

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: 9	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST KENDALL	MI W	OFFICE USE ONLY Date Received <div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED JUL 16 2012 BY: [Signature] Date Hand-delivered or Postmarked [Signature] 7/16/12 Receipt # _____ Amount _____ Date Processed [Signature] 7/16/12 Date Imaged [Signature] 7/16/12 </div>
	NICKNAME N/A	LAST SCUDDER	SUFFIX N/A	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; P.O. Box 1371	APT / SUITE #;	CITY; STATE; ZIP CODE HUNTSVILLE TEXAS 77342	
<input type="checkbox"/> change of address				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (903)	PHONE NUMBER 243-2555	EXTENSION N/A	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST LINDSAY	MI A	
	NICKNAME N/A	LAST BARNES - WILSON	SUFFIX N/A	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); 59 WEST OAK DRIVE		CITY; STATE; ZIP CODE HUNTSVILLE TEXAS 77320	
8 CAMPAIGN TREASURER PHONE	AREA CODE (936)	PHONE NUMBER 581-5153	EXTENSION N/A	
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 checked="" type="checkbox"/> July 15 <input 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 03 / 12 / 2012		THROUGH Month Day Year 06 / 30 / 2012	
11 ELECTION	ELECTION DATE Month Day Year 11 / 06 / 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) N/A	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

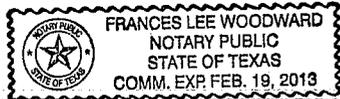
FORM C/OH COVER SHEET PG 2

14 C/OH NAME <u>KENDALL SCUDDER</u>	15 ACCOUNT # (Ethics Commission Filers) <u>N/A</u>
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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	<u>N/A</u>
	<input type="checkbox"/> SPECIFIC	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	\$ 1,272.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,203.93
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 136.42
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,179.49
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,024.44
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 16th day of July, 20 12, to certify which, witness my hand and seal of office.

<u><i>Frances Lee Woodward</i></u> Signature of officer administering oath	<u>Frances Lee Woodward</u> Printed name of officer administering oath	<u>City Secretary</u> Title of officer administering oath
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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 SCUDDER		3 ACCOUNT # (Ethics Commission Filers) N/A	
4 Date 6/15/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CINDY BLAYLOCK	7 Amount of contribution (\$) \$200.00	8 In-kind contribution description (if applicable) N/A
6 Contributor address; City; State; Zip Code 205 SUNSET LAKE DRIVE, 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 6/15/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLETUS MILLSAP	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) N/A
Contributor address; City; State; Zip Code 6151 HWY 19 SOUTH, SULPHUR SPRINGS, TX, 75482		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) FARMER		Employer (See Instructions) SELF	
Date 6/30/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARIA MARTIN	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable) N/A
Contributor address; City; State; Zip Code SANDRA DR. 2300 CEDAR PARK, TX 78613		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) SYSTEM ADMINISTRATOR		Employer (See Instructions) STATE FARM	
Date 4/15/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PHIL BOROWSKI & TERRI ST. CLAIR	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) N/A
Contributor address; City; State; Zip Code 209 ROWDY DRIVE, ROYCE CITY, TX, 77340		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) L-3 COMMUNICATIONS	
Date 5/2/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KOLBY FLOWERS	Amount of contribution (\$) \$69.93	In-kind contribution description (if applicable) N/A
Contributor address; City; State; Zip Code 1615 SYCAMORE AVE. #164, HUNTSVILLE, TX, 77340		(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	

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 SCUDDER		3 ACCOUNT # (Ethics Commission Filers) N/A	
4 Date 6/18/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BLAINE HINDS 6 Contributor address; City; State; Zip Code 228 HICKORY STREET, 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) N/A	
Date 6/9/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JEFF WEEMS Contributor address; City; State; Zip Code 6014 LINDENWOOD DR., HOUSTON, TX, 77024	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) N/A
Principal occupation / Job title (See Instructions) LAWYER		Employer (See Instructions) HARRISON, BETTS, STAFF, McFARLAND + WEEMS, LLP	
Date 6/26/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TINA FELDER Contributor address; City; State; Zip Code 1624 AVE. O, HUNTSVILLE, TX, 77340	Amount of contribution (\$) \$140.00	In-kind contribution description (if applicable) N/A
Principal occupation / Job title (See Instructions) OFFICE MANAGER		Employer (See Instructions) WAGAMON PRINTING	
Date 6/26/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CHARLES WAGAMON & MARION WAGAMON Contributor address; City; State; Zip Code 1624 AVE O., HUNTSVILLE, TX, 77340	Amount of contribution (\$) \$160.00	In-kind contribution description (if applicable) N/A
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A	
Date 6/13/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MELISSA PIERCE Contributor address; City; State; Zip Code 625 COLLEGE ST. SULPHUR SPRINGS, TX, 75482	Amount of contribution (\$) \$125.00	In-kind contribution description (if applicable) N/A
Principal occupation / Job title (See Instructions) CHEMICAL DEPENDANCY COUNSELOR		Employer (See Instructions) SELF	

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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 SCUDDER			3 ACCOUNT # (Ethics Commission Filers) N/A	
4 Date 6/9/2012	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RONNIE SCUDDER	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable) N/A	
6 Contributor address; City; State; Zip Code 20 TULIP DRIVE, TEXARKANA, TEXAS, 75503		(If travel outside of Texas, complete Schedule T)		
9 Principal occupation / Job title (See Instructions) DIESEL MECHANIC		10 Employer (See Instructions) RED RIVER ARMY DEPOT		
Date 5/23/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANNY WILSON	Amount of contribution (\$) \$225.00	In-kind contribution description (if applicable) N/A	
Contributor address; City; State; Zip Code 59 WEST OAK DRIVE HUNTSVILLE, TX 77320		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) TOOL PUSHER		Employer (See Instructions) SEADRILL AMERICAS		
Date 6/25/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CONNIE HARURN	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) N/A	
Contributor address; City; State; Zip Code P.O. Box 627, RIVERSIDE, TX, 77367		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A		
Date 6/18/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRANK + JANET FAIR	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable) N/A	
Contributor address; City; State; Zip Code 3648 YOUNG HUNTSVILLE, TX, 77320		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) PROFESSOR / MENTOR		Employer (See Instructions) SAM HOUSTON STATE UNIVERSITY		
Date 6/26/2012	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KATIE NEWMAN	Amount of contribution (\$) \$55.00	In-kind contribution description (if applicable) N/A	
Contributor address; City; State; Zip Code 1410 NOTTINGHAM #10301 HUNTSVILLE, TX, 77340		(If travel outside of Texas, complete Schedule T)		
Principal occupation / Job title (See Instructions) APARTMENT WORKER		Employer (See Instructions) VESPER ENCORE HUNTSVILLE LLC		
<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: <u>4</u>	
2 FILER NAME <u>KENDALL SCODDER</u>		3 ACCOUNT # (Ethics Commission Filers) <u>N/A</u>	
4 Date <u>6/30/2012</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>ETHEL MONROY</u>	7 Amount of contribution (\$) <u>\$ 100.00</u>	8 In-kind contribution description (if applicable) <u>N/A</u>
6 Contributor address; City; State; Zip Code <u>1420 15TH STREET, HUNTSVILLE, TX, 77340</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>TEACHER</u>		10 Employer (See Instructions) <u>PREMIER HIGH SCHOOL</u>	
Date <u>4/1/2012</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>KOLBY FLOWERS</u>	Amount of contribution (\$) <u>\$1,500.00</u>	In-kind contribution description (if applicable) <u>WEBSITE DESIGN AND MAINTENANCE</u>
Contributor address; City; State; Zip Code <u>1615 SYCAMORE AVE. #164 HUNTSVILLE, TX, 77340</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>STUDENT BODY VICE PRESIDENT</u>		Employer (See Instructions) <u>SAM HOUSTON STATE UNIVERSITY</u>	
Date <u>4/1/2012</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>KOLBY FLOWERS</u>	Amount of contribution (\$) <u>\$1,000.00</u>	In-kind contribution description (if applicable) <u>IPHONE APPLICATION DESIGN AND MAINTENANCE (20 HRS, \$50.00 AN HOUR)</u>
Contributor address; City; State; Zip Code <u>1615 SYCAMORE AVE #164 HUNTSVILLE, TX, 77340</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>STUDENT BODY VICE PRESIDENT</u>		Employer (See Instructions) <u>SAM HOUSTON STATE UNIVERSITY</u>	
Date <u>6/26/2012</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>KEVIN CURRIE</u>	Amount of contribution (\$) <u>\$307.00</u>	In-kind contribution description (if applicable) <u>FUNDRAISER VENUE</u>
Contributor address; City; State; Zip Code <u>4562 HWY 19 N. TRINITY, TX, 75862</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>BUSINESS OWNER</u>		Employer (See Instructions) <u>ARCHIE'S RESTAURANT ON THE RIVER</u>	
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 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	
4 Date 4-10-2012	5 Payee name WAGAMON PRINTING, INC.		
6 Amount (\$) \$ 191.07	7 Payee address; City; State; Zip Code 1410 SYCAMORE 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) PUSH CARDS (4000)	
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 4-13-2012	Payee name PROMOWORLD		
Amount (\$) \$ 130.00	Payee address; City; State; Zip Code 1218 SAM HOUSTON AVENUE 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) LAPEL STICKERS (1000)	
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 4-18-2012	Payee name APPLE, INC.		
Amount (\$) \$ 107.17	Payee address; City; State; Zip Code 1 INFINITE LOOP CUPERTINO, CA 95014		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER (TECHNOLOGY EXPENSE)	Description (If travel outside of Texas, complete Schedule T) IOS DEVELOPER PROGRAM	
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 4-30-2012	Payee name HUNTSVILLE ITEM		
Amount (\$) \$ 125.00	Payee address; City; State; Zip Code 1409 10 TH STREET HUNTSVILLE, TX 77320		
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 AD. (5/7-6/7)	
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
4 Date 6-6-2012	5 Payee name PROMOWORLD	
6 Amount (\$) \$119.08	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) 12 X 18 CAR MAGNETS
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name N/A	Office sought N/A
		Office held N/A
Date 6/26-2012	Payee name KEVIN CURRIE	
Amount (\$) \$563.25	Payee address; City; State; Zip Code 4562 HWY 19 NORTH, TRINITY, TEXAS 75862	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) EVENT EXPENSE	Description (If travel outside of Texas, complete Schedule T) FOOD COST FOR JUNE 26 TH FUNDRAISER
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name N/A	Office sought N/A
		Office held N/A
Date 4-1-2012	Payee name KOLBY FLOWERS (IN-KIND)	
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code 1615 SYCAMORE AVE. # HUNTSVILLE, TX 77340	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER (TECHNOLOGY EXPENSE) (IN-KIND)	Description (If travel outside of Texas, complete Schedule T) WEBSITE (WWW.KENDALLSCUDDER.COM) (IN-KIND)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name N/A	Office sought N/A
		Office held N/A
Date 4-1-2012	Payee name KOLBY FLOWERS (IN-KIND)	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1615 SYCAMORE AVE. # HUNTSVILLE, TX 77340	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) OTHER (TECHNOLOGY EXPENSE) (IN-KIND)	Description (If travel outside of Texas, complete Schedule T) WEBSITE I PHONE APPLICATION (SCUDDER HTX) (IN-KIND)
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)

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 6-26-2012	5 Payee name KEVIN CURTIS (IN-KIND)
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6 Amount (\$) \$307.00	7 Payee address; City; State; Zip Code 4562 HWY 19 N TRINITY, TX 75862
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) EVENT EXPENSE (IN-KIND)	(b) Description (If travel outside of Texas, complete Schedule T) FUNDRAISER VENUE (IN-KIND)
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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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