

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: 12 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mrs | FIRST Carol | MI K |
| | NICKNAME | LAST McCutcheon | SUFFIX |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX: | APT / SUITE #: | CITY; STATE; ZIP CODE |
| | [REDACTED] Sugar Land, TX 77479 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| [REDACTED] | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr | FIRST John | MI B |
| | NICKNAME | LAST McNamee | SUFFIX |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | 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 type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" 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 |
| | 5 | 29 | 25 |
| | THROUGH | | Month Day Year |
| | | | 6 / 30 / 25 |
| 11 ELECTION | ELECTION DATE | | ELECTION TYPE |
| | Month | Day | Year |
| | 6 | 7 | 25 |
| | | <input type="checkbox"/> Primary | <input checked="" type="checkbox"/> Runoff |
| | | <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) Additional Pages | 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 | | |
| | <input type="checkbox"/> SPECIFIC | 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

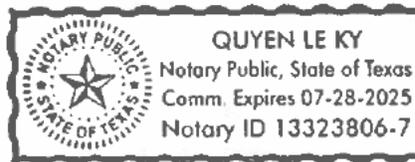
| | | |
|--|---|---|
| 15 C/OH NAME Carol K. McCutcheon | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 9,150.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 8,888.26 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 5,876.22 |
| OUTSTANDING LOAN TOTALS | 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 K. McCutcheon this the 15th day of July 2025, to certify which, witness my hand and seal of office.

[Signature] Quyen Ky Records Technician
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____ and my date of birth is _____

My address is _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| | | |
|--|--|---|
| 19 FILER NAME 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 | | \$ 9,150.00 |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| 4. SCHEDULE E: LOANS | | \$ |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ 8,888.26 |
| 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: 1045 |
| 2 FILER NAME Carol K. McCutcheon | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 05/29/2025 | 5 Full name of contributor out-of-state PAC (ID#: _____) Sharon Leonard 6 Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77478 | 7 Amount of contribution (\$) 750.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 05/29/2025 | Full name of contributor out-of-state PAC (ID#: _____) Janet Zhan Contributor address; City; State; Zip Code [REDACTED], Sugar Land, TX 77479 | Amount of contribution (\$) 500.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) N/A |
| Date 05/30/2025 | Full name of contributor out-of-state PAC (ID#: _____) Abdul Hussain Shakur Jamal Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479 | Amount of contribution (\$) 1,000.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) N/A |
| Date 06/02/2025 | Full name of contributor out-of-state PAC (ID#: _____) Michael Wong Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77478 | Amount of contribution (\$) 250.00 |
| Principal occupation / Job title (See Instructions) Realtor | | Employer (See Instructions) Keller Williams |
| 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: 2 of 5 |
| 2 FILER NAME Carol K. McCutcheon | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 06/05/2025 | 5 Full name of contributor out-of-state PAC (ID#: _____) Josephine E. Prochaska 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) Real Estate Developer | | 9 Employer (See Instructions) Self Employed |
| Date 06/05/2025 | Full name of contributor out-of-state PAC (ID#: _____) Livinus Maduka Contributor address; City; State; Zip Code [REDACTED], Richmond, TX 77469 | Amount of contribution (\$) 250.00 |
| Principal occupation / Job title (See Instructions) Pastor | | Employer (See Instructions) True Gospel Recovery Center |
| Date 06/06/2025 | Full name of contributor out-of-state PAC (ID#: _____) Parul Fernandes Contributor address; City; State; Zip Code [REDACTED] Missouri City, TX 77459 | Amount of contribution (\$) 250.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 06/07/2025 | Full name of contributor out-of-state PAC (ID#: _____) Debbie Hooper 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) |
| 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: 3 of 5 |
| 2 FILER NAME Carol K. McCutcheon | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 06/08/2025 | 5 Full name of contributor out-of-state PAC (ID# _____) Gopal Aggarwal 6 Contributor address; City; State; Zip Code [REDACTED] Richmond, TX 77407 | 7 Amount of contribution (\$) 2,000.00 |
| 8 Principal occupation / Job title (See Instructions) Business | | 9 Employer (See Instructions) Self Employed |
| Date 06/16/2025 | Full name of contributor out-of-state PAC (ID# _____) Michael Siwierka Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479 | Amount of contribution (\$) 500.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 06/17/2025 | Full name of contributor out-of-state PAC (ID# _____) Virginia Sidrony 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 06/20/2025 | Full name of contributor out-of-state PAC (ID# _____) Ansen Sobrinho Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479 | Amount of contribution (\$) 250.00 |
| Principal occupation / Job title (See Instructions) IT | | Employer (See Instructions) Ft. Bend ISD |
| 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: 4 of 5 |
| 2 FILER NAME Carol K. McCutcheon | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 06/20/2025 | 5 Full name of contributor out-of-state PAC (ID#: Jenna Ross | 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) Volunteer | | 9 Employer (See Instructions) |
| Date 06/24/2025 | Full name of contributor out-of-state PAC (ID#: Elena Farah | Amount of contribution (\$) 1,000.00 |
| Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479 | | |
| Principal occupation / Job title (See Instructions) Professor | | Employer (See Instructions) Univeristy of Houston |
| Date 06/25/2025 | Full name of contributor out-of-state PAC (ID#: Huitt-Zollars Texas PAC | Amount of contribution (\$) 1,000.00 |
| Contributor address; City; State; Zip Code [REDACTED] Dallas, TX 75240 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 06/26/2025 | Full name of contributor out-of-state PAC (ID#: Rozmin Merchant | Amount of contribution (\$) 500.00 |
| Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479 | | |
| Principal occupation / Job title (See Instructions) Business Owner | | Employer (See Instructions) Prime Printing USA |
| 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: 5 of 5 |
| 2 FILER NAME Carol K. McCutcheon | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 06/27/2025 | 5 Full name of contributor out-of-state PAC (ID#: _____) Chris Woessner | 7 Amount of contribution (\$) 250.00 |
| 6 Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77478 | | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 06/27/2025 | Full name of contributor out-of-state PAC (ID#: _____) Zubair Ashraf | Amount of contribution (\$) 250.00 |
| Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479 | | |
| Principal occupation / Job title (See Instructions) Retired | | 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) |
| 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) |

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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 | 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: <u>1 of 4</u> | 2 FILER NAME Carol K. McCutcheon | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 05/29/2025 | 5 Payee name USPS Postmaster | |
| 6 Amount (\$) 672.00 | 7 Payee address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Postage |
| | (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 06/02/2025 | Payee name Bar Louie | |
| Amount (\$) 89.48 | Payee address; City; State; Zip Code [REDACTED] Sugar Land, TX 77478 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event 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 06/03/2025 | Payee name Facebook | |
| Amount (\$) 60.21 | 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 |
| | 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: 2 of 4 | 2 FILER NAME Carol K. McCutcheon | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 06/04/2025 | 5 Payee name Trenton Hoyt LLC | |
| 6 Amount (\$) 1,000.00 | 7 Payee address; City; State; Zip Code [REDACTED], Katy, TX 77492 | |
| 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 06/08/2025 | Payee name PayPal | |
| Amount (\$) 69.39 | Payee address; City; State; Zip Code [REDACTED] San Jose, CA 95131 | |
| PURPOSE OF EXPENDITURE | 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | Candidate / Officeholder name | Office sought Office held |
| Date 06/09/2025 | Payee name Big Frog Custom T-shirts | |
| Amount (\$) 161.18 | Payee address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479 | |
| 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

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: <i>3 of 4</i> | 2 FILER NAME Carol K. McCutcheon | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 06/20/2025 | 5 Payee name Prime Printing USA | |
| 6 Amount (\$) 6,756.79 | 7 Payee address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479 | |
| 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 06/23/2025 | Payee name Campaign Partner | |
| Amount (\$) 29.00 | Payee address; City; State; Zip Code [REDACTED] Still River, Massachusetts 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. <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 06/23/2025 | Payee name La Madeleine | |
| Amount (\$) 9.72 | 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 Post-campagin meeting |
| | 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.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: <i>4 of 4</i> | 2 FILER NAME Carol K. McCutcheon | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 06/24/2025 | 5 Payee name PayPal | |
| 6 Amount (\$) 40.49 | 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. 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 | 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. 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 | 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. 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