

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers)	<b>2 Total pages filed:</b> <span style="font-size: 1.5em;">25</span>			
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <b>Mrs</b>	FIRST <b>Carol</b>	MI <b>K</b>	<b>OFFICE USE ONLY</b>  Date Received <span style="font-size: 1.2em; color: blue;">4:53pm</span> <b>RECEIVED</b> <span style="font-size: 1.2em; color: blue;">lgm</span> <b>APR 3 2025</b> Office of City Secretary City of Sugar Land, TX		
	NICKNAME	LAST <b>McCutcheon</b>	SUFFIX			
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>Sugar Land, TX 77479</b>					
	Date Hand-delivered or Date Postmarked					
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION	Receipt #		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <b>Mr</b>	FIRST <b>John</b>	MI <b>B</b>	Amount \$		
	NICKNAME	LAST <b>McNamee</b>	SUFFIX	Date Processed		
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>Sugar Land, TX 77479</b>			Date Imaged		
	Date Hand-delivered or Date Postmarked					
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION			
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)					
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
<b>10 PERIOD COVERED</b>	Month	Day	Year	Month	Day	Year
	1	1	25	THROUGH	3	24 / 25
<b>11 ELECTION</b>	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
	5	3	25	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) <b>Sugar Land City Council Dist. 4</b>			<b>13 OFFICE SOUGHT (if known)</b> <b>Sugar Land Mayor</b>		
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <small>Additional Pages</small>	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME				
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

**GO TO PAGE 2**

# 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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 27,711.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 29,194.16
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,661.12
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,000.00

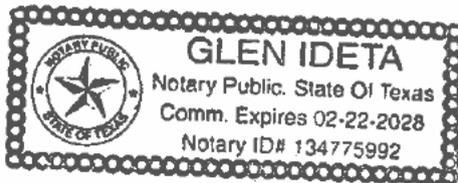
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*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 K. McCutcheon this the 3rd day of April

20 25, to certify which, witness my hand and seal of office.

*Glen Ideta*  
Signature of officer administering oath

Glen Ideta  
Printed name of officer administering oath

Records Technician  
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

<b>19 FILER NAME</b> Carol K. McCutcheon		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 27,711.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 2,030.50
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 10,000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 29,194.16
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. 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>9</b>
2 FILER NAME <b>Carol K. McCutcheon</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/17/2025</b>	5 Full name of contributor <b>Jenna Ross</b> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code [REDACTED] <b>Sugar Land, TX 77479</b>	7 Amount of contribution (\$) <b>1,000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Retired		N/A
Date <b>01/27/2025</b>	Full name of contributor <b>Laura Winters</b> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] <b>Sugar Land, TX 77479</b>	Amount of contribution (\$) <b>2,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Retired		N/A
Date <b>01/28/2025</b>	Full name of contributor <b>John Ryder</b> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] <b>Sugar Land, TX 77479</b>	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Retired		N/A
Date <b>01/29/2025</b>	Full name of contributor <b>Martha McNamee</b> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] <b>Sugar Land, TX 77479</b>	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Retired		N/A
<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.		

# 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 Carol K. McCutcheon		3 Filer ID (Ethics Commission Filers)
4 Date 01/29/2025	5 Full name of contributor Don Johnson out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	7 Amount of contribution (\$)  <b>500.00</b>
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 01/29/2025	Full name of contributor Mickie Wright out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 01/29/2025	Full name of contributor Susan Ridley out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 02/05/2025	Full name of contributor Mike Berger out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	Amount of contribution (\$)  <b>250.00</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
<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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Carol K. McCutcheon		3 Filer ID (Ethics Commission Filers)
4 Date 02/06/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Becky Foster <hr/> 6 Contributor address; City; State; Zip Code [REDACTED], Sugar Land, TX 77479	7 Amount of contribution (\$)  <h2 style="margin: 0;">25.00</h2>
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 02/07/2025	Full name of contributor out-of-state PAC (ID#: _____) Ellen Tarver <hr/> Contributor address; City; State; Zip Code [REDACTED], Sugar Land, TX 77479	Amount of contribution (\$)  <h2 style="margin: 0;">1,000.00</h2>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 02/10/2025	Full name of contributor out-of-state PAC (ID#: _____) Ray French <hr/> Contributor address; City; State; Zip Code [REDACTED], Sugar Land, TX 77479	Amount of contribution (\$)  <h2 style="margin: 0;">200.00</h2>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 02/13/2025	Full name of contributor out-of-state PAC (ID#: _____) Deepak Chandwani <hr/> Contributor address; City; State; Zip Code [REDACTED], Sugar Land, TX 77479	Amount of contribution (\$)  <h2 style="margin: 0;">1,000.00</h2>
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) Jade Business Services

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: _____
2 FILER NAME Carol K. McCutcheon		3 Filer ID (Ethics Commission Filers) _____
4 Date 02/18/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Terrell Cochran	7 Amount of contribution (\$)  <b>500.00</b>
6 Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479		
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) Home Town America
Date 02/18/2025	Full name of contributor out-of-state PAC (ID#: _____) Meena Singh	Amount of contribution (\$)  <b>1,000.00</b>
Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 02/18/2025	Full name of contributor out-of-state PAC (ID#: _____) Pui Chung	Amount of contribution (\$)  <b>500.00</b>
Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Kids Development Clinic
Date 02/19/2025	Full name of contributor out-of-state PAC (ID#: _____) Harvey Zinn	Amount of contribution (\$)  <b>1,000.00</b>
Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
<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.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Carol K. McCutcheon		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Pui Chung out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)  <b>500.00</b>
	6 Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	
8 Principal occupation / Job title (See Instructions) Physical Therapist		9 Employer (See Instructions) Kids Development Clinic
Date	Full name of contributor Swapan Dhairyawan out-of-state PAC (ID#: _____)	Amount of contribution (\$)  <b>1,000.00</b>
02/24/2025	Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions)
Date	Full name of contributor Kathleen Keene out-of-state PAC (ID#: _____)	Amount of contribution (\$)  <b>1,000.00</b>
02/25/2025	Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date	Full name of contributor Ryan Riahi out-of-state PAC (ID#: _____)	Amount of contribution (\$)  <b>200.00</b>
02/28/2025	Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Dermatology
<p><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.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Carol K. McCutcheon		3 Filer ID (Ethics Commission Filers)
4 Date 02/28/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Lauri Riahi	7 Amount of contribution (\$)  <b>200.00</b>
6 Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 02/28/2025	Full name of contributor out-of-state PAC (ID#: _____) Annie Webb	Amount of contribution (\$)  <b>100.00</b>
Contributor address; City; State; Zip Code [REDACTED], Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 02/28/2025	Full name of contributor out-of-state PAC (ID#: _____) Laurie Meredith	Amount of contribution (\$)  <b>20.00</b>
Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 03/03/2025	Full name of contributor out-of-state PAC (ID#: _____) Mary Katherine Fitzpatrick	Amount of contribution (\$)  <b>1,000.00</b>
Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Carol K. McCutcheon		3 Filer ID (Ethics Commission Filers)
4 Date 03/04/2025	5 Full name of contributor Smitar Shah out-of-state PAC (ID#: 6 Contributor address; City; State; Zip Code Sugar Land, TX 77479	7 Amount of contribution (\$) <b>151.00</b>
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 03/07/2025	Full name of contributor Chris Woessner out-of-state PAC (ID#: Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 03/07/2025	Full name of contributor Mike Siwierka out-of-state PAC (ID#: Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 03/07/2025	Full name of contributor Lana Goldberg out-of-state PAC (ID#: Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of contribution (\$) <b>40.00</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
<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.		

**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 Carol K. McCutcheon		3 Filer ID (Ethics Commission Filers)
4 Date 03/14/2025	5 Full name of contributor out-of-state PAC (ID#: _____) David Hamren 6 Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	7 Amount of contribution (\$)  <b>200.00</b>
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) DCH Environmental Consultants LP
Date 03/18/2025	Full name of contributor out-of-state PAC (ID#: _____) Bill Smith Contributor address; City; State; Zip Code [REDACTED], Sugar Land, TX 77479	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 03/20/2025	Full name of contributor out-of-state PAC (ID#: _____) Andre Kowalczyk Contributor address; City; State; Zip Code [REDACTED], Sugar Land, TX 77479	Amount of contribution (\$)  <b>25.00</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 03/24/2025	Full name of contributor out-of-state PAC (ID#: _____) Sunil Rohilla Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	Amount of contribution (\$)  <b>500.00</b>
Principal occupation / Job title (See Instructions) SAPIT		Employer (See Instructions) CAPGEMINI
<p><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.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Carol K. McCutcheon		3 Filer ID (Ethics Commission Filers)
4 Date 03/24/2025	5 Full name of contributor <span style="float: right;">out-of-state PAC (ID#: _____)</span> Debbie Kramer	7 Amount of contribution (\$)  <b>100.00</b>
6 Contributor address; City; State; Zip Code [REDACTED] Asheville NC 28803		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date	Full name of contributor <span style="float: right;">out-of-state PAC (ID#: _____)</span>  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <span style="float: right;">out-of-state PAC (ID#: _____)</span>  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <span style="float: right;">out-of-state PAC (ID#: _____)</span>  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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: <b>1</b>	
2 FILER NAME <b>Carol K. McCutcheon</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>02/06/2025</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Rashmi Batabyal</b>	8 Amount of Contribution \$ <b>2,030.50</b>	9 In-kind contribution description <b>Campaign Event</b>
7 Contributor address; City; State; Zip Code [REDACTED] <b>Sugar Land, TX 77479</b>		Check if travel outside of Texas. Complete Schedule T	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Homemaker</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>N/A</b>	
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
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)			
<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.			

# LOANS

# SCHEDULE E

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 E <b>1</b>
2 FILER NAME <b>Carol K. McCutcheon</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>02/28/2025</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Carol K. McCutcheon</b>	9 Loan Amount (\$) <b>10,000.00</b>
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code [REDACTED] <b>Sugar Land, TX 77479</b>	10 Interest rate <b>0.00</b>
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <b>Retired Engineer</b>		13 Employer (See Instructions) <b>N/A</b>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# 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.

<b>1</b> Total pages Schedule F1: 11	<b>2</b> FILER NAME Carol K. McCutcheon	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 01/13/2025	<b>5</b> Payee name Minuti Coffee
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<b>6</b> Amount (\$) 11.69	<b>7</b> Payee address; [REDACTED] Sugar Land, TX 77479	City;	State;	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description Coffee
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/14/2025	Payee name Fort Bend County Elections
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Amount (\$) 20.00	Payee address; [REDACTED] Richmond, TX 77469	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Data
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/16/2025	Payee name Battleground Victory, LLC
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Amount (\$) 1,000.00	Payee address; [REDACTED] Richmond, TX 77407	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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.

<b>1</b> Total pages Schedule F1: 11	<b>2</b> FILER NAME Carol K. McCutcheon	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 01/21/2025	<b>5</b> Payee name Eric Pohl Photography
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<b>6</b> Amount (\$) 725.00	<b>7</b> Payee address; City; State; Zip Code [REDACTED] Dripping Springs, TX 78620
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Graphic Design
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/22/2025	Payee name FBRWC
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Amount (\$) 30.00	Payee address; City; State; Zip Code [REDACTED] Richmond, TX 77406
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Luncheon
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/22/2025	Payee name Vistaprint
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Amount (\$) 79.21	Payee address; City; State; Zip Code Online Vendor
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Business Cards
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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.

<b>1</b> Total pages Schedule F1: 11	<b>2</b> FILER NAME Carol K. McCutcheon	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/23/2025	<b>5</b> Payee name Campaign Partner	
<b>6</b> Amount (\$) 29.00	<b>7</b> Payee address; City; State; Zip Code [REDACTED] Still River, MA 01467	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Website
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 01/24/2025	Payee name Big Frog Custom T-Shirts	
Amount (\$) 131.98	Payee address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description T-Shirts
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 01/24/2025	Payee name US Postal Service	
Amount (\$) 219.00	Payee address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Stamps
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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# 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.

<b>1</b> Total pages Schedule F1: 11	<b>2</b> FILER NAME Carol K. McCutcheon	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/27/2025	<b>5</b> Payee name Eric Pohl Photography	
<b>6</b> Amount (\$) 525.00	<b>7</b> Payee address; City; State; Zip Code [REDACTED], Dripping Springs, TX 78620	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Graphic Design
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 01/27/2025	Payee name UZ Marketing	
Amount (\$) 2,301.12	Payee address; City; State; Zip Code [REDACTED] Houston TX 77092	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 01/30/2025	Payee name UZ Marketing	
Amount (\$) 2,091.55	Payee address; City; State; Zip Code [REDACTED] Houston TX 77092	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# 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.

<b>1</b> Total pages Schedule F1: 11	<b>2</b> FILER NAME Carol K. McCutcheon	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 01/31/2025	<b>5</b> Payee name Campaign Sidekick, LLC
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<b>6</b> Amount (\$) 300.00	<b>7</b> Payee address; [REDACTED] Aledo, TX 76008	City;	State;	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description Data
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/03/2025	Payee name Battleground Victory, LLC
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Amount (\$) 2,000.00	Payee address; [REDACTED] Richmond, TX 77407	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/03/2025	Payee name Chet Machen
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Amount (\$) 2,000.00	Payee address; [REDACTED] Sugar Land, TX 77478	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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 Expenses	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.

<b>1</b> Total pages Schedule F1: 11	<b>2</b> FILER NAME Carol K. McCutcheon	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/05/2025	<b>5</b> Payee name Big Frog Custom T-shirts	
<b>6</b> Amount (\$) 42.19	<b>7</b> Payee address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description T-shirts
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
<b>Date</b> 02/07/2025	<b>Payee name</b> La Madeleine	
<b>Amount (\$)</b> 5.40	<b>Payee address; City; State; Zip Code</b> [REDACTED] Sugar Land, TX 77479	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
<b>Date</b> 02/10/2025	<b>Payee name</b> Kaleb Holmes	
<b>Amount (\$)</b> 500.00	<b>Payee address; City; State; Zip Code</b> [REDACTED] Cypress, TX	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Expense	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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# 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: 11	2 FILER NAME Carol K. McCutcheon	3 Filer ID (Ethics Commission Filers)
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4 Date 02/18/2025	5 Payee name FBCGOP
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6 Amount (\$) 2,500.00	7 Payee address; [REDACTED] Sugar Land, TX 77487	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/24/2025	Payee name Campaign Partner
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Amount (\$) 29.00	Payee address; [REDACTED] Still River, MA 01467	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Website
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/25/2025	Payee name Masala Radio
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Amount (\$) 8,000.00	Payee address; [REDACTED] Sugar Land, TX 77478	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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.

<b>1</b> Total pages Schedule F1: 11	<b>2</b> FILER NAME Carol K. McCutcheon	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/27/2025	<b>5</b> Payee name UZ Marketing	
<b>6</b> Amount (\$) 1,557.38	<b>7</b> Payee address; City; State; Zip Code [REDACTED] Houston, TX 77092	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 02/28/2025	Payee name Campaign Sidekick, LLC	
Amount (\$) 300.00	Payee address; City; State; Zip Code [REDACTED] Alledo, TX 76008	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Data
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 03/03/2025	Payee name Chet Machen	
Amount (\$) 1,250.00	Payee address; City; State; Zip Code [REDACTED] Sugar Land, TX 77478	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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# 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: 11	2 FILER NAME Carol K. McCutcheon	3 Filer ID (Ethics Commission Filers)
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4 Date 03/03/2025	5 Payee name Battleground Victory, LLC
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6 Amount (\$) 2,000.00	7 Payee address; [REDACTED], Richmond, TX 77407	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/04/2025	Payee name Kaleb Holmes
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Amount (\$) 500.00	Payee address; [REDACTED], Cypress, TX	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/10/2025	Payee name Home Depot
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Amount (\$) 57.10	Payee address; [REDACTED], Sugar Land, TX 77478	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Sign Mounting Supplies
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 11	<b>2</b> FILER NAME Carol K. McCutcheon	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 03/10/2025	<b>5</b> Payee name KQ Communications, LLC
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<b>6</b> Amount (\$) 2,500.00	<b>7</b> Payee address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/17/2025	Payee name Lowe's Home Improvement
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Amount (\$) 10.70	Payee address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description Sign Mounting Supplies
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/17/2025	Payee name Stickeryou.com
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Amount (\$) 150.07	Payee address; City; State; Zip Code Internet Online
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	

Complete <u>ONLY</u> 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.

<b>1</b> Total pages Schedule F1: 11	<b>2</b> FILER NAME Carol K. McCutcheon	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/17/2025	<b>5</b> Payee name Rachel's Wholesale	
<b>6</b> Amount (\$) 146.14	<b>7</b> Payee address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 03/23/2025	Payee name Campaign Partner	
Amount (\$) 29.00	Payee address; City; State; Zip Code [REDACTED] Still River, MA 01467	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Website
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 03/24/2025	Payee name PayPal	
Amount (\$) 19.53	Payee address; City; State; Zip Code Online Internet Program	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fee	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED