# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

# FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUI	DE explains how to complete this form.	1 ACCOUNT (Ethics Com 0909090	mission filers)	2 PAGE# 1 of 25	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Mr. Edward  NICKNAME LAST Ed Scruggs	, , , , , , , , , , , , , , , , , , , ,	MI SUFFIX	OFFICE t	SE ONLY AUSTI
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX: APT / SUITE #:  PO Box 91763 Austin, TX 78709	CITY: ST.	ATE: ZIP CODE	Date Hand-delivered	N C C C C C C C C C C C C C C C C C C C
5 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Mr. Carrol  NICKNAME LAST  NOWlin		MI  SUFFIX	Date Processed  Date Imaged	<u>'ਲ</u>
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);  6707 Oasis Dr Austin, TX 78749	APT/SUITE#; CIT	Y; STATE;	ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 288-0781	EX	TENSION		
8 REPORT TYPE	January 15 30th day bel		unoff xceeded \$500 limit	appointment (d	campaign treasurer officeholder only) ttach C/OH - FR)
9 PERIOD COVERED	Month Day Year 03/21/2014	THROUGH	Month Day 06/30/20	Year	
10 ELECTION	ELECTION DATE ELECTION DATE  Monith Day Year  11/04/2014	CTION TYPE Primary Ri	unoff X	General	Special
11 OFFICE	OFFICE HELD (if any)		FFICE SOUGHT (il known ustin City Council,		
	GC	TO PAGE 2			

Austin, Texas 78711-2070

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH

SUPPORT &	IUIAL3		COVER	SHEET PG Z		
13 C/OH NAME Scrug	ggs, Edward (Mr.)		14 ACCOUNT # 09090909	(Ethics Commission lilers)		
15 NOTICE FROM POLITICAL	have been made with	tice of political expenditures by political committees to support the calculation the candidate's or officeholder's knowledge or consent. Candidately receive notice of such expenditures				
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	<u></u>			
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS				
16 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00		
		POLITICAL CONTRIBUTIONS I THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	9,210.00		
EXPENDITURE TOTALS				0.00		
	4. TOTAL	POLITICAL EXPENDITURES	\$	2,732.20		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD	\$	12,741.35		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$	6,263.55		
	STAMP / SEAL ABO	VE	s all Information requires	uired to be reported by		
Sworn to and subscri		the said Edward Scruggs entity which, witness my hand and seal of office.	this the	<b>_15+k</b> day		
Signature of Afficer adm	niniftering oath	Print name of officer administering oath	Title of officer add	c- State of TX ministering oath		

				<u></u>		
	The Instruction	N GUIDE explains how to complete this form.			1 PAGE# Schedule: 1/	16 Report: 3/25
2	FILER NAME	Scruggs, Edward (Mr.)		,	3 ACCOUNT # 09090909	(Ethics Commission filers)
4	Date	5 Full name of contributor  ut-of-state f Albert, David (Mr.)	PAC (ID#	<del>;</del> )	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/27/2014	6 Contributor address; City; State; Zi 1700 Burton Dr # 158 Austin, TX 78741	p Code	•••••	\$200.00	 
					(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)		10 Employer (See In	structions)	
	Date	Full name of contributor  ut-of-state f Arnold, Robin (Ms.)	PAC (ID#	<del>'</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/24/2014	Contributor address; City; State; Zij 5328 Austral Loop Austin, TX 78739	p Code		\$30.00	 <del> </del> 
					(If travel outside of	Texas, complete Schedule T)
	Principal occup Educator	ation / Job title (See Instructions)		Employer (See In Austin ISD	structions)	
	Date	Full name of contributor	PAC (ID#	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/24/2014	Contributor address; City; State; Zij 5427 Austral Loop Austin, TX 78739-1718	p Code	• • • • • • • • • • • • • • • • • • • •	\$100.00	 
					(If travel outside of	Texas, complete Schedule T)
	Principal occup Attorney	ation / Job title (See Instructions)		Employer (See In Travis County	structions)	
	Date	Full name of contributor  ut-of-state f Ashley, Vicki (Ms.)	PAC (IDA	<del>/</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zij 5427 Austral Loop Austin, TX 78739-1716	p Code		\$100.00	 
					(If travel outside of	Texas, complete Schedule T)
	Principal occup Attorney	ation / Job title (See Instructions)		Employer (See In Travis County		<u> </u>
	Date	Full name of contributor	PAC (ID#	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/24/2014	Contributor address; City; State; Zi 4806 Pawnee Pathway Austin, TX 78745	p Code		\$100.00	 
					(if travel outside of	Texas, complete Schedule T)
	Principal occup Sales Rep	ation / Job title (See Instructions)		Employer (See In Patrick & Comp	structions)	· · · · · · · · · · · · · · · · · · ·
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	The Instruction	on Guide explains how to complete this form.		1 PAGE # Schedule: 2/1	6 Report: 4/25
2	FILER NAME	Scruggs, Edward (Mr.)		3 ACCOUNT # 09090909	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Baird, Charlie (Mr.)	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/12/2014	6 Contributor address; City; State; Zip Code 6116 Pebbte Garden Ct Austin, TX 78739		\$250.00	<b> </b> 
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Attorney	ation / Job title (See Instructions)	10 Employer (See In Baird and Farre		
	Date	Full name of contributor	<del>!</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 6116 Pebble Garden Ct Auslin, TX 78739		\$100.00	!   
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Attorney	Dation / Job title (See Instructions)	Employer (See In Baird and Farre	structions)	
	Date	Full name of contributor	<del>;</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/29/2014	Contributor address; City; State; Zip Code 10812 Redrnond Rd Austin, TX 78739		\$50.00	 
				<u>'</u>	Texas, complete Schedule T)
	Principat occuş	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
_	Date	Full name of contributor	<del>;</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 10809 Capstone Dr Austin, TX 78739	· · · · · · · · · · · · · · · · · · ·	\$50.00	 
		,		(If travel outside of	Texas, complete Schedule T)
	Principal occup	 pation / Job title (See Instructions)	Employer (See Ir	1 `	rexas, compete concase 17
-	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/28/2014	Contributor address; City; State; Zip Code 6916 Larue Belle Cv Austin, TX 78739-2067	• • • • • • • • • • • • • • • • • • • •	\$200.00	  - 
				(If travel outside of	f Texas, complete Schedule T)
_		pation / Job title (See Instructions)	Employer (See In	nstructions)	
	Engineer		Silicon Labs		

#### Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800

# **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 3/1	6 Report: 5/25
2	FILER NAME	Scruggs, Edward (Mr.)	100	3 ACCOUNT # 09090909	(Ethics Commission filers)
4	Date	5 Full name of contributor  ut-of-state PAC (ID: Bower, Douglas (Mr.)	·)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/24/2014	6 Contributor address; City; State; Zip Code 6916 Larue Belle Cv Austin, TX 78739-2067		\$50.00	 
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Engineer	ation / Job title (See Instructions)	10 Employer (See In Silicon Labs	structions)	
	Date	Full name of contributor	f)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/23/2014	Contributor address; City; State; Zip Code 7606 Grove Crest Circle Austin, TX 78736		\$25.00	<b>!</b> !
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In Retired	structions)	
	Date	Full name of contributor	<u>;                                    </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 10400 Sentenal Dr Austin, TX 78748		\$50.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/24/2014	Contributor address; City; State; Zip Code 6104 Roxbury Ln Austin, TX 78739		\$50.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Retired Psych	nologist	Employer (See In Retired	structions)	
	Date	Full name of contributor	t)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 1401 Enfield Rd # 104 Austin, TX 78703		\$20.00	1   
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	

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The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/1	6 Report: 6/25
2 FILER NAME	Scruggs, Edward (Mr.)		3 ACCOUNT # 09090909	(Ethics Commission filers)
4 Date	5 Full name of contributor	·)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/17/2014	6 Contributor address; City; State; Zip Code 16107 Kensington Dr # 115 Sugarland, TX 77479		\$35.00	[   
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Psychologist	pation / Job title (See Instructions)	10 Employer (See In Janet S Civitelli		
Date	Full name of contributor  out-of-state PAC (ID# Cofer, Rick (Mr.)	')	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/13/2014	Contributor address; City; State; Zip Code 507 Pressler St. # 4132 Austin, TX 78703		\$20.00	 
			(If travel outside of	Texas, complete Schedule T)
Principal occup Lawyer	Deation / Job title (See Instructions)	Employer (See In Travis County		
Date	Full name of contributor	<del>/)</del>	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/30/2014	Contributor address; City; State; Zip Code 9517 Bungalow Ln Austin, TX 78749		\$50.00	]    -
			(If travel outside of	Texas, complete Schedule T)
Principal occur Attorney	pation / Job title (See Instructions)	Employer (See Ir Winstead PC	istructions)	
Date	Full name of contributor	ÿ)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/16/2014	Contributor address; City; State; Zip Code 9101 Heiden Ln Austin, TX 78749		\$200.00	
			(If travel outside of	Texas, complete Schedule T)
Principal occur Substitute Te	pation / Job title (See Instructions) eacher	Employer (See Ir Austin ISD	nstructions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/25/2014	Contributor address; City; State; Zip Code 9101 Heiden Ln Austin, TX 78749		\$100.00	 
			(If travel outside of	f Texas, complete Schedule T)
Principal occu Substitute Te	1 pation / Job title (See Instructions) eacher	Employer (See In Austin ISD	· ·	

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	The Instruction	אס Guide explains how to complete this form.	<del>***</del>	1 PAGE# Schedule: 5/	16 Report: 7/25
2	FILER NAME	Scruggs, Edward (Mr.)		3 ACCOUNT # 09090909	(Ethics Commission filers)
4	Date	5 Full name of contributor	·	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/24/2014	6 Contributor address; City; State; Zip Code 8108 Red Willow Dr Austin, TX 78736		\$200.00	  -  -
					Texas, complete Schedule T)
9		nation / Job title (See Instructions) C Affairs Officer	10 Employer (See In Retired - LCRA	structions)	
	Date	Full name of contributor  ut-ot-state PAC (ID# Dickerson, Mechele (Ms.)	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/28/2014	Contributor address; City; State; Zip Code 6609 Quincy Cove Austin, TX 78739		\$100.00	 
ĺ				(If travel outside of	Texas, complete Schedule T)
┢	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete contestic 17
	- Tillespai occup	didity 500 atto (500 instructions)		and denoting y	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/30/2014	Contributor address; City; State; Zip Code 7208 Squirrel Oak Circle Austin, TX 78749		\$100.00	 
				1 .	Texas, complete Schedule T)
	Principal occup Manufacturin	ation / Job title (See Instructions) g Rep	Employer (See In Dunnam & Asso		
	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/29/2014	Contributor address; City; State; Zip Code 8112 Landsman Dr Austin, TX 78736		\$20.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/13/2014	Contributor address; City; State; Zip Code 4601 Pinehurst Dr S Austin, TX 78747-1419		\$50.00	
					· ·
	Principal occup Retired	pation / Job title (See Instructions)	Employer (See In Retired	<u> </u>	Texas, complete Schedule T)
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	The Instruction	N GUIDE explains how to complete this form.		1 PAGE# Schedule: 6/*	16 Report: 8/25	
2	FILER NAME	Scruggs, Edward (Mr.)		3 ACCOUNT # 09090909	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID: Frandsen, Chris (Mr.)	·)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	06/24/2014	6 Contributor address; City; State; Zip Code 4601 Pinehurst Dr S Austin, TX 78747-1419		\$100.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup Retired	ation / Job litle (See Instructions)	10 Employer (See In Retired	structions)		
	Date	Full name of contributor	<del>;</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/11/2014	Contributor address; City; State; Zip Code 6916 Larue Belle Cv Austin, TX 78739-2067		\$100.00	! !	
				(if travel outside of	Texas, complete Schedule T)	
$\vdash$	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u> </u>	<u> </u>	
	Psychologist		Self-Employed			
	Date	Full name of contributor	<del>*</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)	
ı	06/24/2014	Contributor address; City; State; Zip Code 6916 Larue Belle Cv Austin, TX 78739-2067		\$50.00	<b>!</b>   	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup Psychologist	vation / Job title (See Instructions)	Employer (See In Self-Employed	<u> </u>		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/30/2014	Contributor address; City; State; Zip Code 6104 Roxbury Ln Austin, TX 78739		\$50.00	1 1 1	
				(If travel outside of	Texas, complete Schedute T)	
	Principal occup	eation / Job title (See Instructions)	Employer (See Ir	nstructions)		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	06/06/2014	Contributor address; City; State; Zip Code 11017 Pebble Garden Ln Austin, TX 78739		\$350.00	1 1 1	
				(If travel outside o	f Texas, complete Schedule T)	
	Principal occup Sales Rep	pation / Job title (See Instructions)	Employer (See Innovative Spo			

# **POLITICAL CONTRIBUTIONS**

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAM	NS		SCHEDULE A
The Instructi	ION GUIDE explains how to complete this form.		1 PAGE#	46 D1 0/0F
2 FILER NAME	Scruggs, Edward (Mr.)		3 ACCOUNT # 09090909	(Ethics Commission filers)
4 Date	5 Full name of contributor  ut-of-state PAC (ID# Hoyt, Lisa (Ms.)	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
05/13/2014	6 Contributor address; City; State; Zip Code 3404 Cedar St Austin, TX 78705		\$100.00	 
			(If travel outside o	f Texas, complete Schedule T)
9 Principal occu Attorney	pation / Job tille (See Instructions)	10 Employer (See In State of Texas	structions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/25/2014	Contributor address; City; State; Zip Code 23020 Pedernales Canyon Trl Spicewood, TX 78669-6431		\$250.00	[ 
			(If travel outside o	f Texas, complete Schedule T)
	pation / Job title (See Instructions) Professional	Employer (See In Not Listed	structions)	
Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/29/2014	Contributor address; City; State; Zip Code 8112 Landsman Dr Austin, TX 78736		\$5.00	 
			(If travel outside o	f Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/24/2014	Contributor address; City; State; Zip Code 4812 Alta Loma Dr Austin, TX 78749-3735		\$100.00	! !
			<u> </u>	f Texas, complete Schedule T)
Principal occu Retired	pation / Job title (See Instructions)	Employer (See In Retired	structions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/12/2014	Contributor address; City; State; Zip Code 4601 Walsall Loop Austin, TX 78749		\$350.00	] [
				f Texas, complete Schedule T)
Principal occu Attorney	pation / Job title (See Instructions)	Employer (See In Lippincott Phela		

# **POLITICAL CONTRIBUTIONS**

	OTHER	THAN PLEDGES OR LOAD	42		
	The INSTRUCTION	אס Guide explains how to complete this form.		1 PAGE# Schedule: 8/1	6 Report: 10/25
2	FILER NAME	Scruggs, Edward (Mr.)		3 ACCOUNT # 09090909	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Littlefield, Mark (Mr.)		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/17/2014	6 Contributor address; City; State; Zip Code 7705 Vail Valley Dr Austin, TX 78749		\$50.00   	 
					Texas, complete Schedule T)
9	Principal occup Consultant	pation / Job title (See Instructions)	10 Employer (See In: Littlefield Consu		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/28/2014	Contributor address; City; State; Zip Code 11101 Bastogne Loop Austin, TX 78739		\$100.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Retired	pation / Job title (See Instructions)	Employer (See In Retired	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID# Mathews, Raymond (Mr.)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/29/2014	Contributor address; City; State; Zip Code 6729 Poncha Pass Austin, TX 78749		\$20.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occur	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	')	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/11/2014	Contributor address; City; State; Zip Code 1905 Chalk Rock Cove Austin, TX 78735		\$10.00	!   
				(If travel outside of	Texas, complete Schedule T)
	Principal occuj Editor	pation / Job title (See Instructions)	Employer (See In CDM Media	structions)	
	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/27/2014	Contributor address; City; State; Zip Code 8600 Brodie Ln Austin, TX 78745		\$20.00	1   
				(If travel outside of	Texas, complete Schedule T)
r	Principal occu	pation / Job title (See Instructions)	Employer (See In	estructions)	
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	The Instruction	אים Guide explains how to complete this form.		1 PAGE # Schedule: 9/1	6 Report: 11/25
2	FILER NAME	Scruggs, Edward (Mr.)		3 ACCOUNT # 09090909	(Ethics Commission filers)
4	Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	06/30/2014	6 Contributor address; City; State; Zip Code 6138 Mordred Ln Austin, TX 78739		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
_	Date	Full name of contributor  ut-of-state PAC (ID Miller, Kathi (Ms.)	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/17/2014	Contributor address; City; State; Zip Code 4807 Crafty Cove Austin, TX 78749		\$100.00	
		Addity 1X 10149		(If travel outside of	Texas, complete Schedule T)
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In Retired	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/24/2014	Contributor address; City; State; Zip Code 4807 Crafty Cove Austin, TX 78749		\$100.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In Retired	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	06/24/2014	Contributor address; City; State; Zip Code 10804 Redmond Road Austin, TX 78739		\$30.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Writer	ation / Job title (See Instructions)	Employer (See In Texas Instrume	•	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/12/2014	Contributor address; City; State; Zip Code 9012 Lantana Way Austin, TX 78749		\$100.00	1   
				(If travel outside of	Texas, complete Schedule T)
┢		ation / Job title (See Instructions)	Employer (See In	<u> </u>	
	Retired		Retired		

	THAN FLEDGES OR LOAD			
The INSTRUCTION	אס Guide explains how to complete this form.		1 PAGE# Schedule: 10	/16 Report: 12/25
2 FILER NAME	Scruggs, Edward (Mr.)		3 ACCOUNT # 09090909	(Ethics Commission filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID# Myers, Linda (Ms.)	·	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
06/30/2014	6 Contributor address; City; State; Zip Code 6708 Haswell Austin, TX 78749		\$20.00	 
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/30/2014	Contributor address; City; State; Zip Code 6708 Oasis Dr Austin, TX 78749		\$100.00	<b>!</b> 
	Addin, 17,70740		(If travel outside of	Texas, complete Schedule T)
Principal occup Retired	pation / Job title (See Instructions)	Employer (See In Retired	structions)	
Date	Full name of contributor	))	Amount of contribution (\$)	In-kind contribution description (if applicable)
05/13/2014	Contributor address; City; State; Zip Code 6707 Oasis Dr Austin, TX 78749		\$100.00	 
			1 '	Texas, complete Schedule T)
Principal occup Retired	pation / Job title (See Instructions)	Employer (See In Retired	structions)	
Date	Full name of contributor	<del>!</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/24/2014	Contributor address; City; State; Zip Code- 6707 Oasis Dr Austin, TX 78749		\$100.00	! !
			(14 4	·
Principal occur	pation / Job title (See Instructions)	Employer (See In	L '	Texas, complete Schedule T)
Retired	- So in Coo management	Retired	,	
Date	Full name of contributor	<del>/</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
06/24/2014	Contributor address; City; State; Zip Code 6707 Oasis Dr Austin, TX 78749		\$100.00	!   
			(If travel outside o	f Texas, complete Schedule T)
Principal occup Attorney	] pation / Job title (See Instructions)	Employer (See In Akins, Nowlin,	structions)	, , , , , , , , , , , , , , , , , , , ,

Г	The Instruction	Guide explains how to complete this form.		1 PAGE#				
L					/16 Report: 13/25			
2	FILER NAME	Scruggs, Edward (Mr.)		3 ACCOUNT # 09090909	(Ethics Commission filers)			
4	Date	5 Full name of contributor  ut-of-state PAC (ID Nudelman, Judi (Ms.)	#	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	05/23/2014	6 Contributor address; City; State; Zip Code 5819 Back Bay Ln Austin, TX 78739		\$20.00	{   			
L				1 '	Texas, complete Schedule T)			
9	Principal occup Retired	ation / Job title (See Instructions)	10 Employer (See In Retired IBM	structions)				
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/10/2014	Contributor address; City; State; Zip Code 5819 Back Bay Ln Austin, TX 78739		\$35.00	! ! !			
ĺ				(If travel outside of	Texas, complete Schedule T)			
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In Retired IBM	structions)				
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	05/15/2014	Contributor address; City; State; Zip Code 6202 Burk Burnett Ct Austin, TX 78749		\$350.00	 			
				(if travel outside of	Texas, complete Schedule T)			
	Principal occup Magician	ation / Job title (See Instructions)	Employer (See In Self-Employed					
-	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	05/26/2014	Contributor address; City; State; Zip Code 6202 Burk Burnett Ct Austin, TX 78749		\$200.00	   			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup Housewife	ation / Job title (See Instructions)	Employer (See in None	estructions)				
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/24/2014	Contributor address; City; State; Zip Code 6202 Burk Burnett Ct Austin, TX 78749		\$150.00	 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup Housewife	ation / Job title (See Instructions)	Employer (See In None	<u> </u>				

	OTHER THAIT LEDGES ON LOAKS							
	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 12	/16 Report: 14/25			
2	FILER NAME	Scruggs, Edward (Mr.)		3 ACCOUNT # 09090909	(Ethics Commission filers)			
4	Date	5 Full name of contributor  ut-of-state PAC (ID# Peterson, Kristina (Ms.)	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	05/12/2014	<b>6</b> Contributor address; City; State; Zip Code 5848 Back Bay Ln Austin, TX 78739-1697		\$5.00	}   			
				(If travel outside of	Texas, complete Schedule T)			
9	Principal occup Systems Ana	ation / Job title (See Instructions) lyst	10 Employer (See In Ajalon Inc.	structions)				
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable) 1 hr photo session w/			
	06/29/2014	Contributor address; City; State; Zip Code 7316 Red Pebble Rd Austin, TX 78739		\$150.00	candidate & family.   			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup Photographer	ation / Job title (See Instructions)	Employer (See In Self-employed	structions)				
	Date	Full name of contributor	')	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/13/2014	Contributor address; City; State; Zip Code 8414 Hanbridge Ln Austin, TX 78736		\$25.00	 			
				<u> </u>	Texas, complete Schedule T)			
	Principal occup Retired	oation / Job title (See Instructions)	Employer (See In Retired	estructions)				
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/15/2014	Contributor address; City; State; Zip Code 8716 Towana Trail Austin, TX 78736		\$100.00	; 			
				(If travel outside of	Texas, complete Schedule T)			
		ation / Job title (See Instructions) at Program Coord.	Employer (See In University of Te					
	Date	Full name of contributor	<u>†                                     </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	05/14/2014	Contributor address; City; State; Zip Code 117 Laurel Ln Austin, TX 78705		\$350.00	 			
				(If travel outside of	Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Writer			Employer (See Ir Self-Employed	nstructions)				

	OTHER THAN PLEDGES ON LOANS							
	The Instruction	N GUIDE explains how to complete this form.		1 PAGE# Schedule: 13	/16 Report: 15/25			
2	FILER NAME	Scruggs, Edward (Mr.)		3 ACCOUNT # 09090909	(Ethics Commission filers)			
4	Date	5 Full name of contributor  ut-of-state PAC (ID#) Schenkkan, Pete (Mr.)			8 In-kind contribution description (if applicable)			
	05/14/2014	2014 6 Contributor address; City; State; Zip Code 117 Laurel Ln Austin, TX 78705						
				(If travel outside of	Texas, complete Schedule T)			
9	Principal occup Attorney	ation / Job title (See Instructions)	10 Employer (See In: Graves Doughe					
	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
06/30/2014 Contributor address; City; State; Zip Code 4608 Depew Ave Austin, TX 78751				\$150.00	1   			
				(If travel outside of	Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Restaurant Owner			Emplayer (See In: Self-Employed	structions)				
	Date	Full name of contributor  ut-of-state PAC (ID# Slack, Charlotte (Ms.)	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
05/12/2014 Contributor address; City; State; Zip Code 11001 La Roca Cove Austin, TX 78739			\$350.00	 				
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In: Retired	structions)				
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	05/12/2014	Contributor address; City; State; Zip Code 11001 La Roca Cove Austin, TX 78739		\$350.00	 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup Retired	ation / Job title (See Instructions)	Employer (See In Retired	structions)				
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
06/28/2014 Contributor address; City; State; Zip Code Mission Oaks Blvd # 9 Austin, TX 78735			\$20.00	!   				
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)				

	The Instruction	IN GUIDE explains how to complete this form.		1 PAGE# Schedule: 14	/16 Report: 16/25			
2	FILER NAME	Scruggs, Edward (Mr.)		3 ACCOUNT # 09090909	(Ethics Commission filers)			
4	Date	5 Full name of contributor  ut-of-state PAC (ID# Terrell, Ann (Ms.)	,	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	06/24/2014	6 Contributor address; City; State; Zip Code 11313 Aden Court Austin, TX 78739-1589		\$250.00	! !			
L				1 '	Texas, complete Schedule T)			
9	Principal occup Retired	ation / Job title (See Instructions)	10 Employer (See In USAF - Retired					
	Date	Full name of contributor  out-of-state PAC (ID# Terrell, Darius (Mr.)	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	05/12/2014	Contributor address; City; State; Zip Code 11313 Aden Court Austin, TX 78739		\$200.00	! 			
				<u> </u>	Texas, complete Schedule T)			
	Principal occup Security Solu	ation / Job title (See Instructions) tion Architect	Employer (See In IBM	istructions)				
	Date	Full name of contributor  ut-of-state PAC (ID# Traugott, Alexander (Mr.)	<del>;</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/30/2014	Contributor address; City; State; Zip Code 6207 Back Bay Ln Austin, TX 78739		\$100.00	1 			
i		Ausun, 1X 70709		(If travel outside of	Texas, complete Schedule T)			
	Principal occup	pation / Job title (See Instructions)	Employer (See Îr	nstructions)				
	Date	Full name of contributor	?)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/14/2014	Contributor address; City; State; Zip Code 5912 Gorham Glen Ln Austin, TX 78739	• • • • • • • • • • • • • • • • • • • •	\$100.00	i i i			
				(If travel outside o	f Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Health Care Professional		Employer (See tr Austin Health 8	nstructions) L Human Services					
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/14/2014	Contributor address; City; State; Zip Code 5912 Gorham Glen Ln Austin, TX 78739	••••••	\$100.00	 			
				(If travel outside o	f Texas, complete Schedule T)			
$\vdash$	Principal occur	action / Job title (See Instructions)	Employer (See Ir					
Creative Director			TuckerMoore,					

	The Instruction	אס Guide explains how to complete this form.	1 PAGE# Schedule: 15	5/16 Report: 17/25				
2	FILER NAME	Scruggs, Edward (Mr.)		3 ACCOUNT # 09090909	(Ethics Commission filers)			
4	Oate	5 Full name of contributor	<del>'</del> )	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
	05/14/2014	6 Contributor address; City; State; Zip Code 11308 Bastogne Loop Austin, TX 78739		\$350.00	   			
				(If travel outside of	Texas, complete Schedule T)			
9	Principal occup Attorney	ation / Job title (See Instructions)	10 Employer (See In Self-Employed	structions)				
	Date	Full name of contributor  out-of-state PAC (ID/ Walker, Nancy (Ms.)	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/06/2014	Contributor address; City; State; Zip Code 5710 Abilene Trl Austin, TX 78749-2113		\$250.00	! ! !			
L		.,,		*	Texas, complete Schedule T)			
	Principal occup State Employ	ation / Job title (See Instructions) ee	Employer (See In State of Texas	structions)				
	Date	Full name of contributor	<del>*</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/24/2014	Contributor address; City; State; Zip Code 5012 Bluestar Dr Austin, TX 78739		\$100.00	 			
				(If tenned autoida al	Texas, complete Schedule T)			
}	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete schedule 1)			
		customer Analytics	Green Mountair					
	Date	Full name of contributor	<del>"</del>	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/02/2014	Contributor address; City; State; Zip Code 9005 Heiden Ln Austin, TX 78749		\$350.00	 			
				(If travel outside of	Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Lawyer			Employer (See In Office of the Att	structions)	· totals, complete concease //			
⊨	Data	Full oftiled-	<u> </u>	A-novet et	I to trind anothibution			
	Date	Full name of contributor  ut-of-state PAC (ID: Welch, Marion (Ms.)	¥}	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	06/30/2014	Contributor address; City; State; Zip Code 5729 Galsworthy Ct Austin, TX 78739		\$50.00	t <del>1</del> 1			
				(If travel outside o	f Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions) Retired Teacher			Employer (See In Retired	structions)				

	OTHER THAN PLEDGES OR LOANS								
	The Instruction	IN GUIDE explains how to complete this form.		1 PAGE# Schedule: 16/	/16 Report: 18/25				
2	FILER NAME	Scruggs, Edward (Mr.)		3 ACCOUNT # 09090909	(Ethics Commission filers)				
4	Date	5 Full name of contributor  ut-of-state PAC (ID# Welch, Ronnie (Mr.)	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)				
	06/30/2014	6 Contributor address; City; State; Zip Code 5729 Galsworthy Ct Austin, TX 78739		\$50.00					
				(If travel outside of	Texas, complete Schedule T)				
9	Principal occup Retired	ation / Job title (See Instructions)	10 Employer (See In Retired	structions)					
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)				
	06/30/2014	Contributor address; City; State; Zip Code 4701 Monterey Oaks Blvd # 639 Austin, TX 78749		\$50.00 l					
				(If travel outside of	Texas, complete Schedule T)				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)						
	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)				
	05/16/2014	Contributor address; City; State; Zip Code 5817 Anselm Ct Austin, TX 78739		\$50.00	 				
				(If travel outside of	Texas, complete Schedule T)				
	Principal occup Stay at Home	pation / Job title (See Instructions) e Mom	Employer (See Instructions) None						
	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)				
	05/16/2014	Contributor address; City; State; Zip Code 5817 Anselm Ct Austin, TX 78739		\$100.00					
				1 '	Texas, complete Schedule T)				
	Principal occup Managing Di	pation / Job title (See Instructions) rector	Employer (See Ir Accenture	istructions)					

Texas Ethics Commis	sion P.O.Box 12070	Austin, Te	xas 78711-2070	(512)463-5800	TDD 1-800-735-2989
LOANS					SCHEDULE E
The Instruction Gui	DE explains how to complete	this form.		1 PAGE# Schedule: 1/2	Report: 19/25
2 FILER NAME So	cruggs, Edward (Mr.)			3 ACCOUNT # (E 09090909	thics Commission filers)
TOTAL OF UN	ITEMIZED LOANS:		<b>ರುವರುವರು</b>		\$
5 Date of loan 04/24/2014	7 Name of lender Scruggs, Edward (Mr.)	Out	-of-state PAC (ID#	)	9 Loan Amount (\$) \$4,000.00
6 Is tender a financial Institution?	8 Lender address; City; 5848 Back Bay Ln	State;	Zip Code		10 Interest rate
No	Austin, TX 78739				11 Maturity date
12 Principal occupation Clinical Research	/ Job title (See Instructions) Associate		13 Employer (See Insti	ructions)	
14 Description of Collai	leral		15 Check if personal fu	inds were deposited into	political account
16 GUARANTOR INFORMATION  X not applicable	17 Name of guarantor 18 Guarantor address; City;	State;	Zip Code		19 Amount Guaranteed (\$)
20 Principal Occupation	<u>l</u>		21 Employer		
Date of loan 05/10/2014	Name of lender Scruggs, Edward (Mr.)	Out	-of-state PAC (ID#	,	Loan Amount (\$) \$37.35
Is lender a financial Institution?	DO40 Back Bay Lii	State;	Zip Code		Interest rate
No	Austin, TX 78739				Maturity date
Principal occupation Clinical Research	Associate		Employer (See Inst	ructions)	<del></del>
Description of Collateral			Check if personal funds were deposited into political account		
GUARANTOR INFORMATION	Name of guarantor		1		Amount Guaranteed (\$)
X not applicable	Guarantor address; City;	State;	Zip Code		
Principal Occupation	n		Employer		
			,		

Electronic Filing Version 3.4.5

POLITIC	AL EXPE	ENDITURES				SCHEDULE F
Advertising Expe Accounting/Bank Consulting Expe	ing Legal	EXPE Awards/Memorial Expense Services Beverage Expense	ENDITURE CATE( Salaries/Wages/ Solicitation/Fund Travel In District	Contract Labor	Loan Repa Transporta	ment/Reimbursement ion Equipment & Related Expense is/Donations Made By
Event Expense Fees	Polline	] Expense ng Expense	Travel Out Of Dis Office Overhead		Candida OTHER (er	le/Officeholder/Political Committee iter a category not listed above)
1 PAGE# Schedule: 1/4 Re	eport: 21/25	2 FILER NAME Scruggs, Edward	(Mr.)			3 ACCOUNT # (TEC filers) 09090909
4 Date 05/20/2014	5 Payee name Brook, Joa			4		
6 Amount (\$) \$150.00	7 Payee addre 5103 Lea ( Austin, TX	ess City; State	e; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (S Advertising	see Categories listed at the top Expense	o of this schedule)	(b) Description Campaign I 2 hr session	hotography	ide of Texas, complete Schedule T) 🔲 r - Joan Brook Photography -
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate /	Officeholder name		Office so	ught:	Office held:
Date	Payee name					
05/02/2014 Amount (\$)	Pavee addre	ige Report, LLC	e; Zip Code			
\$250.00	1	I St. Apt 229	s, Zip Gode			
PURPOSE OF EXPENDITURE	Contributio	ee Calegories listed at the top ins/Donations Made By Officeholder/Political C		Description Contribution BurntOrang	to 11th An	ide of Texas, complete Schedule T) niversary fund raiser - n 05-02-2014
Complete ONLY if direct expenditure to benefit C/OH	Candidate /	Officeholder name		Office so	ught:	Office held:
Date 05/06/2014	Payee name CDM Medi				-	
Amount (\$)	Payee addre	,,	e; Zip Code			
\$1,231.20	919 Congr Austin, TX	ess Ave Suite 250 . 78701				
PURPOSE OF EXPENDITURE	Category (5 Consulting	ee Categories listed at the top Expense	of this schedule)	Description Website, W		ide of Texas, complete Schedule T) 🔲 & document assistance
Complete ONLY if direct expenditure to benefit C/OH	Candidale /	Officeholder name		Office so	ught:	Office held:
Date	Payee name					
06/01/2014	Diaspora V			<del></del> .		
Amount (\$) \$60.00	Payee addro	ess City; State	e; Zip Code			
PURPOSE OF EXPENDITURE	Category (S Event Exp	Gee Categories listed at the togense	o of this schedule)		voter reg ta	ide of Texas, complete Schedule T)  ble at Juneteenth event  n/diasporavote
Complete ONLY if direct expenditure	Candidate /	Officeholder name		Office so	ught:	Office held:

direct expenditure to benefit C/OH

#### POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Advertising Expense Accounting/Banking Consulting Expense Event Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not fisted above) Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Gifts/Awards/Memorial Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Printing Expense The Instruction Guide explains how to complete this form. PAGE# 3 ACCOUNT # (TEC filers) FILER NAME Scruggs, Edward (Mr.) 09090909 Schedule: 2/4 Report: 22/25 4 Date 5 Payee name 06/04/2014 Facebook Ads Payee address City; State; Zip Code 6 Amount (\$) Hacker Way \$25.70 Menio Park, CA 94025 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Advertising Expense Advertisement on Facebook OF **EXPENDITURE** Office held: g Complete ONLY if Candidate / Officeholder name Office sought: direct expenditure Pavee name Date 06/30/2014 Facebook Ads Payee address City; State; Zip Code Amount (\$) 1 Hacker Way \$1.00 Menlo Park, CA 94025 Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) Description PURPOSE Facebook purchase w/ ATM card Advertising Expense OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Fedex Office 05/29/2014 Amount (\$) Payee address City; State; Zip Code 9300 Brodie Ln \$164.89 Austin, TX 78748 (If travel outside of Texas, complete Schedule T) Description Category (See Categories listed at the top of this schedule) PURPOSE Event Expense Presentation material - 2 poster boards for business OF EXPENDITURE group presentation. Office sought: Office held: Complete ONLY if Candidate / Officeholder name direct expenditure to benefit C/OH Date Payee name NARAL Pro-Choice Texas 05/07/2014 Pavee address City; State; Zip Code Amount (\$) PO Box 684602 Austin, TX 78768 \$150.00 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) Contributions/Donations Made By Candidate/Officeholder/Political Committee **PURPOSE** Donation for June 12, 2014 event at InterContinental Stephen F. Austin **EXPENDITURE** Office held: Complete ONLY if Candidate / Officeholder name Office sought:

#### POLITICAL EXPENDITURES

#### SCHEDULE F

Event Expense

Gifts/Awards/Memorial Expense Legal Services

Candidate / Officeholder name

Complete ONLY if direct expenditure to benefit C/OH

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Advertising Expense Accounting/Banking Consulting Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Office Overhead/Rental Expense OTHER (enter a category not listed above) Printing Expense The instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 2 FILER NAME 1 PAGE# Scruggs, Edward (Mr.) 09090909 Schedule: 3/4 Report: 23/25 4 Date 5 Payee name Party City 06/12/2014 6 Amount (\$) Payee address City; State; Zip Code 5601 Brodie Ln Austin, TX 78745 \$64.91 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Circle C Trailer Food Event on 06-13-2014 **Event Expense** OF EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name PayPal 06/02/2014 Pavee address Amount (\$) City: State: Zip Code 2145 Hamilton Ave \$122.70 San Jose, CA 95125 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description PURPOSE Transaction fees for \$2,370.00 in on-line Accounting/Banking contributions. EXPENDITURE Office sought: Office held: Complete ONLY if Candidate / Officeholder name direct expenditure to benefit C/OH Payee name 06/24/2014 PavPal Payee address City; State; Zip Code Amount (\$) 2145 Hamilton Ave \$14.50 San Jose, CA 95125 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Accounting/Banking Transaction fees for \$605.00 in on-line contributions. OF EXPENDITURE Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure to benefit C/OH Payee name 06/29/2014 Pogonat, Teodora (Ms.) Amount (\$) Payee address City; State; Zip Code 7316 Red Pebble Rd \$150.00 Austin, TX 78739 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Advertising Expense In-Kind 1 Hr photo session w/ candidate & family. OF **EXPENDITURE** 

Office held:

Office sought:

#### POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Advertising Expense Accounting/Banking Consulting Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Polling Expense Printing Expense Event Expense Fees OTHER (enter a category not listed above) The INSTRUCTION GUIDE explains how to complete this form. PAGE # FILER NAME 3 ACCOUNT # (TEC filers) Scruggs, Edward (Mr.) 09090909 Schedule: 4/4 Report: 24/25 4 Date 5 Payee name Santa Rita Tex Mex Cantina 06/24/2014 6 Amount (\$) Payee address City; State; Zip Code 5900 W Slaughter Ln \$222.95 Austin, TX 78749 8 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense Mexican food buffet at fund raising event 6-24-14. OF **EXPENDITURE** g Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 05/17/2014 Travis County Democratic Party Amount (\$) Payee address City; State; Zip Code 1311 E. 6th St \$50.00 Austin, TX 78702 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Consulting Expense Campaign Training OF **EXPENDITURE** Candidate / Officeholder name Office held: Complete ONLY if Office sought: direct expenditure to benefit C/OH Date Payee name **US Post Office** 05/09/2014 Amount (\$) Payee address City; State; Zip Code Oak Hill Station \$37.00 Austin, TX 78749 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE Office Overhead/Rental Expense PO Box rental - 6 months (PO Box 91763) OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH

# SCHEDULE G

TDD 1-800-735-2989

#### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

**EXPENDITURE CATEGORIES** 

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Travel In District
Travel Out Of District
Office Overhead/Rental Expense Printing Expense The INSTRUCTION GUIDE explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (TEC filers) 1 PAGE# Scruggs, Edward (Mr.) 09090909 Schedule: 1/1 Report: 25/25 5 Payee name 4 Date Crown Trophy 05/10/2014 7 Payee address 6 Amount (\$) City; State; Zip Code 8106 Brodie Ln Austin, TX 78745 \$37.35 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) PURPOSE Printing Expense Creatte 3 lapel/collar ID badges for candidate to OF EXPENDITURE wear. Paid w/ loan of personal funds.