

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
		<u>N/A</u>
	COMMITTEE ADDRESS	<u>N/A</u>
	COMMITTEE CAMPAIGN TREASURER NAME	<u>N/A</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS	<u>N/A</u>

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1,012.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,471.50
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 487.27
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,863.77
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 632.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

Kendall Scudder
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kendall Scudder, this the 9th day of October, 2012, to certify which, witness my hand and seal of office.

Frances Lee Woodward
Signature of officer administering oath

Frances 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 SCUDDER		3 ACCOUNT # (Ethics Commission Filers) N/A	
4 Date 07/02/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GLEN CARTER	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) N/A
6 Contributor address; City; State; Zip Code 2128 AVENUE P, HUNTSVILLE, TX 77340		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) RETIRED		10 Employer (See Instructions) N/A	
Date 07/25/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DR. Tom COLE	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) N/A
Contributor address; City; State; Zip Code 1203 AVENUE J HUNTSVILLE, TX 77340		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) SELF	
Date 08/23/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KAREN FOY	Amount of contribution (\$) \$230.00	In-kind contribution description (if applicable) N/A
Contributor address; City; State; Zip Code 6706 BRADFORD ESTATES, SACHSE, TEXAS, 75048		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) GOEMAN FOY	
Date 8/24/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KARMEN KING	Amount of contribution (\$) \$79.50	In-kind contribution description (if applicable) N/A
Contributor address; City; State; Zip Code 3008 OLD HOUSTON RD. #16 HUNTSVILLE TX, 77340		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ADMINISTRATIVE ASSISTANT		Employer (See Instructions) SAM HOUSTON STATE UNIVERSITY	
Date 9/5/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHARLES WAGAMON	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) N/A
Contributor address; City; State; Zip Code 1624 AVE. O HUNTSVILLE, TX, 77340		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A	

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: 2	
2 FILER NAME KENDALL SWDDER		3 ACCOUNT # (Ethics Commission Filers) N/A	
4 Date 09/15/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) D.V. "RED" MCKASKLE	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) N/A
6 Contributor address; City; State; Zip Code P.O. Box 8331 HUNTSVILLE, TX, 77340		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) RETIRED		10 Employer (See Instructions) N/A	
Date 9/21/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KELLEY BARBER	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) N/A
Contributor address; City; State; Zip Code P.O. Box 9194 HUNTSVILLE, TX, 77340		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) POST MAN		Employer (See Instructions) UNITED STATES POSTAL SERVICE	
Date 7/25/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GEORGE RUSSELL	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) N/A
Contributor address; City; State; Zip Code 1409 14TH STREET HUNTSVILLE, TX, 77340		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) MOVIE PRODUCER		Employer (See Instructions) SELF	
Date 4/25/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KARL & CASSIE DAVIDSON	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) N/A
Contributor address; City; State; Zip Code 1436 FISH HATCHERY ROAD HUNTSVILLE, TX, 77320		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A	
Date 8/30/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANIEL WILSON	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) N/A
Contributor address; City; State; Zip Code 59 WEST OAK DRIVE HUNTSVILLE, TEXAS, 77320		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) TOOL PUSHER		Employer (See Instructions) SEA DRILL AMERICAS	

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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: 3	2 FILER NAME KENDALL SCUDER	3 ACCOUNT # (Ethics Commission Filers) N/A
4 Date 07/12/2012	5 Payee name PROMOWORLD	
6 Amount (\$) \$142.50	7 Payee address; City; State; Zip Code 1218 SAM HOUSTON AVE. HUNTSVILLE, TEXAS, 77340	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) BUMPERSTICKERS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name N/A	Office sought N/A
		Office held N/A
Date 07/18/2012	Payee name ALTom CONSULTING	
Amount (\$) \$150.00	Payee address; City; State; Zip Code P.O. Box 640 HUNTSVILLE, TX, 77342	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) POSTCARDS AD.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name N/A	Office sought N/A
		Office held N/A
Date 7/25/2012	Payee name WAGAMON PRINTING INC.	
Amount (\$) \$688.00	Payee address; City; State; Zip Code 1410 S YCAMORE 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) YARD SIGNS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name N/A	Office sought N/A
		Office held N/A
Date 8/13/2012	Payee name WALKER COUNTY JOURNAL	
Amount (\$) \$175.00	Payee address; City; State; Zip Code P.O. Box 149 HUNTSVILLE, TX, 77342	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) HALF PAGE ADS.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name N/A	Office sought N/A
		Office held N/A

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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: 3	2 FILER NAME KENDALL SCUDDER	3 ACCOUNT # (Ethics Commission Filers) N/A
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4 Date 8/23/2012	5 Payee name GORMAN FOY
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6 Amount (\$) \$230.00	7 Payee address; City; State; Zip Code 840 CENTRAL PARKWAY EAST, PLANO, TX, 75074
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) PENS
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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 8/16/2012	Payee name WAGAMON PRINTING INC.
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Amount (\$) \$250.00	Payee address; City; State; Zip Code 1410 SYCAMORE HUNTSVILLE, TX, 77340
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) 4X9 PUSH CARDS
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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 8/30/2012	Payee name HUNTSVILLE ITEM
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Amount (\$) \$250.00	Payee address; City; State; Zip Code 1409 10TH STREET 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 9/11/2012	Payee name WAGAMON PRINTING INC.
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Amount (\$) \$1,124.00	Payee address; City; State; Zip Code 1410 SYCAMORE HUNTSVILLE, TX, 77340
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) PRINTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) MEDIUM + LARGE SIGNS
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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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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

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|---------------------|-------------------------------|----------------------------------|--|
| 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) |

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1 Total pages Schedule F: 3	2 FILER NAME KENDALL SLUDER	3 ACCOUNT # (Ethics Commission Filers) N/A
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4 Date 9/25/2012	5 Payee name HUNTSVILLE ITEM
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6 Amount (\$) \$367.00	7 Payee address; City; State; Zip Code 1409 10TH STREET HUNTSVILLE, TEXAS, 77320
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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) CANDIDATE LIST AND AD PACKAGE
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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	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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