

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: 3
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR. NICKNAME N/A	FIRST KENDALL LAST SCUDDER	MI W SUFFIX N/A
OFFICE USE ONLY			
Date Received 10-29-12 m j 2:22 p.m.			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; P.O. Box 1371	APT / SUITE #; N/A	CITY; STATE; ZIP CODE HUNTSVILLE TX 77342
Date Hand-delivered or Postmarked			
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE (403)	PHONE NUMBER 243 - 2555
6 CAMPAIGN TREASURER NAME		EXTENSION N/A	MI A SUFFIX N/A
Date Processed 10-29-12 m j			
Date Imaged 10-29-12 m j			
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); 59 WEST OAK DRIVE		APT / SUITE #; N/A
8 CAMPAIGN TREASURER PHONE		CITY; STATE; ZIP CODE HUNTSVILLE TX 77320	AREA CODE (936)
9 REPORT TYPE		PHONE NUMBER 581-5974	EXTENSION N/A
<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 09 / 28 / 2012		THROUGH Month Day Year 10 / 29 / 2012
11 ELECTION	ELECTION DATE Month Day Year 11 / 6 / 2012	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) N/A		13 OFFICE SOUGHT (if known) HUNTSVILLE CITY COUNCIL, AT-LARGE, POS 4

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME KENDALL SCUDDER	15 ACCOUNT # (Ethics Commission Filers) N/A
----------------------------------------	-------------------------------------------------------

16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	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
	<input type="checkbox"/> GENERAL	N/A
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		N/A
	COMMITTEE CAMPAIGN TREASURER NAME	N/A
	COMMITTEE CAMPAIGN TREASURER ADDRESS	N/A

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 730.60
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 730.60
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 107.73
	4. TOTAL POLITICAL EXPENDITURES	\$ 1362.77
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 AFFIDAVIT



MARY JOYNER
Notary Public
STATE OF TEXAS
My Comm. Exp. 08/17/2014

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 W. Scudder, this the 29th day of oct, 20 12, to certify which, witness my hand and seal of office.

[Handwritten Signature]
Signature of officer administering oath

Mary Joyner
Printed name of officer administering oath

Exec. Asst
Title of officer administering oath

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 SUDDER	3 ACCOUNT # (Ethics Commission Filers) N/A
---------------------------------------	---------------------------------------	------------------------------------------------------

4 Date 10/23/2012	5 Payee name UNITED STATES POSTAL SERVICE
-----------------------------	-----------------------------------------------------

6 Amount (\$) 686.73	7 Payee address; City; State; Zip Code 3190 HIGHWAY 30W HUNTSVILLE, TEXAS, 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) MAILING
---------------------------------	------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------

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

Date 10/12/2012	Payee name WAGGON PRINTING INC.
--------------------	------------------------------------

Amount (\$) 568.31	Payee address; City; State; Zip Code 1410 SYCAMORE HUNTSVILLE, TX, 77340
-----------------------	-----------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) 5.5 X 8.5 EDDM Piece.
-------------------------------	-----------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------

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

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)
-------------------------------	---------------------------------------------------------------------	----------------------------------------------------------------------

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)
-------------------------------	---------------------------------------------------------------------	----------------------------------------------------------------------

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED