

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers) N/A	2 Total pages filed: <b>4</b>
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MR.</b>	FIRST <b>KENDALL</b>	MI <b>W</b>	<b>OFFICE USE ONLY</b>
	NICKNAME <b>N/A</b>	LAST <b>SCUDDER</b>	SUFFIX <b>N/A</b>	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	<b>OFFICE USE ONLY</b>
	<b>555 BOWERS BLVD #805 HUNTSVILLE, TX 77340</b>					

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(903)</b>	PHONE NUMBER <b>243-2555</b>	EXTENSION <b>N/A</b>	<b>OFFICE USE ONLY</b>
	Date Hand-delivered or Postmarked <b>10/28/13</b>			

6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Ms.</b>	FIRST <b>ASHLEY</b>	MI <b>M</b>	<b>OFFICE USE ONLY</b>
	NICKNAME <b>N/A</b>	LAST <b>BAKER</b>	SUFFIX <b>N/A</b>	

7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	<b>555 BOWERS BLVD. N/A HUNTSVILLE, TX 77340</b>				

8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(832)</b>	PHONE NUMBER <b>338-1741</b>	EXTENSION <b>N/A</b>
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9 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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			

10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	<b>9</b>	<b>27</b>	<b>2013</b>		<b>10</b>	<b>26</b>	<b>13</b>

11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month <b>11</b> / Day <b>5</b> / Year <b>2013</b>	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input checked="" type="checkbox"/> General

12 OFFICE OFFICE HELD (if any) <b>N/A</b>	13 OFFICE SOUGHT (if known) <b>HUNTSVILLE CITY COUNCIL, WARD 2</b>
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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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

**14 C/OH NAME**  
KENDALL SUDDER

**15 ACCOUNT # (Ethics Commission Filers)**  
N/A

**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

GENERAL

SPECIFIC

COMMITTEE NAME

N/A

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

\$ 320<sup>00</sup>

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

\$ 870<sup>00</sup>

**EXPENDITURE  
TOTALS**

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

\$ 142<sup>63</sup>

4. TOTAL POLITICAL EXPENDITURES

\$ 2134<sup>81</sup>

**CONTRIBUTION  
BALANCE**

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

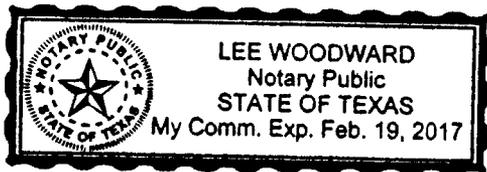
\$ 248<sup>35</sup>

**OUTSTANDING  
LOAN TOTALS**

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

\$ 0<sup>00</sup>

**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 Sudder, this the 28<sup>th</sup> day of October, 20 13, 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:

1

2 FILER NAME

KENDALL SWODDER

3 ACCOUNT # (Ethics Commission Filers)

N/A

4 Date

10/1/13

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
BRUCE GREEN

6 Contributor address; City; State; Zip Code

1209 UNIVERSITY AVE. HUNTSVILLE, TX 77340

7 Amount of contribution (\$)

150<sup>00</sup>

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

LAWYER

10 Employer (See Instructions)

SELF

Date

10/16/13

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
ATLANTIC HOUSING MANAGEMENT

Contributor address; City; State; Zip Code

5910 N. CENTRAL EXPRESSWAY, DALLAS, TX 75206

Amount of contribution (\$)

400<sup>00</sup>

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

N/A

Employer (See Instructions)

N/A

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**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.

<b>1</b> Total pages Schedule F: 1	<b>2</b> FILER NAME KENDALL SCODDER	<b>3</b> ACCOUNT # (Ethics Commission Filers) N/A	
<b>4</b> Date 10/17/13	<b>5</b> Payee name WAGAMON PRINTING		
<b>6</b> Amount (\$) 488.18	<b>7</b> Payee address; City; State; Zip Code 1410 SYCAMORE AVE. HUNTSVILLE, TX, 77340		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) MASL-OUTS.	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name N/A	Office sought N/A	Office held N/A
Date 10/22/13	Payee name THE HOUSTONIAN		
Amount (\$) 120 <sup>00</sup>	Payee address; City; State; Zip Code 1804 AVE. J #210 HUNTSVILLE, TX, 77341-2207		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) BANNER PRINT AD. -10/22/13	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name N/A	Office sought N/A	Office held N/A
Date 10/17/13	Payee name UNITED STATES POSTAL SERVICE		
Amount (\$) 1,150 <sup>00</sup>	Payee address; City; State; Zip Code 1315 10TH ST. HUNTSVILLE, TX, 77340		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) POSTAGE	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name N/A	Office sought N/A	Office held N/A
Date 10/25/13	Payee name FACEBOOK		
Amount (\$) 234 <sup>80</sup>	Payee address; City; State; Zip Code 156 UNIVERSITY AVE. PALO ALTO, CA 94301		
<b>PURPOSE OF EXPENDITURE</b>	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) FACEBOOK ADS.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name N/A	Office sought N/A	Office held N/A

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED