

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) 09090909	2 PAGE # 1 of 20
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Edward MI <hr/> NICKNAME LAST SUFFIX Ed Scruggs SUFFIX	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE PO Box 91763 Austin, TX 78709	2014 OCT 6 AM 10 43 RECEIVED AUSTIN CITY CLERK	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Carrol MI <hr/> NICKNAME LAST SUFFIX Nowlin SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 6707 Oasis Dr Austin, TX 78749		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 288-0781		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year Month Day Year 07/01/2014 THROUGH 09/25/2014		
10 ELECTION	ELECTION DATE Month Day Year 11/04/2014	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) Austin City Council, District 8	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

13 C/OH NAME Scruggs, Edward (Mr.)	14 ACCOUNT # (Ethics Commission filers) 09090909
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15 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures 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. ..

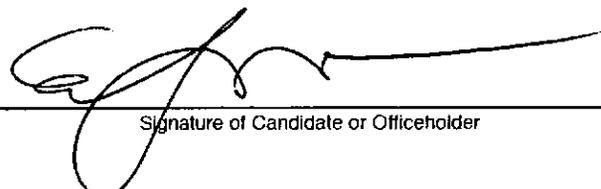
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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additional pages

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	5,285.62
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	14,581.32
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	24,252.57
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	26,263.55

17 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 of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ed Scruggs, this the 2nd day of October, 2014, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Francisco Rodriguez Jr
 Print name of officer administering oath

Public Notary
 Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/12 Report: 3/20	
2 FILER NAME Scruggs, Edward (Mr.)		3 ACCOUNT # (Ethics Commission filers) 09090909	
4 Date 09/22/2014	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# C00011114) AFSCME People 6 Contributor address; City; State; Zip Code 1625 L Street, NW Washington, DC 20036	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Andries, Eva (Ms.) Contributor address; City; State; Zip Code 5209 Cloudcroft Dr Austin, TX 78749	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 08/29/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ashley, Vicki (Ms.) Contributor address; City; State; Zip Code 5427 Austral Loop Austin, TX 78739-1716	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Travis County	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ashley, Vicki (Ms.) Contributor address; City; State; Zip Code 5427 Austral Loop Austin, TX 78739-1716	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Travis County	
Date 07/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bower, Douglas (Mr.) Contributor address; City; State; Zip Code 6916 Larue Belle Cv Austin, TX 78739-2067	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Silicon Labs	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/12 Report: 4/20	
2 FILER NAME Scruggs, Edward (Mr.)		3 ACCOUNT # (Ethics Commission filers) 09090909	
4 Date 09/24/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bower, Douglas (Mr.) 6 Contributor address; City; State; Zip Code 8916 Larue Belle Cv Austin, TX 78739-2067	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Engineer		10 Employer (See Instructions) Silicon Labs	
Date 08/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Boyt, Betsy (Ms.) Contributor address; City; State; Zip Code 7606 Grove Crest Circle Austin, TX 78736	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cespedes, Carol (Ms.) Contributor address; City; State; Zip Code 7300 Callbram Ln Austin, TX 78736	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Tour Operator		Employer (See Instructions) Halintours, Inc.	
Date 07/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Collier-Brown, Carrie (Ms.) Contributor address; City; State; Zip Code 9517 Bungalow Ln Austin, TX 78749	Amount of contribution (\$) \$5.62	In-kind contribution description (if applicable) Paid for e-mail validation service from DataValidation.com
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Winstead PC	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Collier-Brown, Carrie (Ms.) Contributor address; City; State; Zip Code 9517 Bungalow Ln Austin, TX 78749	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Winstead PC	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/12 Report: 5/20	
2 FILER NAME Scruggs, Edward (Mr.)		3 ACCOUNT # (Ethics Commission filers) 09090909	
4 Date 09/23/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Corum, Claudia (Ms.) 6 Contributor address; City; State; Zip Code 9101 Heiden Ln Austin, TX 78749	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable) \$50.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions) Substitute Teacher		10 Employer (See Instructions) Austin ISD	
Date 08/26/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crunk, Jeffrey (Mr.) Contributor address; City; State; Zip Code 9012 Sommerland Way Austin, TX 78749	Amount of contribution (\$) In-kind contribution description (if applicable) \$50.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Parent at Home		Employer (See Instructions) None	
Date 09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Crunk, Jeffrey (Mr.) Contributor address; City; State; Zip Code 9012 Sommerland Way Austin, TX 78749	Amount of contribution (\$) In-kind contribution description (if applicable) \$20.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Parent Caregiver		Employer (See Instructions) None	
Date 07/27/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Curry, Rosayn (Ms.) Contributor address; City; State; Zip Code 1735 Spyglass Dr # 114 Austin, TX 78746-7929	Amount of contribution (\$) In-kind contribution description (if applicable) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 09/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Curry, Rosayn (Ms.) Contributor address; City; State; Zip Code 1735 Spyglass Dr # 114 Austin, TX 78746-7929	Amount of contribution (\$) In-kind contribution description (if applicable) \$100.00 (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/12 Report: 6/20	
2 FILER NAME Scruggs, Edward (Mr.)		3 ACCOUNT # (Ethics Commission filers) 09090909	
4 Date 09/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Davis, Yvonne (Ms.) 6 Contributor address; City; State; Zip Code 8108 Red Willow Dr Austin, TX 78736	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired Public Affairs Officer		10 Employer (See Instructions) Retired - LCRA	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 07/13/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gardner, Bonny (Ms.) Contributor address; City; State; Zip Code 6916 Larue Belle Cv Austin, TX 78739-2067	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self-Employed	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 07/20/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garris, Edward (Mr.) Contributor address; City; State; Zip Code 2004 E 9th St, Unit A Austin, TX 78702	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Wells Fargo Bank, NA	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 09/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Giles, Alfred (Mr.) Contributor address; City; State; Zip Code 8503 Forest Heights Ln Austin, TX 78749	Amount of contribution (\$) \$30.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 07/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Grassbaugh, David (Mr.) Contributor address; City; State; Zip Code PO Box 684948 Austin, TX 78768	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-employed	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/12 Report: 7/20	
2 FILER NAME Scruggs, Edward (Mr.)		3 ACCOUNT # (Ethics Commission filers) 09090909	
4 Date 09/06/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kauffman, Sylvia (Ms.) 6 Contributor address; City; State; Zip Code 10408 Orourk Ln Austin, TX 78739	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Director, Office of e-Health Coordination		10 Employer (See Instructions) Tx. Health & Human Services Commission	
Date 08/18/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) King, Charles (Mr.) Contributor address; City; State; Zip Code 5902 Taylorcrest Austin, TX 78749	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Dun & Bradstreet	
Date 08/14/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kurth, Lynn (Ms.) Contributor address; City; State; Zip Code 4407 Twisted Tree Dr Austin, TX 78735	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Environmental Consultant		Employer (See Instructions) Tetra Tech Inc	
Date 09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Larum, Glen (Mr.) Contributor address; City; State; Zip Code 4812 Alta Loma Dr Austin, TX 78749-3735	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 08/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Levescy, Tom (Mr.) Contributor address; City; State; Zip Code 2505 NW 42nd St Oklahoma City, OK 73112	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Executive Officer		Employer (See Instructions) Enable Midstream Partners	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/12 Report: 8/20	
2 FILER NAME Scruggs, Edward (Mr.)		3 ACCOUNT # (Ethics Commission filers) 09090909	
4 Date 07/27/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mack, Haley (Ms.) 6 Contributor address; City; State; Zip Code 8405 Old Bee Cave Rd # 1124 Austin, TX 78735	7 Amount of contribution (\$) \$20.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mathews, Raymond (Mr.) Contributor address; City; State; Zip Code 6729 Poncha Pass Austin, TX 78749	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired Biologist		Employer (See Instructions) Retired - State of Texas	
Date 09/24/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McEnerney, Aimee (Ms.) Contributor address; City; State; Zip Code 8800 Brodie Ln Apt 926 Austin, TX 78745	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Training & Instructional Design		Employer (See Instructions) Freescale Semiconductor	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McFarland, Jane (Ms.) Contributor address; City; State; Zip Code 12704 Arroyo Doble Manchaca, TX 78652	Amount of contribution (\$) \$35.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Merrill, Patricia (Ms.) Contributor address; City; State; Zip Code 8138 Mordred Ln Austin, TX 78739	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/12 Report: 9/20	
2 FILER NAME Scruggs, Edward (Mr.)		3 ACCOUNT # (Ethics Commission filers) 09090909	
4 Date 08/16/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller, Kathi (Ms.) 6 Contributor address; City; State; Zip Code 4807 Crafty Cove Austin, TX 78749	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
Date 09/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller, Kathi (Ms.) Contributor address; City; State; Zip Code 4807 Crafty Cove Austin, TX 78749	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 09/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller, Kathi (Ms.) Contributor address; City; State; Zip Code 4807 Crafty Cove Austin, TX 78749	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 08/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Murphree, Patricia (Ms.) Contributor address; City; State; Zip Code 9012 Lantana Way Austin, TX 78749	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 09/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Murphree, Patricia (Ms.) Contributor address; City; State; Zip Code 9012 Lantana Way Austin, TX 78749	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 8/12 Report: 10/20

2 FILER NAME Scruggs, Edward (Mr.)

3 ACCOUNT # (Ethics Commission filers)
09090909

4 Date

07/13/2014

5 Full name of contributor out-of-state PAC (ID# _____)
Nowlin, Carrol (Mr.)

6 Contributor address; City; State; Zip Code
6707 Oasis Dr
Austin, TX 78749

7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable)

\$50.00 |

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Retired

10 Employer (See Instructions)
Retired

Date

09/23/2014

Full name of contributor out-of-state PAC (ID# _____)
Nowlin, Carrol (Mr.)

Contributor address; City; State; Zip Code
6707 Oasis Dr
Austin, TX 78749

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$100.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date

07/12/2014

Full name of contributor out-of-state PAC (ID# _____)
Nudelman, Judi (Ms.)

Contributor address; City; State; Zip Code
5819 Back Bay Ln
Austin, TX 78739

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$20.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired IBM

Date

08/19/2014

Full name of contributor out-of-state PAC (ID# _____)
Nudelman, Judi (Ms.)

Contributor address; City; State; Zip Code
5819 Back Bay Ln
Austin, TX 78739

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$35.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired IBM

Date

09/05/2014

Full name of contributor out-of-state PAC (ID# _____)
Nudelman, Judi (Ms.)

Contributor address; City; State; Zip Code
5819 Back Bay Ln
Austin, TX 78739

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$20.00 |

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired IBM

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/12 Report: 11/20	
2 FILER NAME Scruggs, Edward (Mr.)		3 ACCOUNT # (Ethics Commission filers) 09090909	
4 Date 07/27/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Owens, Phyllis (Ms.) 6 Contributor address; City; State; Zip Code 1709 St. Albans Blvd Austin, TX 78745	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Owens, Phyllis (Ms.) Contributor address; City; State; Zip Code 1709 St Albans Blvd Austin, TX 78745	Amount of contribution (\$) \$35.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 09/22/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Palmer, Jeffee (Mr.) Contributor address; City; State; Zip Code 7911 Kiva Dr Austin, TX 78749	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-employed	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peabody, Denise (Ms.) Contributor address; City; State; Zip Code 108 Berkshire Dr Edmond, OK 73034	Amount of contribution (\$) \$35.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Mid-Del Physical Therapy Clinic	
Date 08/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pumfrey, Ross (Mr.) Contributor address; City; State; Zip Code 8716 Towana Trail Austin, TX 78736	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Environmental Program Coord.		Employer (See Instructions) University of Texas at Austin	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 10/12 Report: 12/20	
2 FILER NAME Scruggs, Edward (Mr.)		3 ACCOUNT # (Ethics Commission filers) 09090909	
4 Date 09/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rodgers, Brian (Mr.) 6 Contributor address; City; State; Zip Code 1112 West 9th St Austin, TX 78703	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Real Estate Investor		10 Employer (See Instructions) Rodger & Reichle Inc	
Date 08/12/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Schieck, David (Mr.) Contributor address; City; State; Zip Code 10212 Banks Ct Austin, TX 78739	Amount of contribution (\$) \$350.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 09/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stonewall Democrats of Austin PAC Contributor address; City; State; Zip Code PO Box 40898 Austin, TX 78704	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/17/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Swanson, Steven (Mr.) Contributor address; City; State; Zip Code Mission Oaks Blvd # 9 Austin, TX 78735	Amount of contribution (\$) \$20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/19/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Telang, Vivek (Mr.) Contributor address; City; State; Zip Code 6708 Quincy Cv Austin, TX 78739	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Broadcom Corp	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/12 Report: 13/20	
2 FILER NAME Scruggs, Edward (Mr.)		3 ACCOUNT # (Ethics Commission filers) 09090909	
4 Date 09/25/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Terrell, Ann (Ms.) 6 Contributor address; City; State; Zip Code 11313 Aden Court Austin, TX 78739-1589	7 Amount of contribution (\$) \$50.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Student		10 Employer (See Instructions) USAF - Retired	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Terrell, Darius (Mr.) Contributor address; City; State; Zip Code 11313 Aden Court Austin, TX 78739	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Security Solution Architect		Employer (See Instructions) IBM	
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tucker, Gerald (Mr.) Contributor address; City; State; Zip Code 5912 Gorham Glen Ln Austin, TX 78739	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Creative Director		Employer (See Instructions) TuckerMoore, LLC	
Date 09/23/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Umphress, John (Mr.) Contributor address; City; State; Zip Code 2604 Geraghty Ave Austin, TX 78757	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Austin Energy	
Date 09/16/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Underwood, Gary (Mr.) Contributor address; City; State; Zip Code 6407 Danvers Ct Austin, TX 78739	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired UT Professor		Employer (See Instructions) Retired	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 12/12 Report: 14/20	
2 FILER NAME Scruggs, Edward (Mr.)		3 ACCOUNT # (Ethics Commission filers) 09090909	
4 Date 09/23/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Urban, Paula (Ms.) 6 Contributor address; City; State; Zip Code 11308 Bastogne Loop Austin, TX 78739	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Government Accountant		10 Employer (See Instructions) Texas Dept. of Banking	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 07/28/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Van Leeuwen, Leslie (Ms.) Contributor address; City; State; Zip Code 6123 Pebble Garden Ct Austin, TX 78739	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Van Leeuwen & Van Leeuwen	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Walker, Nancy (Ms.) Contributor address; City; State; Zip Code 5710 Abilene Trl Austin, TX 78749-2113	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Policy Advisor		Employer (See Instructions) State of Texas	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 09/25/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Welch, Ronnie (Mr.) Contributor address; City; State; Zip Code 5729 Galsworthy Ct Austin, TX 78739	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			
Date 07/06/2014	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wiebrand, Jennifer (Ms.) Contributor address; City; State; Zip Code 6618 Hillside Terrace Austin, TX 78749	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>			

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/5 Report: 16/20		2 FILER NAME Scruggs, Edward (Mr.)		3 ACCOUNT # (TEC filers) 09090909	
4 Date 08/24/2014		5 Payee name Cardenas, Alessandro (Mr.)			
6 Amount (\$) \$2,000.00		7 Payee address City; State; Zip Code 7500 Shadow Ridge Run # 37 Austin, TX 78749			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Staff - Field Rep / block walking <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/22/2014		Payee name Check Mark Typesetting			
Amount (\$) \$1,079.25		Payee address City; State; Zip Code 3217 N IH 35 Frontage Rd Austin, TX 78722			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Design & Print Door Hanger; Chk # 104 <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/02/2014		Payee name Check Mark Typesetting			
Amount (\$) \$2,030.99		Payee address City; State; Zip Code 3217 N IH 35 Frontage Rd Austin, TX 78722			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Print Campaign Yard Signs; Chk # 107 <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/12/2014		Payee name Check Mark Typesetting			
Amount (\$) \$121.07		Payee address City; State; Zip Code 3217 N IH 35 Frontage Rd Austin, TX 78722			
8 PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Produce Car Magnets; Chk # 109 <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/5 Report: 17/20		2 FILER NAME Scruggs, Edward (Mr.)		3 ACCOUNT # (TEC filers) 09090909	
4 Date 07/13/2014	5 Payee name Data Validation				
6 Amount (\$) \$5.62	7 Payee address City; State; Zip Code Suite 221 75 5th St NW Atlanta, GA 30308				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> On-line service to validate e-mail addresses - www.datavalidation.com		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 07/01/2014	Payee name Facebook Ads				
Amount (\$) \$34.30	Payee address City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Facebook Ads fee		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 07/30/2014	Payee name Littlefield, Mark (Mr.)				
Amount (\$) \$200.00	Payee address City; State; Zip Code PO Box 90591 Austin, TX 78709				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Poll ran in Dist 8		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:
Date 07/11/2014	Payee name McDonald, Patrick (Mr.)				
Amount (\$) \$600.00	Payee address City; State; Zip Code 1905 Chalk Rock Cove Austin, TX 78735				
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign web site design and set-up		
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:		Office held:

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/5 Report: 18/20	2 FILER NAME Scruggs, Edward (Mr.)	3 ACCOUNT # (TEC filers) 09090909
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4 Date 09/02/2014	5 Payee name Office Depot # 477
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6 Amount (\$) \$89.63	7 Payee address City; State; Zip Code 5300 S Mopac Expy # 101 Austin, TX 78749
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office Supplies - Rubber bands for door hangers <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 07/08/2014	Payee name PayPal
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Amount (\$) \$38.33	Payee address City; State; Zip Code 2145 Hamilton Ave San Jose, CA 95125
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> PayPal transaction fees for contributions of \$1,125.00 <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 09/20/2014	Payee name PayPal
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Amount (\$) \$42.36	Payee address City; State; Zip Code 2145 Hamilton Ave San Jose, CA 95125
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> PayPal transaction fee for donations totaling \$1,295.00 <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 09/24/2014	Payee name PayPal
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Amount (\$) \$3.20	Payee address City; State; Zip Code 2145 Hamilton Ave San Jose, CA 95125
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> PayPal transaction fee for \$100.00 donation. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 4/5 Report: 19/20		2 FILER NAME Scruggs, Edward (Mr.)		3 ACCOUNT # (TEC filers) 09090909	
4 Date 09/25/2014		5 Payee name PayPal			
6 Amount (\$) \$9.60		7 Payee address City; State; Zip Code 2145 Hamilton Ave San Jose, CA 95125			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> PayPal transaction fee for donations totaling \$300.00. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/26/2014		Payee name Rindy & Associates			
Amount (\$) \$6,944.14		Payee address City; State; Zip Code 2401 East 6th St # 1007 Austin, TX 78702			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Produce Walk Cards and Mailers <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/09/2014		Payee name Texas Democratic Party			
Amount (\$) \$200.00		Payee address City; State; Zip Code 4818 E. Ben White Blvd Suite 104 Austin, TX 78741			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> To obtain a list of voters in the form of an on-line database <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/15/2014		Payee name The UPS Store			
Amount (\$) \$6.00		Payee address City; State; Zip Code 4301 W. William Cannon Dr Suite B 150 Austin, TX 78749			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Accounting/Banking		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Notary Public fee to complete Financial Report <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 5/5 Report: 20/20	2 FILER NAME Scruggs, Edward (Mr.)	3 ACCOUNT # (TEC filers) 09090909
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4 Date 09/12/2014	5 Payee name Travis Country CSA
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6 Amount (\$) \$90.00	7 Payee address City; State; Zip Code 4504 Travis Country Circle Austin, TX 78735
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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) <input type="checkbox"/> Ad in neighborhood newsletter; Chk # 110 <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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Date 08/13/2014	Payee name Worley Printing
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Amount (\$) \$438.41	Payee address City; State; Zip Code 3217 N IH35 Frontage Rd Austin, TX 78722
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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) <input type="checkbox"/> Push Cards - 1000 count <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 09/12/2014	Payee name Worley Printing
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Amount (\$) \$648.42	Payee address City; State; Zip Code 3217 N IH35 Frontage Rd Austin, TX 78722
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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) <input type="checkbox"/> Printing Door Cards; Chk # 108 <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
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