

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed: 31

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
MR Gary M
NICKNAME LAST SUFFIX
Cutler

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
1035 Ranchers Club Lane
Driftwood, TX 78619

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 858-7282

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
MR Samuel R
NICKNAME LAST SUFFIX
Sam Paul

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
310 Springwood Road
Dripping Springs, TX 78620

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 894-4552

9 REPORT TYPE

☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
07 / 01 / 2011 THROUGH 12 / 31 / 2011

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
04 / 03 / 2012 ☒ Primary ☐ Runoff ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any)
Hays County Sheriff

13 OFFICE SOUGHT (if known)
Hays County Sheriff

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

•• Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ••

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2



CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Gary M. Cutler

16 ACCOUNT # (Ethics Commission filers)**17 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

•• This box is for notice of political expenditures 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☐ GENERAL☐ SPECIFIC**COMMITTEE NAME****COMMITTEE ADDRESS****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**

N/A

☐ additional pages**18 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 3,830.01

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 16,608.51

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 8,380.44

**CONTRIBUTION
BALANCE**

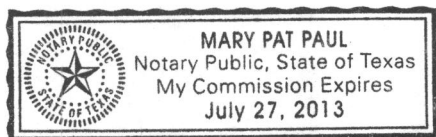
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 13,262.94

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

19 AFFIDAVIT

AFFIX NOTARY STAMP / SEAL ABOVE

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.

Gary Cutler
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said GARY CUTLER, this the 15th day of JANUARY, 20 12, to certify which, witness my hand and seal of office.

Mary Pat Paul
Signature of officer administering oath

MARY PAT PAUL
Printed name of officer administering oath

NOTARY
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 15	
2 FILER NAME Gary M. Cutler		3 ACCOUNT # (Ethics Commission filers)	
4 Date 08/01/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Christine Chomout 6 Contributor address; City; State; Zip Code 226 Hudson Lane Dripping Springs, TX 78620	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/14/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Linda Kinney Contributor address; City; State; Zip Code 1034 Hidden Hills Dr. Dripping Springs, TX 78620	Amount of contribution (\$) 30.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 08/14/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kathie Hood Contributor address; City; State; Zip Code 750 Dawn View Dripping Springs, TX 78620	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 08/14/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Alice D. Chisholm Contributor address; City; State; Zip Code 15 Country Oaks Dr. Buda, TX 78610-9339	Amount of contribution (\$) 12.50	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 08/17/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael S. Lummus Contributor address; City; State; Zip Code 1206 Sierra Vista Lockhart, TX 78644	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 15	
2 FILER NAME Gary M. Cutler		3 ACCOUNT # (Ethics Commission filers)	
4 Date 08/28/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Blaine A. Nelson 6 Contributor address; City; State; Zip Code 31 Palmer Lane Wimberley, TX 78676	7 Amount of contribution (\$) 20.00	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 08/31/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ronald Dickens Contributor address; City; State; Zip Code 2206 Ranch Road 12, Suite E San Marcos, TX 78666	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 09/24/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Matt Carson Contributor address; City; State; Zip Code 16813 Southridge Austin, TX 78734	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable) Donation of 4 Lube Oil and Filter change at Lube Pit Stop
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 09/24/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Roy Gay Contributor address; City; State; Zip Code 12502 Shady Acres Drive Buda, TX 78610	Amount of contribution (\$) 65.00	In-kind contribution description (if applicable) Donation of a fixed blade hunting knife for fund raiser event
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 09/24/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Linda Kinney Contributor address; City; State; Zip Code 1034 Hidden Hill Drive Dripping Springs, TX 78620	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable) Donation of 2 days & 2 nights at Farley House, Port Aransas, TX for fund raiser event
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A: 15

2 FILER NAME

Gary M. Cutler

3 ACCOUNT # (Ethics Commission filers)

4 Date

09/24/2011

5 Full name of contributor

☐ out-of-state PAC (ID#:

Joe McBride

7 Amount of
contribution (\$)

475.00

8 In-kind contribution
description (if applicable)
Donation of a
Thompson Center
Fire 243 Rifle for
a fund raiser event

6 Contributor address; City; State; Zip Code

2915 San Gabriel St.
Austin, TX 78705-3532

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

09/24/2011

Full name of contributor

☐ out-of-state PAC (ID#:

Jim Powers

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)
Donation of a gift
card for Jack
Allens Restaurant
for fund raiser event

Contributor address; City; State; Zip Code

P.O. Box 350
Dripping Springs, TX 78620

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

09/24/2011

Full name of contributor

☐ out-of-state PAC (ID#:

Will Conley

Amount of
contribution (\$)

141.00

In-kind contribution
description (if applicable)
Donation of Conley
Car Wash & oil change
(wash & hand wax) for
fund raiser event

Contributor address; City; State; Zip Code

701 Mountain Crest Drive
Wimberley, TX 78676

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

09/24/2011

Full name of contributor

☐ out-of-state PAC (ID#:

W. Tim Bartlett

Amount of
contribution (\$)

200.00

In-kind contribution
description (if applicable)
Donation of 2 gift
cards to Bartlett's
Restaurant for fund
raiser event

Contributor address; City; State; Zip Code

3601 Woodcutters Way
Austin, TX 78746-1574

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

09/24/2011

Full name of contributor

☐ out-of-state PAC (ID#:

Ken Nichols

Amount of
contribution (\$)

200.00

In-kind contribution
description (if applicable)
Donation of a Texas
A&M autographed
football helmet (R.C.
Slocum) for fund
raiser event

Contributor address; City; State; Zip Code

611 Roy Creek Drive
Dripping Springs, TX 78620

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A: 15

2 FILER NAME

Gary M. Cutler

3 ACCOUNT # (Ethics Commission filers)

4 Date

09/24/2011

5 Full name of contributor

☐ out-of-state PAC (ID#:

Will Conley

6 Contributor address; City; State; Zip Code

701 Mountain Crest Drive
Wimberley, TX 78676

7 Amount of
contribution (\$)

50.00

8 In-kind contribution
description (if applicable)
Donation of 5 Conley
Car Wash Express
Coupons for fund
raiser event

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

09/24/2011

Full name of contributor

☐ out-of-state PAC (ID#:

Mackey Welch

Contributor address; City; State; Zip Code

127 West Overlook Mountain Road
Buda, TX 78610

Amount of
contribution (\$)

50.00

In-kind contribution
description (if applicable)
Donation of Staghorn
necklace & ear rings
for fund raiser event

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

09/24/2011

Full name of contributor

☐ out-of-state PAC (ID#:

Dell Booth

Contributor address; City; State; Zip Code

601 Ruby Ranch Road
Buda, TX 78610

Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)
Donation of drink
refreshments for
fund raiser event

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

09/24/2011

Full name of contributor

☐ out-of-state PAC (ID#:

Scott & Mary Sprague, Milagro's

Contributor address; City; State; Zip Code

9595 Ranch Road 12
Wimberley, TX 78676

Amount of
contribution (\$)

25.00

In-kind contribution
description (if applicable)
Donation of gift
certificate for
fund raiser event

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

09/24/2011

Full name of contributor

☐ out-of-state PAC (ID#:

Mike & Cindy Figer, New Canaan Farm

Contributor address; City; State; Zip Code

W. Highway 290
Dripping Springs, TX 78620

Amount of
contribution (\$)

40.00

In-kind contribution
description (if applicable)
Donation of 2 gift
boxes of jelly for
fund raiser event

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 15	
2 FILER NAME Gary M. Cutler		3 ACCOUNT # (Ethics Commission filers)	
4 Date 09/24/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Creek Raod Cafe 6 Contributor address; City; State; Zip Code 301 W. Highway 290 Dripping Springs, TX 78620	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable) Donation of gift card for fund raiser event
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/24/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Samuel R. Paul Contributor address; City; State; Zip Code 310 Springwood Road Dripping Springs, TX 78620	Amount of contribution (\$) 160.00	In-kind contribution description (if applicable) Donation of gift certificate to Quail Creek Golf (Fees & Carts for 4 players) for fund raiser event
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 09/24/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ron Whitten Contributor address; City; State; Zip Code 7517 Robert Kleburg Austin, TX 78749	Amount of contribution (\$) 550.00	In-kind contribution description (if applicable) Donation of player goodie bags and sport carry bags for fund raiser event
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 09/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wesley Allan Riddle Contributor address; City; State; Zip Code 410 N. Main Street Belton, TX 76513	Amount of contribution (\$) 120.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 09/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David Glickler Contributor address; City; State; Zip Code 153 Clifton Moore Street Buda, TX 78610-5088	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 15	
2 FILER NAME Gary M. Cutler		3 ACCOUNT # (Ethics Commission filers)	
4 Date 09/30/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gary Cutler 6 Contributor address; City; State; Zip Code 1035 Ranchers Club Ln Driftwood, TX 78619	7 Amount of contribution (\$) 300.00	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bruce Boardman Contributor address; City; State; Zip Code 128 Hidden Canyon Cove Driftwood, TX 78619	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 09/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Square One Assoc, LLC Contributor address; City; State; Zip Code 1003 Rutherford Drive Leander, TX 78641	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 09/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William P. Conley Contributor address; City; State; Zip Code 701 mountain Crest Drive Wimberley, TX 78676	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 09/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ray Whisenant, Jr. Contributor address; City; State; Zip Code 206 Gatlin Creek Road Dripping Springs, 78620	Amount of contribution (\$) 75.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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



**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 15	
2 FILER NAME Gary M. Cutler		3 ACCOUNT # (Ethics Commission filers)	
4 Date 09/30/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ray Whisenant, Jr. 6 Contributor address; City; State; Zip Code 206 Gatlin Creek Road Dripping Springs, TX 78620	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bill Henry Contributor address; City; State; Zip Code 4117 Hamilton Hollow Road San Marcos, TX 78666-9542	Amount of contribution (\$) 10.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 09/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jack W. Caraway Contributor address; City; State; Zip Code 301 Bebee Road Kyle, TX 78640-4707	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 09/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Carol Cutler Contributor address; City; State; Zip Code 1035 Ranchers Club Lane Driftwood, TX 78619	Amount of contribution (\$) 75.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 09/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Carol Cutler Contributor address; City; State; Zip Code 1035 Ranchers Club Lane Driftwood, TX 78619	Amount of contribution (\$) 80.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A: 15

2 FILER NAME

Gary M. Cutler

3 ACCOUNT # (Ethics Commission filers)

4 Date

09/30/2011

5 Full name of contributor

☐ out-of-state PAC (ID#:

M. Welch

7 Amount of
contribution (\$)

75.00

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

127 W. Overlook Mountain Road
Buda, TX 78610-2935

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

09/30/2011

Full name of contributor

☐ out-of-state PAC (ID#:

Linda Kinney

Amount of
contribution (\$)

75.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

1034 Hidden Hills Drive
Dripping Springs, TX 78620

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

09/30/2011

Full name of contributor

☐ out-of-state PAC (ID#:

Linda Kinney

Amount of
contribution (\$)

95.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

1034 Hidden Hills Drive
Dripping Springs, TX 78620

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

09/30/2011

Full name of contributor

☐ out-of-state PAC (ID#:

Sirena Cumberland

Amount of
contribution (\$)

75.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

136 Knoll Cove
Austin, TX 78737

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

09/30/2011

Full name of contributor

☐ out-of-state PAC (ID#:

Clifton R. Gips

Amount of
contribution (\$)

75.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

1001 W. Bluebonnet
San Marcos, TX 78666-3642

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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



**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 15	
2 FILER NAME Gary M. Cutler		3 ACCOUNT # (Ethics Commission filers)	
4 Date 09/30/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Linda Kinney 6 Contributor address; City; State; Zip Code 1034 Hidden Hills Drive Dripping Springs, TX 78620	7 Amount of contribution (\$) 210.00	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/30/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ted Trip Contributor address; City; State; Zip Code 25156 Cedar Creek New Braunfels, TX 78132	Amount of contribution (\$) 85.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 09/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John Pacheco Contributor address; City; State; Zip Code 185 Barton Creek Circle Dripping Springs, TX 78620	Amount of contribution (\$) 85.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 09/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Patrick M. Rose Contributor address; City; State; Zip Code 627 West San Antonio Street San Marcos, TX 78666	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 09/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mario Gill Contributor address; City; State; Zip Code 3642 CR 1020 Lampasas, TX 76550	Amount of contribution (\$) 95.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 15	
2 FILER NAME Gary M. Cutler		3 ACCOUNT # (Ethics Commission filers)	
4 Date 09/30/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Barry Lee 6 Contributor address; City; State; Zip Code 109 San Jacinto Drive Kyle, TX 78640-4337	7 Amount of contribution (\$) 95.00	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John Gary Roberts Contributor address; City; State; Zip Code 341 Tanager Drive New Braunfels, TX 78130	Amount of contribution (\$) 95.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 09/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David L. Bandy Contributor address; City; State; Zip Code 3310 Yarrington Road San Marcos, TX 78666	Amount of contribution (\$) 95.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 09/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sam Crenshaw Contributor address; City; State; Zip Code 434 Mt. Olive Road Cedar Creek, TX 78612	Amount of contribution (\$) 95.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 09/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Terry A. Nichols Contributor address; City; State; Zip Code 2713 Handlers Hollow San Marcos, TX 78666	Amount of contribution (\$) 95.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A: 15

2 FILER NAME

Gary M. Cutler

3 ACCOUNT # (Ethics Commission filers)

4 Date
09/30/2011

5 Full name of contributor ☐ out-of-state PAC (ID#:
Tom Wycoff

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

1244 Beauchamp

Dripping Spring, TX 78620-4678

95.00

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date
09/30/2011

Full name of contributor ☐ out-of-state PAC (ID#:
Don Montague

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

P.O. Box 216

Driftwood, TX 78619

95.00

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date
09/30/2011

Full name of contributor ☐ out-of-state PAC (ID#:
Patrick M. Rose

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

627 West San Antonio Street

San Marcos, TX 78666

95.00

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date
09/30/2011

Full name of contributor ☐ out-of-state PAC (ID#:
Connie Whisenant

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

206 Gatlin Creek Road

Dripping Springs, TX 78620

100.00

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date
09/30/2011

Full name of contributor ☐ out-of-state PAC (ID#:
Glenda Wilcox

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

112 Overlook Circle

Wimberley, TX 78676-3346

100.00

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 15	
2 FILER NAME Gary M. Cutler		3 ACCOUNT # (Ethics Commission filers)	
4 Date 09/30/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Virginia K. Hood 6 Contributor address; City; State; Zip Code 750 Dawn VW Dripping Springs, TX 78620	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Glenda Wilcox Contributor address; City; State; Zip Code 112 Overlook Circle Wimberley, TX 78676-3346	Amount of contribution (\$) 570.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 09/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: J. R. Page Contributor address; City; State; Zip Code 14404 Sandy Side Drive Austin, TX 78728	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 09/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Loan Star Paving Company Contributor address; City; State; Zip Code P.O. Box 91862 Austin, TX 78709-1862	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 09/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mike Rose, Rose Real Estate Contributor address; City; State; Zip Code P.O. Box 325 Dripping Springs, TX 78620	Amount of contribution (\$) 95.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 15	
2 FILER NAME Gary M. Cutler		3 ACCOUNT # (Ethics Commission filers)	
4 Date 09/30/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LaMantia Family & Needmore Ranch 6 Contributor address; City; State; Zip Code 3900 N. McCall Road McAllen, TX 78501-9160	7 Amount of contribution (\$) 1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 09/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Linda Kinney Contributor address; City; State; Zip Code 1034 Hidden Hills Drive Dripping Springs, TX 78620	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 09/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael Davenport Contributor address; City; State; Zip Code 10317 Brangus Driftwood, TX 78619	Amount of contribution (\$) 110.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 09/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Andre van der Post Contributor address; City; State; Zip Code 576 Little Bear Road Buda, TX 78610	Amount of contribution (\$) 230.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 09/30/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Thad Fehlis Contributor address; City; State; Zip Code 3710 Cypress Hill Drive Spring, TX 77388	Amount of contribution (\$) 95.00	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 15	
2 FILER NAME Gary M. Cutler		3 ACCOUNT # (Ethics Commission filers)	
4 Date 09/30/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mary Pat Paul	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 310 Springwood Road Dripping Springs, TX 78620			
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/07/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Thomas M. Keel	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 808 Brooks Hollow Road Austin, TX 78734			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 11/22/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: W. Kenneth Barnes	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3327 Hunter Road San Marcos, TX 78666-9349			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 11/22/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ben C. Florney, Jr.	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1800 Guadalupe Street Austin, TX 78701			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date 12/09/2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: J.M. & Melissa Young	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 300 Summit Loop Wimberley, TX 78676			
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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



**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 15	
2 FILER NAME Gary M. Cutler		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/11/2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Cook 6 Contributor address; City; State; Zip Code P.O. Box 683 Morris, IL 60450	7 Amount of contribution (\$) 2,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation \ Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation \ Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 09	
2 FILER NAME Gary M. Cutler		3 ACCOUNT # (Ethics Commission filers)	
4 Date 07/14/2011	5 Payee name Wix.com Inc. 6 Payee address; City; State; Zip Code New York, NY	7 Amount (\$) 9.90	
8 Purpose of payment (See instructions regarding type of information required.) Campaign Expense - Monthly WEB Site Fee		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held	
Date 07/28/2011	Payee name Wimberley Texas Athletic Booster Assoc. Payee address; City; State; Zip Code P.O. Box 1826 Wimberley, TX 78676	Amount (\$) 150.00	
Purpose of payment (See instructions regarding type of information required.) Advertising Expense - 1/4 page political ad		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held	
Date 08/01/2011	Payee name The Friends Foundation Payee address; City; State; Zip Code P.O. Box 8 Dripping Springs, TX 78620	Amount (\$) 250.00	
Purpose of payment (See instructions regarding type of information required.) Contribution/Donation - Silver Sponsor BBQ Event		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held	
Date 08/01/2011	Payee name Friends of the Family Justice Center Payee address; City; State; Zip Code P.O. Box 1644 San Marcos, TX 78666	Amount (\$) 250.00	
Purpose of payment (See instructions regarding type of information required.) Contribution/Donation - Classic Car Show sponsor		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 09	
2 FILER NAME Gary M. Cutler		3 ACCOUNT # (Ethics Commission filers)	
4 Date 08/04/2011	5 Payee name Dripping Springs High School Athletic Boosters Club 6 Payee address; City; State; Zip Code P.O. Box 694 Dripping Springs, TX 78620	7 Amount (\$) 100.00	
8 Purpose of payment (See instructions regarding type of information required.) Contribution/Donation - Maroon Sponsor		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held	
Date 08/07/2011	Payee name Pay Pal Payee address; City; State; Zip Code San Jose, CA	Amount (\$) 3.20	
Purpose of payment (See instructions regarding type of information required.) Campaign Expense - Processing Fee for WEB Site Contributions		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held	
Date 08/12/2011	Payee name Vista Print Payee address; City; State; Zip Code 95 Hayden Ave. Lexington, MA 02421	Amount (\$) 17.68	
Purpose of payment (See instructions regarding type of information required.) Printing Expense - Campaign push cards and shipping fee		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held	
Date 08/14/2011	Payee name WIX.com Inc. Payee address; City; State; Zip Code New York, NY	Amount (\$) 9.90	
Purpose of payment (See instructions regarding type of information required.) Campaign Expense - Monthly WEB Site Fee		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 09	
2 FILER NAME Gary M. Cutler		3 ACCOUNT # (Ethics Commission filers)	
4 Date 08/18/2011	5 Payee name Lehman High School Band Department	7 Amount (\$) 40.00	
6 Payee address; City; State; Zip Code 1700 Lehman Road Kyle, TX 78640			
8 Purpose of payment (See instructions regarding type of information required.) Advertising Expense - Full page Ad in Football Program		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 08/29/2011	Payee name Minuteman Press	Amount (\$) 195.32	
Payee address; City; State; Zip Code 2712-A Guadalupe Austin, TX 78705			
Purpose of payment (See instructions regarding type of information required.) Campaign Expense - Bumper Stickers		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 08/31/2011	Payee name Mary Pat Paul	Amount (\$) 778.26	
Payee address; City; State; Zip Code 310 Springwood Road Dripping Springs, TX 78620			
Purpose of payment (See instructions regarding type of information required.) Campaign Expense - Reimburse 4 tickets for Harrison Ranch Park Fund Raiser and Campaign T-Shirts		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 08/31/2011	Payee name Minuteman Press	Amount (\$) 195.31	
Payee address; City; State; Zip Code 2712-A Guadalupe Austin, TX 78705			
Purpose of payment (See instructions regarding type of information required.) Printing Expense - Fund Raiser Event Handouts & Brochures		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 09**2** FILER NAME

Gary M. Cutler

3 ACCOUNT # (Ethics Commission filers)**4** Date

09/11/2011

5 Payee name

Hays County Livestock Exposition

7Amount
(\$)**6** Payee address; City; State; Zip Code

1801 Pursley Road

Dripping Springs, TX 78620

200.00

8 Purpose of payment (See instructions regarding type of information required.)Advertising Expense - Ad in Livestock
Exposition Brochure**9** ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

09/14/2011

Payee name

WIX.com Inc.

Amount
(\$)

Payee address; City; State; Zip Code

New York, NY

9.90

8 Purpose of payment (See instructions regarding type of information required.)Campaign Expense - Monthly WEB Site
Fee**9** ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

09/16/2011

Payee name

Dripping Springs Rental

Amount
(\$)

Payee address; City; State; Zip Code

619 Huck Finn Trail

Dripping Springs, TX 78620

151.36

8 Purpose of payment (See instructions regarding type of information required.)Event Expense - Annual Golf Tournament
Tables & Chairs Rental**9** ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

09/18/2011

Payee name

Kyndall Freer

Amount
(\$)

Payee address; City; State; Zip Code

1036 Windmill Road

Dripping Springs, TX 78620

100.00

8 Purpose of payment (See instructions regarding type of information required.)Event Expense - Golf Tournament
Brochure Design**9** ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 09	
2 FILER NAME Gary M. Cutler		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Payee name	7 Amount (\$)	
09/22/2011	Harrison Ranch Park - City of Dripping Springs 6 Payee address; City; State; Zip Code P.O. Box 384 Dripping Springs, TX 78620	500.00	
8 Purpose of payment (See instructions regarding type of information required.) Contribution/Donation - Silver Spur sponsor		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held	
Date	Payee name	Amount (\$)	
09/22/2011	Rotary Club of San Marcos Payee address; City; State; Zip Code P.O. Box 581 San Marcos, TX 78667	200.00	
Purpose of payment (See instructions regarding type of information required.) Advertising Expense - Ad in event brochure		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held	
Date	Payee name	Amount (\$)	
09/22/2011	LULAC Council #4876 Payee address; City; State; Zip Code 414 S. CM Allen San Marcos, TX 78666	100.00	
Purpose of payment (See instructions regarding type of information required.) Contribution/Donation - Booth Sponsor		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held	
Date	Payee name	Amount (\$)	
09/22/2011	Sign Arts Payee address; City; State; Zip Code 205 Cheatham Street San Marcos, TX 78666	253.31	
Purpose of payment (See instructions regarding type of information required.) Event/Printing Expense - Hole Sponsor Signs for Golf Tournament		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 09	
2 FILER NAME Gary M. Cutler		3 ACCOUNT # (Ethics Commission filers)	
4 Date	5 Payee name	7 Amount (\$)	
09/28/2011	Fire Light Laser	247.73	
	6 Payee address; City; State; Zip Code P.O. Box 1702 Buda, TX 78610		
8 Purpose of payment (See instructions regarding type of information required.) Event Expense - Trophies for Annual Golf Tournament			
9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held			
Date	Payee name	Amount (\$)	
09/28/2011	Quicksand at Woodcreek Golf Course	2,105.00	
	Payee address; City; State; Zip Code 1 Pro Lane Wimberley, Tx 78676		
8 Purpose of payment (See instructions regarding type of information required.) Event Expense - Annual Golf Tournament Green Fees/Cart Fees/Food			
9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held			
Date	Payee name	Amount (\$)	
09/30/2011	FedEx Office	45.95	
	Payee address; City; State; Zip Code 5601 Brodie Lane Austin, TX 78745		
8 Purpose of payment (See instructions regarding type of information required.) Office Overhead/Rental Expense - Credit Card 2 part forms			
9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held			
Date	Payee name	Amount (\$)	
09/30/2011	Pay Pal	13.52	
	Payee address; City; State; Zip Code San Jose, CA		
8 Purpose of payment (See instructions regarding type of information required.) Campaign Expense - Processing Fee for WEB Site Contributions			
9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 09	
2 FILER NAME Gary M. Cutler		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/04/2011	5 Payee name Friends of the A.G.I.F. c/o Lupe Flores 6 Payee address; City; State; Zip Code 518 Franklin Drive San Marcos, TX 78666	7 Amount (\$) 100.00	
8 Purpose of payment (See instructions regarding type of information required.) Contribution/Donation - Sponsor for American GI Forum		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 10/04/2011	Payee name Impact San Marcos, c/o Geraldine Taylor Payee address; City; State; Zip Code 1910 Lisa Lane San Marcos, TX 78666	Amount (\$) 120.00	
Purpose of payment (See instructions regarding type of information required.) Contribution/Donation - Sponsor 4 Event Tickets		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 10/05/2011	Payee name Mary Pat Paul Payee address; City; State; Zip Code 310 Springwood Road Dripping Springs, TX 78620	Amount (\$) 638.48	
Purpose of payment (See instructions regarding type of information required.) Event Expense - Reimbursement for Golf Tournament supplies/decorations		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 10/05/2011	Payee name Harland Clark Payee address; City; State; Zip Code 10931 Loureate Drive San Antonio, TX 78249	Amount (\$) 82.62	
Purpose of payment (See instructions regarding type of information required.) Office Overhead/Rental Expense - Order Deposit Slips for Campaign Account		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 09
2 FILER NAME Gary M. Cutler		3 ACCOUNT # (Ethics Commission filers)
4 Date 10/14/2011	5 Payee name WIX.com Inc. 6 Payee address; City; State; Zip Code New York, NY	7 Amount (\$) 9.90
8 Purpose of payment (See instructions regarding type of information required.) Campaign Expense - Monthly WEB Site Fee		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/14/2011	Payee name WIX.com Inc. Payee address; City; State; Zip Code New York, NY	Amount (\$) 9.90
Purpose of payment (See instructions regarding type of information required.) Campaign Expense - Monthly WEB Site Fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/14/2011	Payee name KDRP Radio Payee address; City; State; Zip Code P.O. Box 117 Dripping Springs, TX 78620	Amount (\$) 250.00
Purpose of payment (See instructions regarding type of information required.) Advertising Expense - Ads/Underwriting Announcements Tiger Football		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/22/2011	Payee name KDRP Radio Payee address; City; State; Zip Code P.O. Box 117 Dripping Springs, TX 78620	Amount (\$) 125.00
Purpose of payment (See instructions regarding type of information required.) Advertising Expense - Ads/Underwriting Announcements Tiger Football		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 09	
2 FILER NAME Gary M. Cutler		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/04/2011	5 Payee name Hays County Republican Party 6 Payee address; City; State; Zip Code P.O. Box 1655 San Marcos, TX 78667	7 Amount (\$) 750.00	
8 Purpose of payment (See instructions regarding type of information required.) Campaign Expense - Ballot Application Fee		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 12/11/2011	Payee name Pay Pal Payee address; City; State; Zip Code San Jose, CA	Amount (\$) 58.30	
Purpose of payment (See instructions regarding type of information required.) Campaign Expense - Processing Fee for WEB Site Donations		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 12/14/2011	Payee name WIX.com Inc. Payee address; City; State; Zip Code New York, NY	Amount (\$) 9.90	
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)	
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 05	
2 FILER NAME Gary M. Cutler		3 ACCOUNT # (Ethics Commission filers)	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Matt Carson			
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px;"> <div><input checked="" type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>			
6 Dates of travel		7 Name of person(s) traveling	
		8 Departure city or name of departure location	
		9 Destination city or name of destination location	
10 Means of transportation		11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Roy Gay			
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px;"> <div><input checked="" type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>			
Dates of travel		Name of person(s) traveling	
		Departure city or name of departure location	
		Destination city or name of destination location	
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Linda Kinney			
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px;"> <div><input checked="" type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>			
Dates of travel		Name of person(s) traveling	
		Departure city or name of departure location	
		Destination city or name of destination location	
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 05	
2 FILER NAME Gary M. Cutler		3 ACCOUNT # (Ethics Commission filers)	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Joe McBride			
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px;"> <div><input checked="" type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>			
6 Dates of travel	7 Name of person(s) traveling		
	8 Departure city or name of departure location		
	9 Destination city or name of destination location		
10 Means of transportation		11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Jim Powers			
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px;"> <div><input checked="" type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>			
Dates of travel	Name of person(s) traveling		
	Departure city or name of departure location		
	Destination city or name of destination location		
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Will Conley			
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px;"> <div><input checked="" type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>			
Dates of travel	Name of person(s) traveling		
	Departure city or name of departure location		
	Destination city or name of destination location		
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 05
2 FILER NAME Gary M. Cutler		3 ACCOUNT # (Ethics Commission filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee W. Tim Bartlett		
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px;"> <div><input checked="" type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>		
6 Dates of travel	7 Name of person(s) traveling 8 Departure city or name of departure location 9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Ken Nichols		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px;"> <div><input checked="" type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>		
Dates of travel	Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Mackey Welch		
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px;"> <div><input checked="" type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>		
Dates of travel	Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE
FOR TRAVEL OUTSIDE OF TEXAS****SCHEDULE T**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 05	
2 FILER NAME Gary M. Cutler		3 ACCOUNT # (Ethics Commission filers)	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Dell Booth			
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input checked="" type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>			
6 Dates of travel	7 Name of person(s) traveling		
	8 Departure city or name of departure location		
	9 Destination city or name of destination location		
10 Means of transportation		11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Scott & Mary Sprague - Milagro's			
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input checked="" type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>			
Dates of travel	Name of person(s) traveling		
	Departure city or name of departure location		
	Destination city or name of destination location		
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Mike & Cindy Figer - New Canaan Farms			
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input checked="" type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>			
Dates of travel	Name of person(s) traveling		
	Departure city or name of departure location		
	Destination city or name of destination location		
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 05	
2 FILER NAME Gary M. Cutler		3 ACCOUNT # (Ethics Commission filers)	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Creek Road Cafe			
5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px;"> <div><input checked="" type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>			
6 Dates of travel		7 Name of person(s) traveling 8 Departure city or name of departure location 9 Destination city or name of destination location	
10 Means of transportation		11 Purpose of travel (including name of conference, seminar, or other event)	

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Samuel R. Paul			
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px;"> <div><input checked="" type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>			
Dates of travel		Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location	
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)	

Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Ron Whitten			
Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px;"> <div><input checked="" type="checkbox"/> Schedule A</div> <div><input type="checkbox"/> Schedule B</div> <div><input type="checkbox"/> Schedule C</div> <div><input type="checkbox"/> Schedule D</div> <div><input type="checkbox"/> Schedule F</div> <div><input type="checkbox"/> Schedule G</div> <div><input type="checkbox"/> Schedule H</div> <div><input type="checkbox"/> Schedule N</div> <div><input type="checkbox"/> COH-UC</div> <div><input type="checkbox"/> COH-T</div> <div><input type="checkbox"/> PAC-C</div> <div><input type="checkbox"/> PAC-E</div> </div>			
Dates of travel		Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location	
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED