

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6000

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 PAGE # 1 of 3
-----------------------------------------------------------------	-------------------------------------------------------	--------------------

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Hon.	FIRST Brenda	MI	OFFICE USE ONLY
	NICKNAME	LAST Kennedy	SUFFIX	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE
	7300 Covered Bridge Drive Austin, TX 78736				

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
----------------------------------	-----------	--------------	-----------

6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Bruce	MI	OFFICE USE ONLY
	NICKNAME	LAST Todd	SUFFIX	

7 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				

8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(512) 370-2873			

9 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 (officers 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 C/OH - FR)

10 PERIOD COVERED	Month	Day	Year	THROUGH:	Month	Day	Year
	01/01/2005			06/30/2005			

11 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							

12 OFFICE OFFICE HELD (if any) District Judge District 403	13 OFFICE SOUGHT (if known) District Judge District 403
------------------------------------------------------------------	------------------------------------------------------------

14 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				

additional pages

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

15 C/OH NAME Kennedy, Brenda (Hon.)

16 ACCOUNT # (Ethics Commission filers)
00051821

17 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of 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

18 CONTRIBUTION TOTALS

1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	6.89
----	--------------------------------------------------------------------------------------------------------------------	----	------

2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	6.89
----	-----------------------------------------------------------------------------------	----	------

EXPENDITURE TOTALS

3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	53.00
----	---------------------------------------------------------------	----	-------

4.	TOTAL POLITICAL EXPENDITURES	\$	534.00
----	------------------------------	----	--------

CONTRIBUTION BALANCE

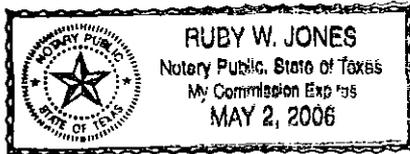
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	6,671.15
----	-------------------------------------------------------------------------------------	----	----------

OUTSTANDING LOAN TOTALS

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

19 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 W. Jones, this the 11 day of July, 2005, to certify which, witness my hand and seal of office.

Ruby W. Jones
Signature of officer administering oath

RUBY 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 PAGE # Schedule: 1/1 Report: 3/3
2 FILER NAME Kennedy, Brenda (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00051821
4 Date 02/01/2005	5 Payee name Alpha Kappa Alpha Sorority inc. c/o Susan Johnson 6 Payee address; City; State; Zip Code c/o Susan Johnson 11603 Parkfield Drive Austin, TX 78758	7 Amount (\$) \$90.00
8 Purpose of payment (See instructions regarding type of information required.) Organization's Fundraiser		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 01/31/2005	Payee name Austin Area Urban League Payee address; City; State; Zip Code 1033 La Posada Drive Suite 150 Austin, TX 78752	Amount (\$) \$72.00
Purpose of payment (See instructions regarding type of information required.) Organization's fundraiser - banquet		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 05/24/2005	Payee name National Charity League, Austin Chapter Payee address; City; State; Zip Code P.O. Box 161807 Austin, TX 78716	Amount (\$) \$254.00
Purpose of payment (See instructions regarding type of information required.) Dues and Event Fees		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 01/12/2005	Payee name Townlake Chapter of the Links, Inc. Payee address; City; State; Zip Code c/o Link Lora Livingston 5712 Painted Valley Drive Austin, TX 78759	Amount (\$) \$65.00
Purpose of payment (See instructions regarding type of information required.) Organization's fundraising report		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held: