

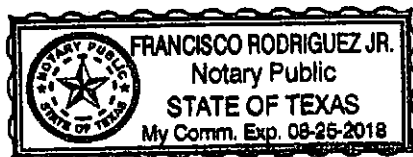
FORM C/OH
COVER SHEET PG 1

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

AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Ed Scruggs, this the 2nd day of October, 20 14, to certify which, witness my hand and seal of office.

[Signature]
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)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
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)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
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)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
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)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
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)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
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 ☐ 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)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Engineer

10 Employer (See Instructions)
Silicon Labs

Date

08/17/2014

Full name of contributor ☐ 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)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date

09/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Cespedes, Carol (Ms.)

Contributor address; City; State; Zip Code
7300 Callbraam Ln
Austin, TX 78736

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Tour Operator

Employer (See Instructions)
Halintours, Inc.

Date

07/13/2014

Full name of contributor ☐ 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

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Winstead PC

Date

09/25/2014

Full name of contributor ☐ 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)

(If travel outside of Texas, complete Schedule T) ☐

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 (\$) \$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) 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 (\$) \$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) 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 (\$) \$20.00	In-kind contribution description (if applicable) (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 (\$) \$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 09/18/2014	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 (\$) \$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	

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 ☐ 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)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Retired Public Affairs Officer

10 Employer (See Instructions)
Retired - LCRA

Date

07/13/2014

Full name of contributor ☐ 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)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Psychologist

Employer (See Instructions)
Self-Employed

Date

07/20/2014

Full name of contributor ☐ 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)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Wells Fargo Bank, NA

Date

09/14/2014

Full name of contributor ☐ 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)

(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# _____)
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)

(If travel outside of Texas, complete Schedule T) ☐

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 10406 Orourke Ln Austin, TX 78739	7 Amount of contribution (\$) \$100.00	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) 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) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
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) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
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) (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# _____) 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) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
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 ☐ 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)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Retired

10 Employer (See Instructions)
Retired

Date

09/25/2014

Full name of contributor ☐ 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)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Retired Biologist

Employer (See Instructions)
Retired - State of Texas

Date

09/24/2014

Full name of contributor ☐ 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)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Training & Instructional Design

Employer (See Instructions)
Freescale Semiconductor

Date

09/25/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
McFarland, Jane (Ms.)

Contributor address; City; State; Zip Code
12704 Arroyo Doble
Manhaca, TX 78652

Amount of
contribution (\$)

\$35.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date

09/25/2014

Full name of contributor ☐ 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)

(If travel outside of Texas, complete Schedule T) ☐

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 ☐ 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) ☐

9 Principal occupation / Job title (See Instructions)
Retired

10 Employer (See Instructions)
Retired

Date

09/19/2014

Full name of contributor ☐ 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) ☐

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date

09/23/2014

Full name of contributor ☐ 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) ☐

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date

08/23/2014

Full name of contributor ☐ 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) ☐

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date

09/06/2014

Full name of contributor ☐ 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) ☐

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 (\$)

\$50.00

8 In-kind contribution
description (if applicable)

(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 (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date

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 (\$)

\$20.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired 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 (\$)

\$35.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired 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 (\$)

\$20.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired 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 7611 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 ☐ out-of-state PAC (ID# _____)
Rodgers, Brian (Mr.)6 Contributor address; City; State; Zip Code
1112 West 9th St
Austin, TX 787037 Amount of
contribution (\$)

\$350.00

8 In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐9 Principal occupation / Job title (See Instructions)
Real Estate Investor10 Employer (See Instructions)
Rodger & Reichle Inc

Date

08/12/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Schieck, David (Mr.)Contributor address; City; State; Zip Code
10212 Banks Ct
Austin, TX 78739Amount of
contribution (\$)

\$350.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
RetiredEmployer (See Instructions)
Retired

Date

09/06/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Stonewall Democrats of Austin PACContributor address; City; State; Zip Code
PO Box 40898
Austin, TX 78704Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/17/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Swanson, Steven (Mr.)Contributor address; City; State; Zip Code
Mission Oaks Blvd # 9
Austin, TX 78735Amount of
contribution (\$)

\$20.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/19/2014

Full name of contributor ☐ out-of-state PAC (ID# _____)
Telang, Vivek (Mr.)Contributor address; City; State; Zip Code
6708 Quincy Cv
Austin, TX 78739Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐Principal occupation / Job title (See Instructions)
EngineerEmployer (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) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
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) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
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) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
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) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
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) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
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 ☐ 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)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Government Accountant

10 Employer (See Instructions)
Texas Dept. of Banking

Date

07/28/2014

Full name of contributor ☐ 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)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Van Leeuwen & Van Leeuwen

Date

09/25/2014

Full name of contributor ☐ 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)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Policy Advisor

Employer (See Instructions)
State of Texas

Date

09/25/2014

Full name of contributor ☐ 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)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date

07/06/2014

Full name of contributor ☐ 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)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/1 Report: 15/20

2 FILER NAME Scruggs, Edward (Mr.)**3** ACCOUNT # (Ethics Commission filers)

09090909

4

TOTAL OF UNITEMIZED LOANS:

⇒⇒⇒⇒⇒

\$

5 Date of loan
09/02/2014**7** Name of lender
Scruggs, Edward (Mr.)☐ out-of-state PAC (ID# _____)**9** Loan Amount (\$)
\$6,000.00**6** Is lender a
financial institution?

No**8** Lender address; City; State; Zip Code
5848 Back Bay Ln
Austin, TX 78739**10** Interest rate
0**11** Maturity date**12** Principal occupation / Job title (See Instructions)
Clinical Research Associate**13** Employer (See Instructions)**14** Description of Collateral
☒ none**15** Check if personal funds were deposited into political account
☒**16** GUARANTOR
INFORMATION☒ not applicable**17** Name of guarantor**18** Guarantor address; City; State; Zip Code**19** Amount Guaranteed (\$)**20** Principal Occupation**21** EmployerDate of loan
09/25/2014Name of lender
Scruggs, Edward (Mr.)☐ out-of-state PAC (ID# _____)Loan Amount (\$)
\$14,000.00Is lender a
financial institution?

NoLender address; City; State; Zip Code
5848 Back Bay Ln
Austin, TX 78739Interest rate
0

Maturity date

Principal occupation / Job title (See Instructions)
Clinical Research Associate

Employer (See Instructions)

Description of Collateral
☒ noneCheck if personal funds were deposited into political account
☒GUARANTOR
INFORMATION☒ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

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			
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	
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			
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	
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			
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	
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			
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			
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			
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	
4 Date 09/02/2014		5 Payee name Office Depot # 477			
6 Amount (\$) \$89.63		7 Payee address City; State; Zip Code 5300 S Mopac Expy # 101 Austin, TX 78749			
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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 07/08/2014		Payee name PayPal			
Amount (\$) \$38.33		Payee address City; State; Zip Code 2145 Hamilton Ave San Jose, CA 95125			
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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/20/2014		Payee name PayPal			
Amount (\$) \$42.36		Payee address City; State; Zip Code 2145 Hamilton Ave San Jose, CA 95125			
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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/24/2014		Payee name PayPal			
Amount (\$) \$3.20		Payee address City; State; Zip Code 2145 Hamilton Ave San Jose, CA 95125			
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	
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: 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	
4 Date 09/12/2014		5 Payee name Travis Country CSA			
6 Amount (\$) \$90.00		7 Payee address City; State; Zip Code 4504 Travis Country Circle Austin, TX 78735			
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	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 08/13/2014		Payee name Worley Printing			
Amount (\$) \$438.41		Payee address City; State; Zip Code 3217 N IH35 Frontage Rd Austin, TX 78722			
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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	
Date 09/12/2014		Payee name Worley Printing			
Amount (\$) \$648.42		Payee address City; State; Zip Code 3217 N IH35 Frontage Rd Austin, TX 78722			
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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought: Office held:	