

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: 14
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs. Carol K. ----- NICKNAME LAST SUFFIX McCutcheon	<div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY Date Received <i>FILED IN PERSON January 15, 2026 @ 4:50 pm Amundeshall City Clerk</i> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Hand-delivered or Date Postmarked </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Receipt # Amount \$ </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Processed </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Imaged </div>	
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 FIRST MI Mr. John B. ----- NICKNAME LAST SUFFIX McNamee		
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 checked="" 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 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 Month Day Year 7 / 1 / 25 THROUGH 12 / 31 / 25		
11 ELECTION	ELECTION DATE Month Day Year 6 / 7 / 25	ELECTION TYPE <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) Mayor of Sugar Land	13 OFFICE SOUGHT (if known)	
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.		
	<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

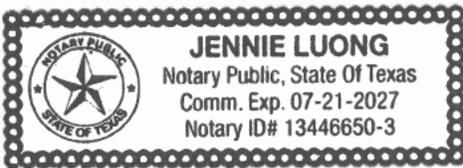
15 C/OH NAME Carol K. McCutcheon		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 37,156.10
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,251.66
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 41,780.66
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 15 day of January 2026, to certify which, witness my hand and seal of office.

Jennie Luong Printed name of officer administering oath
Jennie Luong 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		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 37,156.10
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,251.66
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: 6
2 FILER NAME Carol K. McCutcheon		3 Filer ID (Ethics Commission Filers)
4 Date 07/01/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Vijaya K. Rapolu 6 Contributor address; City; State; Zip Code [REDACTED] Katy, TX 77494-3234	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) project manager		9 Employer (See Instructions) Kavi Consulting
Date 07/02/2025	Full name of contributor out-of-state PAC (ID#: _____) Andy Meyers Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77478	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions) County Commissioner Pct. 3		Employer (See Instructions) Fort Bend County
Date 07/03/2025	Full name of contributor out-of-state PAC (ID#: _____) Ansar Mahmood Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	Amount of contribution (\$) 2,000.00
Principal occupation / Job title (See Instructions) account payable specialist		Employer (See Instructions) Universal Surgical Partners
Date 07/03/2025	Full name of contributor out-of-state PAC (ID#: _____) Tanaz Choudhury Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77478	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) business owner		Employer (See Instructions) TANCHES
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: 6
2 FILER NAME Carol K. McCutcheon		3 Filer ID (Ethics Commission Filers)
4 Date 07/04/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Daniel Wong	500.00
	6 Contributor address; City; State; Zip Code [REDACTED] Missouri City, TX 77459	
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Tolunay-Wong Engineers
Date 07/08/2025	Full name of contributor out-of-state PAC (ID#: _____) Mohammed Salim Lalany	1,000.00
	Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Max Consulting Firm
Date 07/10/2025	Full name of contributor out-of-state PAC (ID#: _____) Amiralli Dodhiya	1,500.00
	Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77498	
Principal occupation / Job title (See Instructions) financial professional		Employer (See Instructions) New York Life
Date 07/15/2025	Full name of contributor out-of-state PAC (ID#: _____) Tim Stubenrouch	200.00
	Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	
Principal occupation / Job title (See Instructions) Regional President		Employer (See Instructions) Prosperity Bank
<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

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: 6
2 FILER NAME Carol K. McCutcheon		3 Filer ID (Ethics Commission Filers)
4 Date 07/25/2025	5 Full name of contributor Kawal Oberoi <small>out-of-state PAC (ID#: _____)</small>	7 Amount of contribution (\$) 2,000.00
6 Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77478		
8 Principal occupation / Job title (See Instructions) owner		9 Employer (See Instructions) Keemat Grocers
Date 07/29/2025	Full name of contributor Liz Furman <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) 350.00
Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) N/A
Date 09/03/2025	Full name of contributor Julio Fernandez <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) 2,500.00
Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479		
Principal occupation / Job title (See Instructions) President- Principal		Employer (See Instructions) Declaration Title
Date 09/11/2025	Full name of contributor Fadi Dimassi <small>out-of-state PAC (ID#: _____)</small>	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77478		
Principal occupation / Job title (See Instructions) founder		Employer (See Instructions) Fadi's Signature Telfair
<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

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: 6
2 FILER NAME Carol K. McCutcheon		3 Filer ID (Ethics Commission Filers)
4 Date 09/17/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Erik Miller 6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77479	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) vice president & partner		9 Employer (See Instructions) Sander Engineering
Date 09/17/2025	Full name of contributor out-of-state PAC (ID#: _____) Harish Jajoo Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) engineering consultant		Employer (See Instructions) self-employed
Date 09/17/2025	Full name of contributor out-of-state PAC (ID#: _____) Walter Sass Contributor address; City; State; Zip Code [REDACTED] Katy, TX 77450	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) principal		Employer (See Instructions) Weisser Engineering & Surveying
Date 09/17/2025	Full name of contributor out-of-state PAC (ID#: _____) Enrique Gonzalez Contributor address; City; State; Zip Code [REDACTED] Richmond, TX 77406	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) executive vice president		Employer (See Instructions) KUO & Associates
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: 6
2 FILER NAME Carol K. McCutcheon		3 Filer ID (Ethics Commission Filers)
4 Date 09/17/2025	5 Full name of contributor AIA Engineers PAC out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77084	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/17/2025	Full name of contributor Madhu Kilambi out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) principal		Employer (See Instructions) ARKK Engineers
Date 09/17/2025	Full name of contributor Dr. Satya Pilla out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77059	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) principal		Employer (See Instructions) iGET Services LLC
Date 09/18/2025	Full name of contributor Kabiruddin Shariff out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	Amount of contribution (\$) 10,000.00
Principal occupation / Job title (See Instructions) director		Employer (See Instructions) Prime Joint Venture
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: 6
2 FILER NAME Carol K. McCutcheon		3 Filer ID (Ethics Commission Filers)
4 Date 09/23/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Diane Englet 6 Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	7 Amount of contribution (\$) 150.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 10/01/2025	Full name of contributor out-of-state PAC (ID#: _____) Doug Earle Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/09/2025	Full name of contributor out-of-state PAC (ID#: _____) Terri Wang Contributor address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	Amount of contribution (\$) 206.10
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions)
Date 12/11/2025	Full name of contributor out-of-state PAC (ID#: _____) TREPAC-Texas Realtors PAC Non-Corporate Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78768-2246	Amount of contribution (\$) 5,000.00
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: 5	2 FILER NAME Carol K. McCutcheon	3 Filer ID (Ethics Commission Filers)
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4 Date 07/03/2025	5 Payee name PayPal
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6 Amount (\$) 14.94	7 Payee address; City; State; Zip Code San Jose, CA 95131
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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
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Date 07/15/2025	Payee name PayPal
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Amount (\$) 6.27	Payee address; City; State; Zip Code San Jose, CA 95131
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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. 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 07/23/2025	Payee name Campaign Partner
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Amount (\$) 29.00	Payee address; City; State; Zip Code Still River, Massachusetts 01467
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Website
	Check if travel outside of Texas. Complete Schedule T. 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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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: 5	2 FILER NAME Carol K. McCutcheon	3 Filer ID (Ethics Commission Filers)
4 Date 07/31/2025	5 Payee name Eric Pohl Photography	
6 Amount (\$) 600.00	7 Payee address; City; State; Zip Code [REDACTED] ripping Springs, TX 78620	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Graphic Design
	(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 08/25/2025	Payee name Campaign Partner	
Amount (\$) 29.00	Payee address; City; State; Zip Code [REDACTED] 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 09/22/2025	Payee name Child Advocates of Fort Bend	
Amount (\$) 150.00	Payee address; City; State; Zip Code [REDACTED] Richmond, TX 77406	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Charity
	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: 5	2 FILER NAME Carol K. McCutcheon	3 Filer ID (Ethics Commission Filers)
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4 Date 09/23/2025	5 Payee name Campaign Partner
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6 Amount (\$) 29.00	7 Payee address; [REDACTED] Still River, Massachusetts 01467	City;	State;	Zip Code
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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. <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
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Date 10/09/2025	Payee name PayPal
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Amount (\$) 6.45	Payee address; [REDACTED] San Jose, CA 95131	City;	State;	Zip Code
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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
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Date 10/23/2025	Payee name Campaign Partner
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Amount (\$) 29.00	Payee address; [REDACTED] Still River, Massachusetts 01467	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Website
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Carol K. McCutcheon	3 Filer ID (Ethics Commission Filers)
4 Date 11/13/2025	5 Payee name Cullinan Park Conservancy	
6 Amount (\$) 250.00	7 Payee address; City; State; Zip Code [REDACTED] Sugar Land, TX 77478-0422	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description Charity
	(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 11/24/2025	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
	(c) 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 12/08/2025	Payee name Girl Chess Power and Beyond	
Amount (\$) 50.00	Payee address; City; State; Zip Code [REDACTED] Sugar Land, TX 77479	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Charity
	(c) 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: 5	2 FILER NAME Carol K. McCutcheon	3 Filer ID (Ethics Commission Filers)
4 Date 12/23/2025	5 Payee name Campaign Partner	
6 Amount (\$) 29.00	7 Payee address; City; State; Zip Code [REDACTED] Still River, Massachusetts 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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) 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
	(c) 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