

JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT 7230 **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 14
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Hon. FIRST: Brenda P. MI: NICKNAME: LAST: Kennedy	OFFICE USE ONLY Date Received: 10 JAN 15 10:39 FILED FOR REC'D Date Hand-delivered or Date Postmarked: Receipt # Amount Date Processed Date Imaged	
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	DANA DEBEAUVOIR COUNTY CLERK TRAVIS COUNTY TEXAS	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr. FIRST: Edward MI: NICKNAME: LAST: Taylor SUFFIX:		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE: 278 Campfire Way Smithville, TX 78957		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION: (512) 360-3402		
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 (officeholder 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 07/01/2009 12/31/2009		
10 ELECTION	ELECTION DATE Month Day Year 03/09/2010	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input 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:		

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

14 C/OH NAME Kennedy, Brenda P. (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 \$ 430.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 6,780.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 97.00

4. TOTAL POLITICAL EXPENDITURES \$ 3,653.12

CONTRIBUTION BALANCE

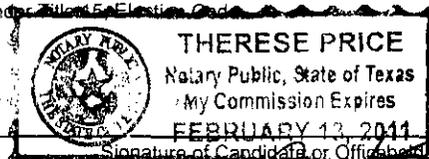
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 7,209.08

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 5, Election Code, ...



Brenda P. Kennedy
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Therese Price, this the 15th day of Jan, 2010, to certify which, witness my hand and seal of office.

Therese Price
Signature of officer administering oath

Therese Price
Print name of officer administering oath

notary
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: 1/9 Report: 3/14	
2 FILER NAME Kennedy, Brenda P. (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00051821	
4 Date 12/11/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Arth, James (Mr.) 6 Contributor address; City; State; Zip Code 700 Lavaca St. Ste 1150 Austin, TX 78709-0224	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation Attorney		10 Contributor's job title Attorney	
11 Contributor's employer / law firm Law Office of James Arth		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 12/01/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Blackwell, Betty (Ms.) Contributor address; City; State; Zip Code 1306 Nueces Austin, TX 78701	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer / law firm Law office of Betty Blackwell		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 12/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Calamia, Dan (Mr.) Contributor address; City; State; Zip Code 812 San Antonio Street Suite 310 Austin, TX 78701	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor's principal occupation Lawyer		Contributor's job title Attorney	
Contributor's employer / law firm Calamia Law Firm, PLLC		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/9 Report: 4/14	
2 FILER NAME Kennedy, Brenda P. (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00051821	
4 Date 12/07/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Casey, James (Mr.) 6 Contributor address; City; State; Zip Code 8705 Shoal Creek Blvd. Ste. 202 Austin, TX 78757-6848	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation Attorney		10 Contributor's job title Attorney	
11 Contributor's employer / law firm Casey Law Firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 12/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Casey, Sara (Mrs.) Contributor address; City; State; Zip Code 8705 Shoal Creek Blvd. Ste. 202 Austin, TX 78757-6848	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer / law firm Casey Law Firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 12/18/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Craven, Elsie (Mrs.) Contributor address; City; State; Zip Code 1112 Cripple Creek Drive Austin, TX 78758	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor's principal occupation Lawyer		Contributor's job title Attorney	
Contributor's employer / law firm Law Office of Elsie Craven		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/9 Report: 5/14	
2 FILER NAME Kennedy, Brenda P. (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00051821	
4 Date 12/02/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Denum, Bart (Mr.) 6 Contributor address; City; State; Zip Code 3600 Meredith Street Austin, TX 78703	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation Lawyer		10 Contributor's job title Attorney	
11 Contributor's employer / law firm Law Office of Bart Denum		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 12/11/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dorbandt, Chris (Mr.) Contributor address; City; State; Zip Code 603 W. 12th Street Austin, TX 78701-1717	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor's principal occupation Lawyer		Contributor's job title Attorney	
Contributor's employer / law firm Law Office of Chris Dorbandt		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 12/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fox, Bruce (Mr.) Contributor address; City; State; Zip Code 404 West 13th Austin, TX 78701	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer / law firm Law Office of Bruce Fox		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/9 Report: 6/14	
2 FILER NAME Kennedy, Brenda P. (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00051821	
4 Date 12/07/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Freeman, Rick (Mr.) 6 Contributor address; City; State; Zip Code 811 Barton Springs Rd. #740 Austin, TX 78704	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Contributor's principal occupation Lawyer		10 Contributor's job title Attorney	
11 Contributor's employer / law firm Law Office of Rick Freeman P.C.		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 12/07/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gunter & Bennett P.C. Contributor address; City; State; Zip Code 600 West 9th Austin, TX 78701	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Contributor's principal occupation Attorneys		Contributor's job title Attorney	
Contributor's employer / law firm Gunter & Bennett P.C.		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 12/02/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Krug, Karyl (Ms.) Contributor address; City; State; Zip Code 812 San Antonio Suite G12 Austin, TX 78701	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Contributor's principal occupation Lawyer		Contributor's job title Attorney	
Contributor's employer / law firm Law Office of Karyl Krug		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/9 Report: 7/14	
2 FILER NAME Kennedy, Brenda P. (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00051821	
4 Date 12/04/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MacInnis, Gary (Mr.)	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 8400 Mauai Dr. Austin, TX 78749-3869		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Contributor's principal occupation Attorney		10 Contributor's job title Attorney	
11 Contributor's employer / law firm Law Office of Gary MacInnis		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 12/08/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Maloney, Frank (Hon.)	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3106 Pleasant Run Place Austin, TX 78709-0224		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Contributor's principal occupation Retired Judge		Contributor's job title Retired Judge	
Contributor's employer / law firm Retired		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 12/07/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mata, Orlando (Mr.)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1301 So. IH35, #304 Austin, TX 78741		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Contributor's principal occupation Lawyer		Contributor's job title Attorney	
Contributor's employer / law firm Law Office of Orlando Mata		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 6/9 Report: 8/14

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

3 ACCOUNT # (Ethics Commission files)

00051821

4 Date

12/15/2009

5 Full name of contributor out-of-state PAC (ID# _____)
McCrimmon, Mark (Mr.)

6 Contributor address; City; State; Zip Code
704 West 9th Street
Austin, TX 78701

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation
Lawyer

10 Contributor's job title
Attorney

11 Contributor's employer / law firm
Law Office of Mark McCrimmon

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

12/01/2009

Full name of contributor out-of-state PAC (ID# _____)
Orr, Stephen (Mr.)

Contributor address; City; State; Zip Code
804 Rio Grande
Austin, TX 78701

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation
Lawyer

Contributor's job title
Attorney

Contributor's employer / law firm
Law Office of Stephen Orr

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

12/04/2009

Full name of contributor out-of-state PAC (ID# _____)
Presse, Philip (Mr.)

Contributor address; City; State; Zip Code
819 1/2 West 11th St.
Austin, TX 78701-2010

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation
Lawyer

Contributor's job title
Attorney

Contributor's employer / law firm
Law Office of Philip Presse

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/9 Report: 9/14	
2 FILER NAME Kennedy, Brenda P. (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00051821	
4 Date 11/30/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ray, Esperson (Mr.) 6 Contributor address; City; State; Zip Code 316 West 12th Street, Suite 101B Austin, TX 78701	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Contributor's principal occupation Attorney		10 Contributor's job title Attorney	
11 Contributor's employer / law firm Law Officer of Ray Esperson		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 12/30/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rubinett, Gordon (Mr.) Contributor address; City; State; Zip Code 1100 West Avenue Austin, TX 78701	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Contributor's principal occupation Lawyer		Contributor's job title Attorney	
Contributor's employer / law firm Law Office of Gordon Rubinett		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 11/26/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sheppard, David (Mr.) Contributor address; City; State; Zip Code 700 Lavaca, Ste. 1550 Austin, TX 78701-3102	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer / law firm Law Office of David Sheppard		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/9 Report: 10/14	
2 FILER NAME Kennedy, Brenda P. (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00051821	
4 Date 12/19/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Turro, Steve (Mr.) 6 Contributor address; City; State; Zip Code 404 West 13th Austin, TX 78701-1825	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation Lawyer		10 Contributor's job title Attorney	
11 Contributor's employer / law firm Law Office of Steve Turro		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			
Date 12/07/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Weber, Tom (Mr.) Contributor address; City; State; Zip Code 4101 Medical Parkway #201 Austin, TX 78757	Amount of contribution (\$) \$750.00	In-kind contribution description (if applicable)
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer / law firm Law Office of Tom Weber		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 12/23/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Weber, Tom (Mr.) Contributor address; City; State; Zip Code 4101 Medical Parkway #201 Austin, TX 78756	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor's principal occupation Attorney		Contributor's job title Attorney	
Contributor's employer / law firm Law Office of Tom Weber		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/9 Report: 11/14	
2 FILER NAME Kennedy, Brenda P. (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00051821	
4 Date 12/30/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Williams, Allan (Mr.) 6 Contributor address: City; State; Zip Code 1100 West Avenue Austin, TX 78701	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Contributor's principal occupation Lawyer		10 Contributor's job title Attorney	
11 Contributor's employer / law firm Law Office of Allan Williams		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B (J)

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 12/14

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

3 ACCOUNT # (Ethics Commission filers)
00051821

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date

12/07/2009

6 Full name of pledgor out-of-state PAC (ID# _____)
Bridges, Russell (Mr.)

7 Pledgor address; City; State; Zip Code
6405 Cascada Drive
Austin, TX 78750

8 Amount of pledge (\$)

\$100.00

9 In-kind description
(if applicable)

(If travel outside of Texas, complete Schedule T)

10 Pledgor's principal occupation
Non-Lawyer

11 Pledgor's job title
unknown - non-legal

12 Pledgor's employer / law firm
Unknown

13 Law firm of pledgor's spouse (if any)

14 If pledgor 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: 13/14

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

3 ACCOUNT # (Ethics Commission filers)
00051821

4 Date	5 Payee name Office Depot	7 Amount (\$)
12/17/2009	6 Payee address; City; State; Zip Code 5300 Mopac Expy, South #101 Austin, TX 78749	\$92.47

8 Purpose of payment (See instructions regarding type of information required.) Campaign Donation Thank You Cards & Envelopes (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Smart Mail	Amount (\$)
11/25/2009	Payee address; City; State; Zip Code 2011 Anchor Lane Austin, TX 78723	\$420.00

Purpose of payment (See instructions regarding type of information required.) Campaign Fundraising Letter Development & Mailing Lists Compilation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name The Links Incorporated Foundation	Amount (\$)
09/12/2009	Payee address; City; State; Zip Code 1200 Massachusetts Avenue, NW Washington, DC 20005-4501	\$105.00

Purpose of payment (See instructions regarding type of information required.) 501c3 Charitable Contribution for local Austin Chapter of Links, Inc Foundation fundraiser (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Travis County Democratic Party	Amount (\$)
12/11/2009	Payee address; City; State; Zip Code 1311 East 6th Street Austin, TX 78701	\$1,500.00

Purpose of payment (See instructions regarding type of information required.) Democratic Party Filing Fee (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** 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: 14/14

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

3 ACCOUNT # (Ethics Commission filers)
00051821

4 Date	5 Payee name Travis County Democratic Party	7 Amount (\$)
12/22/2009	6 Payee address; City; State; Zip Code 1311 East 6th Street Austin, TX 78701	\$200.00

8 Purpose of payment (See instructions regarding type of information required.) Democratic Party Filing Day Dinner Sponsorship (with Judges Livingston and Sheppard) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date	Payee name Worley Printing	Amount (\$)
12/14/2009	Payee address; City; State; Zip Code 3217 North IH35 Austin, TX 78722	\$1,238.65

Purpose of payment (See instructions regarding type of information required.) Campaign Fundraiser Letters, Envelopes Reply Cards, Typsetting (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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