

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM **JC/OH**
COVER SHEET PG 2

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

15 ACCOUNT # (Ethics Commission filers)
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. ..

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 \$ 5.90

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 5.90

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 190.00

4. TOTAL POLITICAL EXPENDITURES \$ 890.00

CONTRIBUTION BALANCE

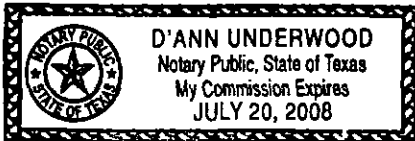
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 5,869.27

OUTSTANDING LOAN TOTALS

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 12th day of Jan., 2007, to certify which, witness my hand and seal of office.

D'Ann Underwood

Signature of officer administering oath

D'Ann Underwood

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: 1/2 Report: 3/4

2 FILER NAME Kennedy, Brenda (Hon.)

3 ACCOUNT # (Ethics Commission filers)
00051821

4 Date	5 Payee name Austin Area Urban League	7 Amount (\$)
11/03/2006	6 Payee address; City; State; Zip Code 1033 La Posada Drive Suite 150 Austin, TX 78752	\$65.00

8 Purpose of payment (See instructions regarding type of information required.) Donation for Annual Board/Business Meeting <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

4 Date	5 Payee name Austin Chapter of Links, Inc.	7 Amount (\$)
09/21/2006	6 Payee address; City; State; Zip Code P.O. Box 143255 Austin, TX 78714-3255	\$70.00

8 Purpose of payment (See instructions regarding type of information required.) Donation To The Foundation for Biennial Fundraising Event <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/2 Report: 4/4**2** FILER NAME Kennedy, Brenda (Hon.)**3** ACCOUNT # (Ethics Commission filers)
00051821

4 Date 11/09/2006	5 Payee name Kocurek, Julie (Ms.)	7 Amount (S) \$65.00
6 Payee address: City: State: Zip Code 2803 Scenic Drive Austin, TX 78703		

8 Purpose of payment
(See instructions regarding type of information required.)
Donation to Travis County District Judges sponsored event
for Judge Wisser's Retirement Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

4 Date 10/31/2006	5 Payee name Travis County Democratic Party	7 Amount (S) \$500.00
6 Payee address: City: State: Zip Code 1311-B East 6th Austin, TX 78702		

8 Purpose of payment
(See instructions regarding type of information required.)
Contribution to Get Out the Vote Effort Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	