

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)

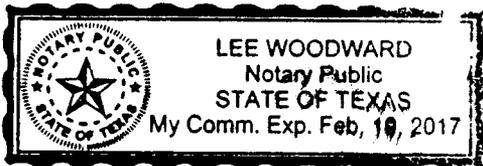
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		N/A
		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	\$ 839⁶⁴
2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3599⁶⁵
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 144⁸⁹
	4. TOTAL POLITICAL EXPENDITURES	\$ 1943⁸⁶
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1655⁷⁹
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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said **Kendall Scudder**, this the **7** day of **October**, 20 **13**, to certify which, witness my hand and seal of office.

[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:

4

2 FILER NAME

KENDALL SCUDDER

3 ACCOUNT # (Ethics Commission Filers)

N/A

4 Date

7/26/13

5 Full name of contributor out-of-state PAC (ID#: _____)

FRANK & JANET FAIR

6 Contributor address; City; State; Zip Code

3648 YOUNG ST. HUNTSVILLE, TX 77340

7 Amount of contribution (\$)

200⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

PROFESSOR/MENTOR

10 Employer (See Instructions)

SAM HOUSTON STATE UNIVERSITY

Date

8/6/13

Full name of contributor out-of-state PAC (ID#: _____)

DERRICK SKAUG

Contributor address; City; State; Zip Code

7812 E BERNHILL RD. COLBERT, WA 99005

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

SELF

Employer (See Instructions)

SELF

Date

7/26/13

Full name of contributor out-of-state PAC (ID#: _____)

CHRISTINA FELDER

Contributor address; City; State; Zip Code

11024 AVE. O HUNTSVILLE, TX 77340

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

OFFICE MANAGER

Employer (See Instructions)

WAGAMON PRINTING

Date

8/6/13

Full name of contributor out-of-state PAC (ID#: _____)

JOHN GORCZYNSKI

Contributor address; City; State; Zip Code

1209 HERKIMER HOUSTON, TX 77008

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

CONSULTANT

Employer (See Instructions)

TEAM IN TRAINING, LLS

Date

8/27/13

Full name of contributor out-of-state PAC (ID#: _____)

ERIN PSVARNIK

Contributor address; City; State; Zip Code

555 BOWERS BLD. #1812, HUNTSVILLE, TX, 77340

Amount of contribution (\$)

50.⁰¹

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

LEASING AGENT

Employer (See Instructions)

ARBORS OF SAM HOUSTON

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

4

2 FILER NAME

KENDALL SWDDER

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7/26/13

5 Full name of contributor out-of-state PAC (ID#: _____)

ANNE TRUE

6 Contributor address; City; State; Zip Code

130 ELKINS LAKE HUNTSVILLE, TX, 77340

7 Amount of contribution (\$)

100⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

CFO

10 Employer (See Instructions)

NORMAN BROTHERS PRODUCTIONS

Date

9/6/13

Full name of contributor out-of-state PAC (ID#: _____)

GLEN CARTER

Contributor address; City; State; Zip Code

2128 AVE. P HUNTSVILLE, TX, 77340

Amount of contribution (\$)

100⁰⁰

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)

RETIRED

Date

9/6/13

Full name of contributor out-of-state PAC (ID#: _____)

ROBERT + ANNE HEARTSFELD

Contributor address; City; State; Zip Code

216 ROYAL OAKS ST. HUNTSVILLE, TX, 77340

Amount of contribution (\$)

100⁰⁰

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)

RETIRED

Date

9/6/13

Full name of contributor out-of-state PAC (ID#: _____)

ED HUTCHISON

Contributor address; City; State; Zip Code

1206 EGAN DENTON, TX, 76201

Amount of contribution (\$)

100⁰⁰

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)

RETIRED

Date

9/6/13

Full name of contributor out-of-state PAC (ID#: _____)

KELLEY BARBER

Contributor address; City; State; Zip Code

P.O. Box 9194 HUNTSVILLE, TX 77340

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

POSTMAN

Employer (See Instructions)

U.S. POSTAL SERVICE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME KENDALL SWDDER		3 ACCOUNT # (Ethics Commission Filers) N/A	
4 Date 9/20/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN STRICKLAND	7 Amount of contribution (\$) 110⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2109 AVE P. HUNTSVILLE, TX 77340		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) SELF		10 Employer (See Instructions) SELF	
Date 9/8/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHELDON + PAT RAY	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1083 ELKINS LAKE HUNTSVILLE, TX 77340		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED	
Date 9/8/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PATSY PIERCE	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7409 DARTMOUTH ROWLETT, TX 75089		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED	
Date 9/9/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEORGE & SUZANNE RUSSELL	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1401 19TH ST. HUNTSVILLE, TX 77340		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) SELF	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

4

2 FILER NAME

KENDALL SWODER

3 ACCOUNT # (Ethics Commission Filers)

4 Date

7/26/13

5 Full name of contributor out-of-state PAC (ID#: _____)

JERALD FRAZIER

6 Contributor address; City; State; Zip Code

210 Hwy 75 N HUNTSVILLE, TX 77320

7 Amount of contribution (\$)

300⁰⁰

8 In-kind contribution description (if applicable)

SOUND SYSTEM AND
DISC JOCKEY
SERVICES.

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

DISC JOCKEY

10 Employer (See Instructions)

SMOKIN' JOZEES

Date

9/6/13

Full name of contributor out-of-state PAC (ID#: _____)

R.V. "RED" MCKASKLE

Contributor address; City; State; Zip Code

3805 SPRING DR. HUNTSVILLE, TX 77340

Amount of contribution (\$)

100⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

9/4/13

Full name of contributor out-of-state PAC (ID#: _____)

DANIEL WILSON

Contributor address; City; State; Zip Code

58 Hwy 75N HUNTSVILLE, TX, 77320

Amount of contribution (\$)

300⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

TOOL PUSHER

Employer (See Instructions)

SEA DRILL AMERICAS

Date

9/7/25/13

Full name of contributor out-of-state PAC (ID#: _____)

KOLBY FLOWERS

Contributor address; City; State; Zip Code

1615 SYCAMORE AVE #164 HUNTSVILLE, TX 77340

Amount of contribution (\$)

600⁰⁰

In-kind contribution description (if applicable)

WEBSITE
(www.KENDALLSWODER.com)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

STUDENT BODY VICE PRESIDENT

Employer (See Instructions)

SAM HOUSTON STATE UNIVERSITY

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.

1 Total pages Schedule F: 1	2 FILER NAME KENDALL SCUDDER	3 ACCOUNT # (Ethics Commission Filers) N/A
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4 Date 9.5.13	5 Payee name WAGAMON PRINTING
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6 Amount (\$) 192 ⁴³	7 Payee address; City; State; Zip Code 1410 SYCAMORE AVE. HUNTSVILLE, TX, 77340
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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) BUSINESS CARDS.
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name N/A	Office sought N/A	Office held N/A
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Date 9.18.13	Payee name HUNTSVILLE ITEM
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Amount (\$) 140 ⁰⁰	Payee address; City; State; Zip Code 1409 10 TH ST. HUNTSVILLE, TX 77340
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) CANDIDATE'S LIST
------------------------	---	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name N/A	Office sought N/A	Office held N/A
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Date 9.4.13	Payee name HUNTSVILLE ITEM
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Amount (\$) 300 ⁰⁰	Payee address; City; State; Zip Code 1409 10 TH ST. HUNTSVILLE, TX 77340
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) ONLINE ADS
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name N/A	Office sought N/A	Office held N/A
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Date 8.1.13	Payee name FACEBOOK
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Amount (\$) 266. ⁵⁴	Payee address; City; State; Zip Code 156 UNIVERSITY AVE. PALO ALTO, CA 94301
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) FACEBOOK ADS.
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name N/A	Office sought N/A	Office held N/A
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