

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# 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 5 <b>6311</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Hon.	FIRST Brenda	MI
	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 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Bruce	MI
	NICKNAME	LAST Todd	SUFFIX
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 checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
9 PERIOD COVERED	Month	Day	Year
	01/01/2006		THROUGH 06/30/2006
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE
	11/07/2006		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any) District Judge District 403		12 OFFICE SOUGHT (if known) District Judge District 403
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...		
	Name		
	Address/PO Box, Apt. / Suite #: City, State: Zip Code		

**OFFICE USE ONLY**

Date Received: 11/13/06 11:20 AM

Date Hand-delivered or Date Posted: 11/13/06 11:20 AM

Receipt #	Amount

Date Processed:  

Date Imaged:

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM JC/OH COVER SHEET PG 2

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

15 ACCOUNT # (Ethics Commission file #)  
00051821

### 16 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. ..

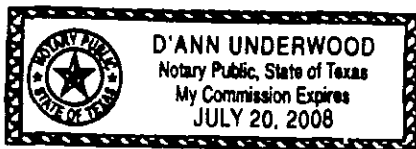
<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

### 17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	6.46
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	256.46
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	85.00
4. TOTAL POLITICAL EXPENDITURES	\$	1,896.77
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	6,976.11
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*  
 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 12<sup>th</sup> day of July, 20 08, to certify which, witness my hand and seal of office.

*D'Ann Underwood*      D'Ann Underwood      Notary  
 Signature of officer administering oath      Print name of officer administering oath      Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

## SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 1/1 Report: 3/5

2 FILER NAME Kennedy, Brenda (Hon.)

3 ACCOUNT #(Ethics Commission filers)  
00051821

4 Date  
  
01/17/2006

5 Full name of contributor  out-of-state PAC(ID# \_\_\_\_\_)  
Scanlan, Buckle, and Young PC

6 Contributor address: City: State: Zip Code  
602 West 11th  
Austin, TX 78701-2099

7 Amount of contribution (\$)  
  
\$250.00

8 In-kind contribution description (if applicable)  
Election contribution

9 Contributor's principal occupation

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)

# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 1/2 Report: 4/5

**2** FILER NAME Kennedy, Brenda (Hon.)

**3** ACCOUNT # (Ethics Commission file #)  
00051821

<b>4</b> Date	<b>5</b> Payee name Austin Area Urban League	<b>7</b> Amount (\$)
02/13/2006	<b>6</b> Payee address; City; State; Zip Code 1033 La Posada Drive Suite 150 Austin, TX 78752	\$75.00

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Organization's fundraiser - banquet	<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name Austin Area Urban League	Amount (\$)
04/11/2006	Payee address; City; State; Zip Code 1033 La Posada Drive Suite 150 Austin, TX 78752	\$500.00

Purpose of payment (See instructions regarding type of information required.) Board Member Dues	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name Austin Chapter, National Charity League Inc.	Amount (\$)
06/08/2006	Payee address; City; State; Zip Code P.O. Box 161807 Austin, TX 78716	\$324.00

Purpose of payment (See instructions regarding type of information required.) Dues	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name Austin Women's Political Caucus	Amount (\$)
04/10/2006	Payee address; City; State; Zip Code 815 Brazos Austin, TX 78701	\$65.00

Purpose of payment (See instructions regarding type of information required.) Dues	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
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# POLITICAL EXPENDITURES

# SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/2 Report: 5/5
2 FILER NAME Kennedy, Brenda (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00051821
4 Date  01/23/2006	5 Payee name Things Remembered  6 Payee address: City: State: Zip Code 2901 Capitol of Texas Highway Austin, TX 78746	7 Amount (\$)  \$124.98
8 Purpose of payment (See instructions regarding type of information required.) Court Reporter Retirement Gift - Joan Wilson		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  01/30/2006	Payee name Travis County Democratic Party  Payee address: City: State: Zip Code 1311-B East 6th Austin, TX 78702	Amount (\$)  \$100.00
Purpose of payment (See instructions regarding type of information required.) Filing Day Dinner		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  06/27/2006	Payee name Travis County Treasurer  Payee address: City: State: Zip Code P.O. Box 1748 Austin, TX 78767	Amount (\$)  \$222.79
Purpose of payment (See instructions regarding type of information required.) Office Equipment		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  03/24/2006	Payee name Travis County Women Lawyers Association  Payee address: City: State: Zip Code P.O. Box 684683 Austin, TX 78768	Amount (\$)  \$400.00
Purpose of payment (See instructions regarding type of information required.) Lifetime Membership		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held: