

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>21</b>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	
	Mrs. Carol K.			
	NICKNAME	LAST	SUFFIX	
	McCutcheon			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE		<b>OFFICE USE ONLY</b> Date Received <b>5/30/25</b> <b>4:56pm O'Neil Name</b> <b>Filed in person</b>	
	[Redacted] Sugar Land, TX 77479			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	[Redacted]			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	
	Mr. John B.			
	NICKNAME	LAST	SUFFIX	
	McNamee			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE			
	[Redacted] Sugar Land, TX 77479			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	[Redacted]			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" 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)			
10 PERIOD COVERED	Month	Day	Year	
	4	24	25	
THROUGH		Month	Day	
THROUGH		5	28	
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	
6 / 7 / 25		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
		Sugar Land Mayor		
14 NOTICE FROM POLITICAL COMMITTEE(S)	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.			
	<input type="checkbox"/> Additional Pages  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE		
		COMMITTEE NAME		
		COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
COMMITTEE CAMPAIGN TREASURER ADDRESS				

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

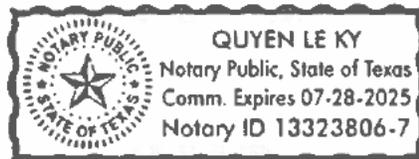
<b>15 C/OH NAME</b> Carol K. McCutcheon		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,911.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 25,275.76
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,614.48
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 40,000.00

**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 30 day of May, 2025, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath      Quyen ky 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

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,911.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 40,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 25,275.76
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>1 of 8</b>
2 FILER NAME <b>Carol K. McCutcheon</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>04/25/2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Prithvial Likhari</b>	7 Amount of contribution (\$) <b>2,000.00</b>
	6 Contributor address; City; State; Zip Code [REDACTED] <b>Sugar Land, TX 77479</b>	
8 Principal occupation / Job title (See Instructions) <b>Commercial Real Estate</b>		9 Employer (See Instructions) <b>APAAR Investments</b>
Date <b>04/25/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>James Levermann</b>	Amount of contribution (\$) <b>200.00</b>
	Contributor address; City; State; Zip Code [REDACTED] <b>Sugar Land, TX 77479</b>	
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>N/A</b>
Date <b>04/26/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Walt Bozeman</b>	Amount of contribution (\$) <b>50.00</b>
	Contributor address; City; State; Zip Code [REDACTED] <b>Houston, TX 77079</b>	
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>N/A</b>
Date <b>05/02/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>James Banh</b>	Amount of contribution (\$) <b>100.00</b>
	Contributor address; City; State; Zip Code [REDACTED] <b>Sugar Land, TX 77479</b>	
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>N/A</b>
<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: <b>2 of 8</b>
2 FILER NAME Carol K. McCutcheon		3 Filer ID (Ethics Commission Filers)
4 Date 05/04/2025	5 Full name of contributor Martha McNamee out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	7 Amount of contribution (\$) <b>1,000.00</b>
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 05/05/2025	Full name of contributor Harvey Zinn out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77478	Amount of contribution (\$) <b>1,000.00</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 05/05/2025	Full name of contributor Andrea Davidson out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	Amount of contribution (\$) <b>400.00</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 05/01/2025	Full name of contributor Paul Davis out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	Amount of contribution (\$) <b>100.00</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: <b>3 of 8</b>
2 FILER NAME Carol K. McCutcheon		3 Filer ID (Ethics Commission Filers)
4 Date 05/02/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Mark Font 6 Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	7 Amount of contribution (\$)  <b>150.00</b>
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Mark A. Font, PC
Date 05/05/2025	Full name of contributor out-of-state PAC (ID#: _____) LuAnn York Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77478	Amount of contribution (\$)  <b>25.00</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 05/08/2025	Full name of contributor out-of-state PAC (ID#: _____) Michael Berger Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	Amount of contribution (\$)  <b>100.00</b>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 05/09/2025	Full name of contributor out-of-state PAC (ID#: _____) Gilbert Avila Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	Amount of contribution (\$)  <b>100.00</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: <b>4 of 8</b>
2 FILER NAME <b>Carol K. McCutcheon</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>05/13/2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Bharat Patel</b>	7 Amount of contribution (\$)  <b>100.00</b>
6 Contributor address; City; State; Zip Code [REDACTED] <b>Sugar Land, TX 77478</b>		
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions)
Date <b>05/14/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Cindy Dees</b>	Amount of contribution (\$)  <b>50.00</b>
Contributor address; City; State; Zip Code [REDACTED] <b>Sugar Land, TX 77479</b>		
Principal occupation / Job title (See Instructions) <b>Public Relations and Communications</b>		Employer (See Instructions) <b>Hollaway Environmental and Communications</b>
Date <b>05/16/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Parvez Hussain</b>	Amount of contribution (\$)  <b>50.00</b>
Contributor address; City; State; Zip Code [REDACTED] <b>Sugar Land, TX 77479</b>		
Principal occupation / Job title (See Instructions) <b>Cyber Consultant</b>		Employer (See Instructions) <b>Self Employed</b>
Date <b>05/20/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Ronda Robles</b>	Amount of contribution (\$)  <b>50.00</b>
Contributor address; City; State; Zip Code [REDACTED] <b>Sugar Land, TX 77478</b>		
Principal occupation / Job title (See Instructions) <b>Professional Pet Sitter</b>		Employer (See Instructions) <b>Self Employed</b>

**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

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>5 of 8</b>
2 FILER NAME <b>Carol K. McCutcheon</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>05/23/2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Carla Roldan</b>	<b>25.00</b>
	6 Contributor address; City; State; Zip Code [REDACTED] <b>Sugar Land, TX 77479</b>	
8 Principal occupation / Job title (See Instructions) <b>Program Manager</b>		9 Employer (See Instructions) <b>Ability Plus LLC</b>
Date <b>05/13/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>David Presutti</b>	<b>200.00</b>
	Contributor address; City; State; Zip Code [REDACTED] <b>Sugar Land, TX 77479</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>05/13/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Debra Coffman</b>	<b>100.00</b>
	Contributor address; City; State; Zip Code [REDACTED] <b>Sugar Land, TX 77479</b>	
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>N/A</b>
Date <b>05/13/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Annie Webb</b>	<b>40.00</b>
	Contributor address; City; State; Zip Code [REDACTED] <b>Sugar Land, TX 77478</b>	
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>N/A</b>

**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

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>6 of 8</b>
2 FILER NAME Carol K. McCutcheon		3 Filer ID (Ethics Commission Filers)
4 Date 05/13/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Billie Dee Jelin	7 Amount of contribution (\$) <b>50.00</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 05/15/2025	Full name of contributor out-of-state PAC (ID#: _____) Betty Gee	Amount of contribution (\$) <b>250.00</b>
Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) Business Manager		Employer (See Instructions) Sugar Land Braces
Date 05/23/2025	Full name of contributor out-of-state PAC (ID#: _____) Nikki Henrichsen	Amount of contribution (\$) <b>50.00</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 05/27/2025	Full name of contributor out-of-state PAC (ID#: _____) Karen Treybig	Amount of contribution (\$) <b>200.00</b>
Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77498		
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: <b>7 of 8</b>
2 FILER NAME <b>Carol K. McCutcheon</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>05/20/2025</b>	5 Full name of contributor <b>Melanie Anbarci</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>2,500.00</b>
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions) <b>N/A</b>
Date <b>05/20/2025</b>	Full name of contributor <b>Smita Shah</b> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] <b>Sugar Land, TX 77479</b>	Amount of contribution (\$) <b>51.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>N/A</b>
Date <b>05/27/2025</b>	Full name of contributor <b>Saleem Lakhani</b> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] <b>Sugar Land, TX 77478</b>	Amount of contribution (\$) <b>2,500.00</b>
Principal occupation / Job title (See Instructions) <b>Cofounder</b>		Employer (See Instructions) <b>DML Capital LLC</b>
Date <b>03/28/2025</b>	Full name of contributor <b>Sharon Leonard</b> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] <b>Sugar Land, TX 77478</b>	Amount of contribution (\$) <b>20.00</b>
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>N/A</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# 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>8 of 8</b>
2 FILER NAME <b>Carol K. McCutcheon</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>05/27/2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Maxine Lang</b> 6 Contributor address; City; State; Zip Code <b>[REDACTED] Sugar Land, TX 77479</b>	7 Amount of contribution (\$)  <b>350.00</b>
8 Principal occupation / Job title (See Instructions) <b>Real Estate Investor</b>		9 Employer (See Instructions) <b>Self Employed</b>
Date	Full name of contributor out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) <b>Owner</b>		Employer (See Instructions) <b>TanChes Technology Center</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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>40,000.00</b>
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <b>[REDACTED] 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  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: 1 of 9	<b>2</b> FILER NAME Carol K. McCutcheon	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/25/2025	<b>5</b> Payee name Trenton Hoyt LLC	
<b>6</b> Amount (\$) 1,000.00	<b>7</b> Payee address; City; State; Zip Code [REDACTED] Katy, TX 77492	
<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
	<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 05/28/2025	Payee name Home Depot	
Amount (\$) 46.36	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) Other	Description Sign 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 <span style="float:right">Office held</span>
Date 05/29/2025	Payee name Facebook	
Amount (\$) 25.00	Payee address; City; State; Zip Code [REDACTED] Menlo Park, CA 94025	
<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 <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: <b>2 of 9</b>	2 FILER NAME Carol K. McCutcheon	3 Filer ID (Ethics Commission Filers)
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4 Date 04/30/2025	5 Payee name Trenton Hoyt LLC
----------------------	----------------------------------

6 Amount (\$) 1,500.00	7 Payee address; City; State; Zip Code [REDACTED] Katy, TX 77492
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

Date 04/30/2025	Payee name Facebook
--------------------	------------------------

Amount (\$) 50.00	Payee address; City; State; Zip Code [REDACTED] Menlo Park, CA 94025
----------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/30/2025	Payee name Campaign Sidekick LLC
--------------------	-------------------------------------

Amount (\$) 35.98	Payee address; City; State; Zip Code [REDACTED] Aledo, TX 76008
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Data
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| 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: <b>3 of 9</b>	<b>2</b> FILER NAME Carol K. McCutcheon	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/30/2025	<b>5</b> Payee name Home Depot	
<b>6</b> Amount (\$) 5.63	<b>7</b> Payee address; City; State; Zip Code [REDACTED] Sugar Land, TX 77478	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Other	<b>(b)</b> Description Sign Supplies
	<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 05/07/2025	Payee name Trenton Hoyt LLC	
Amount (\$) 7,000.00	Payee address; City; State; Zip Code [REDACTED] Katy, TX 77492	
<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
Date 05/07/2025	Payee name Trenton Hoyt LLC	
Amount (\$) 2,500.00	Payee address; City; State; Zip Code [REDACTED] Katy, TX 77492	
<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: <b>4 of 9</b>	<b>2</b> FILER NAME Carol K. McCutcheon	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/07/2025	<b>5</b> Payee name Mail Colachi	
<b>6</b> Amount (\$) <b>83.15</b>	<b>7</b> Payee address; City; State; Zip Code [REDACTED], Sugar Land, TX 77478	
<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
	<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 05/08/2025	Payee name Fort Bend Independent	
Amount (\$) <b>1,200.00</b>	Payee address; City; State; Zip Code [REDACTED] Sugar Land Texas 77487	
<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 05/08/2025	Payee name Home Depot	
Amount (\$) <b>16.90</b>	Payee address; City; State; Zip Code [REDACTED] Sugar Land Texas 77478	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Other	Description Sign Supplies
	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	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: <b>5 of 9</b>	<b>2</b> FILER NAME Carol K. McCutcheon	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/09/2025	<b>5</b> Payee name Saravanaa Bhavan	
<b>6</b> Amount (\$) 55.67	<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) Food/Beverage Expense	<b>(b)</b> Description
	<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 05/09/2025	Payee name CoCo Crepes	
Amount (\$) 5.68	Payee address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage 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 05/12/2025	Payee name Chet Machen	
Amount (\$) 3,000.00	Payee address; City; State; Zip Code [REDACTED] Sugar Land TX 77478	
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

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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.

<b>1</b> Total pages Schedule F1: 6 of 9	<b>2</b> FILER NAME Carol K. McCutcheon	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 05/12/2025	<b>5</b> Payee name Masala Radio
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<b>6</b> Amount (\$) 1,200.00	<b>7</b> Payee address; City; State; Zip Code [REDACTED] Sugar Land, TX 77478
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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
	<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 05/12/2025	Payee name Houston Sign Company
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Amount (\$) 1,155.03	Payee address; City; State; Zip Code [REDACTED], Houston, TX 77081
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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. <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 05/14/2025	Payee name Trenton Hoyt LLC
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Amount (\$) 2,000.00	Payee address; City; State; Zip Code [REDACTED] Katy TX 77492
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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. <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 <b>7 of 9</b>	<b>2</b> FILER NAME Carol K. McCutcheon	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/14/2025	<b>5</b> Payee name Campaign Sidekick LLC	
<b>6</b> Amount (\$) 300.00	<b>7</b> Payee address; City; State; Zip Code [REDACTED] Aledo, TX 76008	
<b>8</b> PURPOSE OF EXPENDITURE	<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
Date 05/21/2025	Payee name Jesse Torres	
Amount (\$) 1,239.20	Payee address; City; State; Zip Code [REDACTED] Richmond, TX 77469	
<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 05/21/2025	Payee name The Wynn Network, LLC	
Amount (\$) 750.00	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) 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: 8 of 9	<b>2</b> FILER NAME Carol K. McCutcheon	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 05/22/2025	<b>5</b> Payee name Big Frog Custom T-shirts
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<b>6</b> Amount (\$) 38.95	<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) Advertising Expense	<b>(b)</b> Description
	<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 05/23/2025	Payee name PayPal
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Amount (\$) 21.76	Payee address; City; State; Zip Code [REDACTED] San Jose, CA 95131
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description PayPal Fees
	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 05/23/2025	Payee name Campaign Partner
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Amount (\$) 29.00	Payee address; City; State; Zip Code [REDACTED] Still River, Massachusetts 01467
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<b>PURPOSE OF EXPENDITURE</b>	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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# 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: 9 of 9	<b>2</b> FILER NAME Carol K. McCutcheon	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/27/2025	<b>5</b> Payee name KQ Communications LLC	
<b>6</b> Amount (\$) 500.00	<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) Consulting Expense	<b>(b)</b> Description
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 05/28/2025	Payee name Trenton Hoyt LLC	
Amount (\$) 1,000.00	Payee address; City; State; Zip Code [REDACTED] Katy, TX 77492	
<b>8</b> 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 05/28/2025	Payee name Big Frog Custom T-shirts	
Amount (\$) 14.06	Payee address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	
<b>8</b> 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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