

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT # 00051821	2 PAGE # 1 of 6
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3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR Hon. FIRST Brenda P. MI NICKNAME LAST Kennedy SUFFIX	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Receipt #</td> <td style="width: 50%; padding: 2px;">Amount</td> </tr> <tr> <td style="padding: 2px;">Legal</td> <td style="padding: 2px;">Totals</td> </tr> </table> Date Processed Date Imaged	Receipt #	Amount	Legal	Totals
Receipt #	Amount					
Legal	Totals					
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election <input type="checkbox"/> Final Report					
5 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year 01/01/2011 THROUGH 06/30/2011					

6 EXPLANATION OF CORRECTION

I inadvertently forgot to list an expenditure that was over \$50 individually on my expenditure list, even though I had deducted it in my totals. So, I corrected the report to reflect that individual expenditure immediately after I submitted the report.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Brenda P Kennedy _____
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by _____ this the ____ day of _____, 20____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

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 # 2 of 6
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Hon.	FIRST Brenda P.	MI 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			
				Date Received
				Date Hand-delivered or Date Postmarked
		Receipt #	Amount	

5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Edward	MI MI	
	NICKNAME	LAST Taylor	SUFFIX	
				Date Processed
				Date Imaged

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 (512)	PHONE NUMBER 360-3402	EXTENSION
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8 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 (officeholder 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)			

9 PERIOD COVERED	Month Day Year 01/01/2011	THROUGH	Month Day Year 06/30/2011
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10 ELECTION	ELECTION DATE Month Day Year 11/02/2010		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
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11 OFFICE OFFICE HELD (if any) District Judge District 403	12 OFFICE SOUGHT (if known) District Judge District 403
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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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The I NSTRUCTION G U I D E explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 4/6	
2 FILER NAME Kennedy, Brenda P. (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00051821	
4 Date 01/17/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kennedy, Brenda (Ms.) 6 Contributor address; City; State; Zip Code Austin, TX 78736	7 Amount of contribution (\$) \$290.00	8 In-kind contribution description (if applicable) reimbursement from Texas Center for Judiciary Registration fee for annual judicial conference (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Contributor's principal occupation Judge (self)		10 Contributor's job title Judge (self)	
11 Contributor's employer / law firm State of Texas		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

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/1 Report: 5/6	2 FILER NAME Kennedy, Brenda P. (Hon.)	3 ACCOUNT # (TEC filers) 00051821
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4 Date 05/23/2011	5 Payee name Austin Alumnae Chapter, Delta Sigma Theta
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6 Amount (\$) \$100.00	7 Payee address City; State; Zip Code 1190 San Bernard St Austin, TX 78702
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> contribution for southwestern regional conference patron status
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 6/6

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

3 ACCOUNT # (Ethics Commission filers)
00051821

4 Date 01/17/2011	5 Payor name Texas Center for the Judiciary	8 Amount (\$) \$290.00
	6 Payor address; City; State; Zip Code 1210 San Antonio Ste. 800 Austin, TX 78701	
7 Reason for credit Reimbursement for registration fee paid from officeholder acct for annual judicial conference		