Zip Code 5601 Brodie Lane Austin TX 78745	Amount (\$) 104.70
Purpose of expenditure (See instructions regarding type of information required.) Courthouse Office Furnishings - sofa cover	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name      Office sought      Office held	