



**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> Carol K McCutcheon		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,900.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 108.65
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,111.60
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6,000.00

**18 SIGNATURE** 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.

*Carol K. McCutcheon*

Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Carol McCutcheon this the 12 day of July, 2021, to certify which, witness my hand and seal of office.

*TIA MOORE*

*Notary Public*

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_

(street)

(city)

(state)

(zip code)

(country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Carol R. McCutcheon</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,525.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 375.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 108.65
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>2</b>
2 FILER NAME <b>Carol R. McCutcheon</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/26/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>William Smith</b>	7 Amount of contribution (\$) <b>\$ 500.00</b>
6 Contributor address; City; State; Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/29/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Elizabeth Howard</b>	Amount of contribution (\$) <b>\$ 25.00</b>
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>NA</b>
Date <b>4/30/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Elizabeth Furman</b>	Amount of contribution (\$) <b>\$ 100.00</b>
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>NA</b>
Date <b>5/3/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Huitt-Zollars PAC</b>	Amount of contribution (\$) <b>\$ 500.00</b>
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) <b>Engineer</b>		Employer (See Instructions) <b>Huitt-Zollars</b>
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Carol K. McCutcheon</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>6/7/21</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bill Atkinson</i>	7 Amount of contribution (\$) <i>\$ 250.00</i>
6 Contributor address; City; State; Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions) <i>NA</i>
Date <i>6/7/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert McCutcheon</i>	Amount of contribution (\$) <i>50.00</i>
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>NA</i>
Date <i>6/29/21</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Judy Dae</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) <i>Realtor</i>		Employer (See Instructions) <i>Self employed</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Carol K. McCutcheon		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ - 0 -	
5 Date 5/17/21	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rajib Batakaya	8 Amount of Contribution \$ 375.00	9 In-kind contribution description social media services
7 Contributor address; City; State; Zip Code [REDACTED]		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Realtor		11 Employer (FOR NON-JUDICIAL)(See Instructions) Monument Hill Mgmt.	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>2</b>	2 FILER NAME <b>Carol K. McCutcheon</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>5/23/21</b>	5 Payee name <b>Campaign Partner</b>
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6 Amount (\$) <b>29.00</b>	7 Payee address; City; State; Zip Code <b>[REDACTED]</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <b>Website</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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
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Date <b>6/3/21</b>	Payee name <b>Tuesday Morning</b>
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Amount (\$) <b>10.40</b>	Payee address; City; State; Zip Code <b>[REDACTED]</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Other</b>	Description <b>stationary</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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
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Date <b>6/5/21</b>	Payee name <b>USPS First Colony</b>
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Amount (\$) <b>30.55</b>	Payee address; City; State; Zip Code <b>[REDACTED]</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Other</b>	Description <b>Postage</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Carol K. McClutcheon</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>6/7/21</i>	5 Payee name <i>Paypal</i>	
6 Amount (\$) <i>9.30</i>	7 Payee address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Donation Fees</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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 <i>6/23/21</i>	Payee name <i>Campaign Partner</i>	
Amount (\$) <i>29.00</i>	Payee address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>Website</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <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

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