

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

KENDALL SCUDDER

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE 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

GENERAL

N/A

SPECIFIC

COMMITTEE ADDRESS

N/A

COMMITTEE CAMPAIGN TREASURER NAME

N/A

COMMITTEE CAMPAIGN TREASURER ADDRESS

N/A

additional pages

17 CONTRIBUTION
TOTALS

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

\$ 1,597²⁵

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

\$ 2,747²⁵

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 146²⁵

4. TOTAL POLITICAL EXPENDITURES

\$ 956²²

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

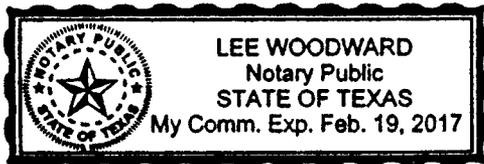
\$ 1790⁵³

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0⁰⁰

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.

[Handwritten Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kendall Scudder, this the 6th day of October, 20 14, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Lee Woodward
Printed name of officer administering oath

City Secretary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|--|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: 2 | |
| 2 FILER NAME KENDALL SLODDER | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 8/22/14 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOROTHY WILLET 6 Contributor address; City; State; Zip Code 19 BAUDEN RD HUNTSVILLE, TX 77320 | 7 Amount of contribution (\$) 100 ⁰⁰ | 8 In-kind contribution description (if applicable) N/A |
| 9 Principal occupation / Job title (See Instructions) RETIRED | | 10 Employer (See Instructions) SELF | |
| Date 8/25/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANK AND JANET FAJR Contributor address; City; State; Zip Code 3648 YARPON HUNTSVILLE, TEXAS 77340 | Amount of contribution (\$) 100 ⁰⁰ | In-kind contribution description (if applicable) N/A |
| Principal occupation / Job title (See Instructions) PROFESSOR | | Employer (See Instructions) SAM HOUSTON STATE UNIVERSITY | |
| Date 8/19/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MELISSA TEMPIETON Contributor address; City; State; Zip Code 1524 AVE O HUNTSVILLE, TX 77340 | Amount of contribution (\$) 100 ⁰⁰ | In-kind contribution description (if applicable) N/A |
| Principal occupation / Job title (See Instructions) SELF | | Employer (See Instructions) SELF | |
| Date 8/29/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MATT STILLWELL Contributor address; City; State; Zip Code 12500 PINTAIL COVE AUSTIN, TEXAS 78729 | Amount of contribution (\$) 100 ⁰⁰ | In-kind contribution description (if applicable) N/A |
| Principal occupation / Job title (See Instructions) SELF | | Employer (See Instructions) SELF | |
| Date 9/8/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHARLES WAGAMON Contributor address; City; State; Zip Code 1624 AVE. O HUNTSVILLE, TEXAS 77340 | Amount of contribution (\$) 100 ⁰⁰ | In-kind contribution description (if applicable) N/A |
| Principal occupation / Job title (See Instructions) RETIRED | | Employer (See Instructions) SELF | |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | | |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| | | | |
|---|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A: 2 | |
| 2 FILER NAME KENDALL SCODDER | | 3 ACCOUNT # (Ethics Commission Filers) | |
| 4 Date 9/8/14 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLAINE HENDS 6 Contributor address; City; State; Zip Code 228 HICKORY ST. HUNTSVILLE, TX 77340 | 7 Amount of contribution (\$) 100 ⁰⁰ | 8 In-kind contribution description (if applicable) N/A |
| 9 Principal occupation / Job title (See Instructions) RETIRED | | 10 Employer (See Instructions) SELF | |
| Date 9/22/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEORGE H. RUSSELL Contributor address; City; State; Zip Code 1409 19 TH ST HUNTSVILLE, TX 77340 | Amount of contribution (\$) 100 ⁰⁰ | In-kind contribution description (if applicable) N/A |
| Principal occupation / Job title (See Instructions) SELF | | Employer (See Instructions) SELF | |
| Date 9/22/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DR. TOM COLE Contributor address; City; State; Zip Code 1203 AVE J HUNTSVILLE, TEXAS 77340 | Amount of contribution (\$) 150 ⁰⁰ | In-kind contribution description (if applicable) N/A |
| Principal occupation / Job title (See Instructions) MEDICAL DOCTOR | | Employer (See Instructions) SELF | |
| Date 9/8/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TERESA SOMPE Contributor address; City; State; Zip Code 228 WILLOW BEND HUNTSVILLE, TX 77340 | Amount of contribution (\$) 100 ⁰⁰ | In-kind contribution description (if applicable) N/A |
| Principal occupation / Job title (See Instructions) OFFICE ASSOCIATE | | Employer (See Instructions) SAM DOMENY | |
| Date 9/22/14 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEROY AND CAROL HILTON Contributor address; City; State; Zip Code 2007 WICKERSHAM HUNTSVILLE, TX 77340 | Amount of contribution (\$) 200 ⁰⁰ | In-kind contribution description (if applicable) N/A |
| Principal occupation / Job title (See Instructions) RETIRED | | Employer (See Instructions) SELF | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------|--|---|
| 1 Total pages Schedule F: 1 | 2 FILER NAME KENDALL SCUDDER | 3 ACCOUNT # (Ethics Commission Filers) |
|---------------------------------------|--|---|

| | |
|----------------------------|--|
| 4 Date 9/24/2014 | 5 Payee name HUNTSVILLE ITEM |
|----------------------------|--|

| | |
|---|--|
| 6 Amount (\$) 522 ⁰⁰ | 7 Payee address; City; State; Zip Code 1409 10 TH ST HUNTSVILLE, TX 77340 |
|---|--|

| | | |
|---------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE | (b) Description (If travel outside of Texas, complete Schedule T) NEWSPAPER ADS |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------|--------------------------------|
| Date 9/24/2014 | Payee name WAGAMON PRENTISS |
|-------------------|--------------------------------|

| | |
|----------------------------------|---|
| Amount (\$) 288 ⁴⁷ | Payee address; City; State; Zip Code 1410 SYCAMORE HUNTSVILLE, TEXAS 77340 |
|----------------------------------|---|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE | Description (If travel outside of Texas, complete Schedule T) PUSHCARDS |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

| | | |
|-------------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If travel outside of Texas, complete Schedule T) |
| | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

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