

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Carol K. McCutcheon

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	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)	\$ 3,102.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 28,527.36
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,979.24
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 25,000.00

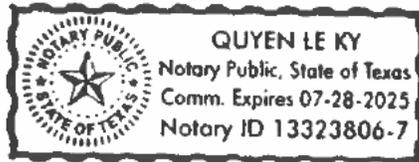
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

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 25th day of April, 2025, to certify which, witness my hand and seal of office.

Signature of officer administering oath: *[Signature]*
 Printed name of officer administering oath: Quyên Ky
 Title of officer administering oath: Records Technician

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 Carol K. McCutcheon		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3,102.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 15,000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 28,527.36
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		\$

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: 1
2 FILER NAME Carol K. McCutcheon		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 04/01/2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Carol K. McCutcheon	9 Loan Amount (\$) 15,000.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	10 Interest rate 0.00
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Retired Engineer		13 Employer (See Instructions) N/A
14 Description of Collateral <input type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input 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 type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input 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.

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: 8
2 FILER NAME Carol K. McCutcheon		3 Filer ID (Ethics Commission Filers)
4 Date 03/26/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Rickie Rabourn	7 Amount of contribution (\$) 1,000.00
	6 Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 03/27/2025	Full name of contributor out-of-state PAC (ID#: _____) Katherine Culbert	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77002	
Principal occupation / Job title (See Instructions) Airswift		Employer (See Instructions) Airswift
Date 03/28/2025	Full name of contributor out-of-state PAC (ID#: _____) Nevin Noorani	Amount of contribution (\$) 101.00
	Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	
Principal occupation / Job title (See Instructions) Consultant/Contractor		Employer (See Instructions) Prompt Realty
Date 03/28/2025	Full name of contributor out-of-state PAC (ID#: _____) Tanaz Choudhury	Amount of contribution (\$) 251.00
	Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77478	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) TanChes Technology Center
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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: 8
2 FILER NAME Carol K. McCutcheon		3 Filer ID (Ethics Commission Filers)
4 Date 03/28/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Charlotte Strader	7 Amount of contribution (\$) 300.00
	6 Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 03/28/2025	Full name of contributor out-of-state PAC (ID#: _____) Debra Ricardo	Amount of contribution (\$) 100.00
	Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/28/2025	Full name of contributor out-of-state PAC (ID#: _____) Hiral Patel	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code [REDACTED] Richmond, TX 77469	
Principal occupation / Job title (See Instructions) Cardiology Manager		Employer (See Instructions) Memorial Hermann
Date 03/28/2025	Full name of contributor out-of-state PAC (ID#: _____) Sabrina Akhter	Amount of contribution (\$) 250.00
	Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	
Principal occupation / Job title (See Instructions) Financial Reporting		Employer (See Instructions) Nova

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: 8
2 FILER NAME Carol K. McCutcheon		3 Filer ID (Ethics Commission Filers)
4 Date 04/01/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Glen Gill 6 Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Broker/Owner		9 Employer (See Instructions) Landmark Income Properties, Inc.
Date 04/05/2025	Full name of contributor out-of-state PAC (ID#: _____) Robert Lowe Contributor address; City; State; Zip Code [REDACTED] Katy, TX 77494	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/13/2025	Full name of contributor out-of-state PAC (ID#: _____) Mike Koch Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) KMI
Date 04/13/2025	Full name of contributor out-of-state PAC (ID#: _____) Carolyn Cleary Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77007	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Safety Engineer		Employer (See Instructions) Chevron
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: 8
2 FILER NAME Carol K. McCutcheon		3 Filer ID (Ethics Commission Filers)
4 Date 04/14/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Siva Gajula 6 Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) CLGS MSO
Date 04/14/2025	Full name of contributor out-of-state PAC (ID#: _____) Tonya Knauth Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77018	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 04/14/2025	Full name of contributor out-of-state PAC (ID#: _____) Michelle Lee Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed
Date 04/14/2025	Full name of contributor out-of-state PAC (ID#: _____) Howard Paul Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77478	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) American P&G
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: 8
2 FILER NAME Carol K. McCutcheon		3 Filer ID (Ethics Commission Filers)
4 Date 04/14/2025	5 Full name of contributor Hua Huang out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code [REDACTED] Missouri City, TX 77459	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions) Self Employed
Date 04/15/2025	Full name of contributor Santosh Cividi out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77478	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) President & CEO		Employer (See Instructions) Majestic Developers LLC
Date 04/15/2025	Full name of contributor Linda Rather out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/15/2025	Full name of contributor Christine Tierney out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Retired		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.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Carol K. McCutcheon		3 Filer ID (Ethics Commission Filers)
4 Date 04/09/2025	5 Full name of contributor Yue Jiang out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) IT		9 Employer (See Instructions) Avita
Date 04/15/2025	Full name of contributor Casey Chen out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) Company Officer		Employer (See Instructions) CPL
Date 04/15/2025	Full name of contributor James Shu out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77478	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Shu and Associates LLP
Date 04/16/2025	Full name of contributor Deqing Yang out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Houston, TX	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Allwin Insurance Agency
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: 8
2 FILER NAME Carol K. McCutcheon		3 Filer ID (Ethics Commission Filers)
4 Date 04/16/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Paul Williams 6 Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Haag Engineering
Date 04/17/2025	Full name of contributor out-of-state PAC (ID#: _____) Rashmi Sharma Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77478	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/17/2025	Full name of contributor out-of-state PAC (ID#: _____) Debra Balsaver Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77478	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 04/17/2025	Full name of contributor out-of-state PAC (ID#: _____) Cinthia B Di Caro Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77478	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		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.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 8
2 FILER NAME Carol K. McCutcheon		3 Filer ID (Ethics Commission Filers)
4 Date 04/16/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Susan Liu	7 Amount of contribution (\$) 100.00
	6 Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) SLB
Date 04/14/2025	Full name of contributor out-of-state PAC (ID#: _____) Hua Huang	Amount of contribution (\$) 800.00
	Contributor address; City; State; Zip Code [REDACTED] Missouri City, TX 77459	
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Self Employed
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
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.

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: 8	2 FILER NAME Carol K. McCutcheon	3 Filer ID (Ethics Commission Filers)
4 Date 03/31/2025	5 Payee name CampaignSidekick LLC	
6 Amount (\$) 300.00	7 Payee address, [REDACTED] Aledo, TX 76008	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Data
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/31/2025	Payee name Chet Machen	
Amount (\$) 1,250.00	Payee address; [REDACTED] Sugar Land, TX 77478	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Services
	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 03/31/2025	Payee name Battleground Victory LLC	
Amount (\$) 2,000.00	Payee address; [REDACTED] Richmond, TX 77407	
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 <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.

1 Total pages Schedule F1: 8	2 FILER NAME Carol K. McCutcheon	3 Filer ID (Ethics Commission Filers)
4 Date 04/03/2025	5 Payee name UZ Marketing	
6 Amount (\$) 1,427.97	7 Payee address; City; State; Zip Code [REDACTED] Houston, TX 77092	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/04/2025	Payee name Lowe's	
Amount (\$) 25.77	Payee address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Sign Installation Expense
	(c) 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 04/04/2025	Payee name Kaleb Holmes	
Amount (\$) 500.00	Payee address; City; State; Zip Code [REDACTED] Cypress, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description
	(c) 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

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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	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services		Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 8	2 FILER NAME Carol K. McCutcheon	3 Filer ID (Ethics Commission Filers)
4 Date 04/08/2025	5 Payee name Trenton Hoyt, LLC	
6 Amount (\$) 1,000.00	7 Payee address; [REDACTED] Katy, TX 77492	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/09/2025	Payee name KQ Communications, LLC	
Amount (\$) 2,500.00	Payee address; [REDACTED] Sugar Land, TX 77479	City; State; Zip Code
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. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/14/2025	Payee name M3 Graphics	
Amount (\$) 6,089.06	Payee address; [REDACTED] Houston, TX 77009	City; State; Zip Code
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. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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 8	2 FILER NAME Carol K. McCutcheon	3 Filer ID (Ethics Commission Filers)
4 Date 04/16/2025	5 Payee name M3 Graphics	
6 Amount (\$) 1,395.34	7 Payee address; City; State; Zip Code [REDACTED] Houston, TX 77099	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/17/2025	Payee name KQ Communications, LLC	
Amount (\$) 500.00	Payee address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/17/2025	Payee name M3 Graphics	
Amount (\$) 4,963.97	Payee address; City; State; Zip Code [REDACTED], Houston, TX 77099	
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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: 8	2 FILER NAME Carol K. McCutcheon	3 Filer ID (Ethics Commission Filers)
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4 Date 04/18/2025	5 Payee name Houston Sign Company
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6 Amount (\$) 173.48	7 Payee address; City; State; Zip Code [REDACTED] Houston, TX 77061
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. 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 04/18/2025	Payee name Houston Sign Company
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Amount (\$) 333.30	Payee address; City; State; Zip Code [REDACTED] Houston, TX 77061
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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. 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 04/18/2025	Payee name Trenton Hoyt, LLC
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Amount (\$) 1,000.00	Payee address; City; State; Zip Code [REDACTED] Katy, TX 77492
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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. 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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 8	2 FILER NAME Carol K. McCutcheon	3 Filer ID (Ethics Commission Filers)
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4 Date 04/21/2025	5 Payee name Big Frog Custom T-Shirts
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6 Amount (\$) 157.93	7 Payee address: [REDACTED]	City: Sugar Land, TX 77479	State:	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/21/2025	Payee name Mammoth Consulting Group
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Amount (\$) 3,165.00	Payee address: [REDACTED]	City: Bellaire, TX 77401	State:	Zip Code
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8 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. Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/22/2025	Payee name Big Frog Custom T-Shirts
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Amount (\$) 112.50	Payee address: [REDACTED]	City: Sugar Land, TX 77479	State:	Zip Code
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8 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. Check if Austin, TX, officeholder living expense	

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

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F1: 8	2 FILER NAME Carol K. McCutcheon	3 Filer ID (Ethics Commission Filers)
4 Date 04/23/2025	5 Payee name Campaign Partner	
6 Amount (\$) 29.00	7 Payee address; City; State; Zip Code [REDACTED] Still River, MA 01467	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Website
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/23/2025	Payee name Trenton Hoyt, LLC	
Amount (\$) 1,000.00	Payee address; City; State; Zip Code [REDACTED] Katy, TX 77492	
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. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/01/2025	Payee name Houston Sign Company	
Amount (\$) 604.04	Payee address; City; State; Zip Code [REDACTED] Houston, TX 77081	
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. Check if Austin, TX, officeholder living expense	
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)

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|--|-------------------------------|--------------------------------|--|
| 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: 8	2 FILER NAME Carol K. McCutcheon	3 Filer ID (Ethics Commission Filers)
4 Date 04/23/2025	5 Payee name PayPal	
6 Amount (\$) 106.59	7 Payee address; City; State; Zip Code [REDACTED] San Jose, CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description PayPal Fees
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/23/2025	Payee name Stickeryou.com	
Amount (\$) -105.07	Payee address; City; State; Zip Code Online, Toronto, Canada	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Refund from canceled order
	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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	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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