CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

3 CANDIDATE / OFFICE USE ONLY NAME NAME NOCIAME LAST CUTIET 4 CANDIDATE / OFFICE HOLDER NALING ADDRESS / PO BOX. AFT / SUTE #: CITY: STATE: ZP CODE AN 15 2016 5 CANDIDATE / OFFICE HOLDER NALING ADDRESS / PO BOX. AFT / SUTE #: CITY: STATE: ZP CODE AN 15 2016 5 CANDIDATE / OFFICE HOLDER PHONE 6 CAMPAIGN THE ASURER NAME NOCIAME LAST CUTIET OFFICE USE ONLY RECEIVED JAN 15 2016 ELECTION OFFICE Date Hand-delivered or Date Patimarked TO STATE: ZP CODE AN 15 2016 ELECTION OFFICE Date Hand-delivered or Date Patimarked TO STATE: ZP CODE TO STATE: ZP CODE AN 15 2016 ELECTION OFFICE Date Hand-delivered or Date Patimarked TO STATE: ZP CODE TO STATE: ZP CODE TO STATE: ZP CODE AN 15 2016 Date Integed Date Inte	The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 44
NAME NOTION NAME NOTION NOTI				OFFICE USE ONLY
S CAMPAIGN TREASURER NAME Control Cont		Mr. Gary		
S CAMPAIGN TREASURER NAME 6 CAMPAIGN TREASURER NAME Mr. Samuel Mr. Samuel R. NICKNAME LAST SUFFIX Sam Paul 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE 8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER FIRST Mr. Samuel R. NICKNAME LAST SUFFIX Date Processed Date Imaged Date Im		11101111111	SUFFIX	Dron.
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S CAMPAIGN TREASURER NAME 6 CAMPAIGN TREASURER NAME Mr. Samuel Mr. Samuel R. NICKNAME LAST SUFFIX Sam Paul 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE 8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER FIRST Mr. Samuel R. NICKNAME LAST SUFFIX Date Processed Date Imaged Date Im	MAILING	1035 Ranchers Club L	ane	ELECTION 2016
S CAMPAIGN TREASURER NAME 6 CAMPAIGN TREASURER NAME Mr. Samuel Mr. Samuel R. NICKNAME LAST SUFFIX Sam Paul 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE 8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER FIRST Mr. Samuel R. NICKNAME LAST SUFFIX Date Processed Date Imaged Date Im		Driftwood, TX 78619		TECTION OFFICE
OFFICEHOLDER PHONE (512) 858-7282 Date Hand-delivered or Date Postmarked PHONE (512) 858-7282 Date Hand-delivered or Date Postmarked Postmarked Postmarked Postmarked Date Processed Date Processed Date Imaged Date I		ADEA CODE DUONE NUMBER	EYTENSION	TICE
6 CAMPAIGN TREASURER NAME Mr. Samuel NICKNAME Sam Paul 7 CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE: ZIP CODE 310 Springwood Road Dripping Springs, TX 78620 8 CAMPAIGN TREASURER PHONE 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE January 15			EXTENSION	Date Hand-delivered or Date Postmarked
Mr. Samuel R. Date Processed Date Imaged	PHONE			Receipt # Amount \$
NAME NICKNAME LAST SUFFIX Date Imaged				Neceipt # Amount \$
Sam Paul Date Imaged	The second second			Date Processed
TREASURER ADDRESS (Residence or Business) 310 Springwood Road Dripping Springs, TX 78620 8 CAMPAIGN TREASURER PHONE AREA CODE (512) 8 94-4552 9 REPORT TYPE January 15				Date Imaged
ADDRESS (Residence or Business) 310 Springwood Road Dripping Springs, TX 78620 8 CAMPAIGN TREASURER PHONE AREA CODE (512) 8 94-4552 9 REPORT TYPE January 15		STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE #; CITY; STATE;	ZIP CODE
Bripping Springs, TA 78820 8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION 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 COH - FR) 10 PERIOD Month Day Year Month Day Year COVERED 12 / 31 / 2015 11 ELECTION ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff Other Description Description Description Description 13 OFFICE SOUGHT (if known) Hays County Sheriff Hays County Sheriff		310 Springwood Road		
8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE January 15	(Residence or Business)	Dripping Springs, TX	78620	
TREASURER PHONE Solition Sol				
PHONE S12 894-4552		AREA CODE PHONE NUMBER	EXTENSION	
January 15 30th day before election Runoff Iterasurer appointment (Officeholder Only)		(512) 894-4552		
January 15 30th day before election Runoff Iterasurer appointment (Officeholder Only)				
July 15	9 REPORT TYPE	▼ January 15 30th day before	election Runoff	
10 PERIOD				
COVERED 07 / 01 / 2015 THROUGH 12 / 31 / 2015 11 ELECTION ELECTION DATE Month Day Year 03 / 01 / 2016 General Special 12 OFFICE OFFICE HELD (if any) Hays County Sheriff Hays County Sheriff		July 15 8th day before el	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
11 ELECTION ELECTION DATE Month Day Year O3 / 01 / 2016 General Description 12 OFFICE OFFICE HELD (if any) Hays County Sheriff THROUGH ELECTION TYPE BLECTION TYPE Other Description Special 13 OFFICE SOUGHT (if known) Hays County Sheriff Hays County Sheriff		Month Day Year	Month	Day Year
11 ELECTION ELECTION DATE	COVERED	07 / 01 /2015	THROUGH 12 /	31 /2015
Month Day Year Normary Runoff Other Description 12 OFFICE OFFICE OFFICE HELD (if any) Hays County Sheriff Hays County Sheriff Month Day Year Normary Runoff Other Description 13 OFFICE SOUGHT (if known) Hays County Sheriff				
12 OFFICE OFFICE HELD (if any) Hays County Sheriff Hays County Sheriff Description 13 OFFICE SOUGHT (if known) Hays County Sheriff	11 ELECTION			
12 OFFICE OFFICE HELD (if any) Hays County Sheriff Hays County Sheriff		Month Day real		
Hays County Sheriff Hays County Sheriff		03 /01 /2016 General	Special	
	12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	vn)
GO TO PAGE 2		Hays County Sheriff	Hays Coun	ty Sheriff
GO TO PAGE 2				
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Gary M. Cu	tler	15	Filer ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	ICAL SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1,813.00			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 25,977.00			
EXPENDITURE TOTALS	500	POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ 0.00			
	4. TOTAL	POLITICAL EXPENDITURES	\$ 9,342.50			
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAPORTING PERIOD	\$ 50,035.93			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 0.00			
18 AFFIDAVIT						
		I swear, or affirm, under penalty of perj true and correct and includes all inform under Title 15, Election Code.				
1 : 2. V .o.	IARY PAT PAUL MMISSION EXPIRES July 27, 2017	Signature of Candid	late or Officeholder			
Sworn to and subsc	cribed before me,	by the said GARY CUTLER	, this the			
day of TAH.	, 20/6,	to certify which, witness my hand and seal of office.				
Mary Par	Paul	MARY PAT PAUL	NOTANY			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME Gary M. Cutler 20 Filer ID (Ethics Commission Filers)				
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE SUBTOTAL AMOUNT				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	22,283.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIB	JTIONS	\$	3,694.00	
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 0.00			0.00	
4.	4. SCHEDULE E: LOANS \$			0.00	
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			9,342.50	
6.	. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00	
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$			0.00	
8.	8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			0.00	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			0.00	
10.	. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTION	ONS TO A BUSINESS OF	C/OH \$	0.00	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POL	ITICAL CONTRIBUTIONS	\$	0.00	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CORETURNED TO FILER	ONTRIBUTIONS	\$	1,250.00	

SCHEDULE A1

	The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: 1	5
2	FILER NAME			3 Filer ID (Ethics Commission I	Filers)
	Gary M.	Cutler			
4	Date		ID#:)	7 Amount of contribution (\$)	
09	/25/2015	Samuel R. Paul			
		6 Contributor address; City; State; 310 Springwood Road	Zip Code		
		Dripping Springs, TX 78620		\$	85.00
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
	Date	Full name of contributor ut-of-state PAC ((ID#:)	Amount of contribution (\$)	
09)/25/2015	Michael D. Jones			
		Contributor address; City; State;	Zip Code		
		8713 Westover Club Dr., Apt A			
		Austin, TX 78759		\$	50.00
	Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	tions)	
	Date	Full name of contributor ut-of-state PAC	(ID#:)	Amount of contribution (\$)
09	/25/2015	Nathan Sloan	,		
		Contributor address; City; State; 105 Via De Noria	Zip Code		
		Wimberley, TX 78676		\$	100.00
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
0.9	9/25/2015	Gary Moore			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Contributor address; City; State;	Zip Code		
		6401 Middleham Pl.			
		Austin, TX 78745		\$	200.00
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
		ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS N	EEDED	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 15
2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Gary M.	Cutler	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
09	9/25/2015	Chase Botkin	
		6 Contributor address; City; State; Zip Code 2967 Business Park	
		Buda, TX 78610	\$ 850.00
8	Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
	Date	Full name of contributor	Amount of contribution (\$)
09	9/25/2015	Joe Lopez, Jr.	
		Contributor address; City; State; Zip Code 12503 Madero Dr.	
		Austin, TX 78748	\$ 200.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)			tions)
	Date	Full name of contributor	Amount of contribution (\$)
09	9/25/2015	Capital Excavation, James Bradley	
		Contributor address; City; State; Zip Code 2967 Business Park	
		Buda, TX 78610	\$ 250.00
	Principal occup	Dation / Job title (See Instructions) Employer (See Instruc-	etions)
	Date	Full name of contributor	Amount of contribution (\$)
0	9/25/2015	Gary Botkin	
		Contributor address; City; State; Zip Code 505 Roy Creek Ln	
		Dripping Springs, TX 78620	\$ 250.00
	Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	otions)
		l	

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

SCHEDULE A1

The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1: 1	5
2 FILER NAME	7		3 Filer ID (Ethics Commission	Filers)
Gary M.	Cutler			
4 Date		e PAC (ID#:)	7 Amount of contribution (\$)	
09/25/2015	Will Lynch			
1	6 Contributor address; City; 5	State; Zip Code		
	Pflugerville, TX 78660		\$	170.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)				
Date	Full name of contributor	e PAC (ID#:)	Amount of contribution (\$)
09/25/2015	Darrel Frazier			
	Contributor address; City; 145 Marabella way	State; Zip Code		
	Georgetown, TX 78633		\$	500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)	
Date	Full name of contributor	e PAC (ID#:)	Amount of contribution (\$	3)
09/25/2015	Trevor Cutler		(,	,
	Contributor address; City;	State; Zip Code		
	Austin, TX 78737		\$	190.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	ctions)	
Date	Full name of contributor out-of-stat	e PAC (ID#:)	Amount of contribution (\$	5)
09/25/2015	Martin A. Expinoza			
	Contributor address; City; 717 Sampson	State; Zip Code		
	Kyle, TX 78640		\$	105.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)	

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SCHEDULE A1

The	Instruction Cuide explains how to complete this form			
FILER NAME	Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:	15
		:	3 Filer ID (Ethics Commission	on Filers)
Gary M.	Cutler			
Date	5 Full name of contributor ut-of-state PAC (ID#:)	7 Amount of contribution	(\$)
25/2015	Steve Avalos			
	6 Contributor address; City; State; Zip Code 1264 Estival Dr.			
	Kyle, TX 78640		\$	105.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)				
Date	Full name of contributor)	Amount of contribution	(\$)
/25/2015	Carl James			
	Contributor address; City; State; Zip Code 1595 Stage Coach Dr.			
	Canyon Lake, TX 78133		\$	105.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor)	Amount of contribution	(\$)
/25/2015	Luke Wester			
	Contributor address; City; State; Zip Code 2409 Hunter Rd.			
	San Marcos, TX 78666		\$	105.00
Principal occu	pation / Job title (See Instructions) Employer	(See Instructio	ns)	
Date)	Amount of contribution	(\$)
/25/2015	Contributor address; City; State; Zip Code			
			\$	105.00
Principal occur		r (See Instructio		100.00
		(,	
	Date /25/2015 Principal occup Date /25/2015	Date Full name of contributor out-of-state PAC (ID#:	Date Full name of contributor out-of-state PAC (ID#:) Luke Wester Contributor address; City; State; Zip Code 2409 Hunter Rd. San Marcos, TX 78666 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:) Greg Ashcraft Contributor address; City; State; Zip Code P.O. Box 1056 Dripping Springs, TX 78620	Date Full name of contributor

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 1 Total pages Schedule A1: 15 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Gary M. Cutler 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:__ 09/25/2015 **David Stringfellow** 6 Contributor address; City; State; Zip Code P.O. Box 1684 105.00 \$ Wimberley, TX 7876 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date 09/25/2015 Stewart C. Oliver Contributor address; City; State; Zip Code P.O. Box 1923 \$ 105.00 Wimberley, TX 78676 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) 09/25/2015 Art Liveremore City; State; Zip Code Contributor address; 6058 Steiner \$ 105.00 Kyle, TX 78640 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:___ 09/25/2015 William Randolph Baker Contributor address; City; State; Zip Code 2311 Sparrow Dr. \$ 135.00 Manchaca, TX 78652-4180 Principal occupation / Job title (See Instructions) Employer (See Instructions)

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

SCHEDULE A1

The	Instruction Guide explains how to co	omplete this	form.	1 Total pages Schedule A1:	15
2 FILER NAME				3 Filer ID (Ethics Commission	n Filers)
Gary M.	Cutler				
4 Date		out-of-state PAC	(ID#:)	7 Amount of contribution	(\$)
09/25/2015	Russell Kriewald				
	6 Contributor address; 9913 Anderson Mill Rd.	City; State;	Zip Code		
	Austin, TX 78750			\$	105.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)					
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution	(\$)
09/25/2015	Kent Richardson				
	Contributor address; 1910 Casa Grande Dr.	City; State	; Zip Code		
	Austin, TX 78733			\$	85.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)	
Date		out-of-state PAC	(ID#:)	Amount of contribution	(\$)
09/25/2015	Michael D. Jones				
	Contributor address; 8713 Westover Club Dr., Apt A	City; State	; Zip Code		
	Austin, TX 78759			\$	105.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)	
Date	Full name of contributor	out-of-state PAC	G (ID#:)	Amount of contribution	(\$)
09/25/2015	Mike Jones				
	Contributor address; 915 Thousand Oaks	City; State	e; Zip Code		
	San Marcos, 78666			\$	105.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)	
	ATTA OU A DRITIONA		ETUIC COUEDUI E AC N	FEDED	

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: 15 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Gary M. Cutler 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ 09/30/2015 Karen Hammond 6 Contributor address; City; State; Zip Code 201 N. Canyonwood Drive 50.00 \$ Dripping Springs, TX 78620 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Date 09/30/2015 Trudy Hayter Contributor address; City; State; Zip Code 321 Live Oak Drive \$ 50.00 Mountain City, TX 78610 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date 09/30/2015 Douglas W. Jumper City; State; Zip Code Contributor address; 421 Canyon Wren Dr. 75.00 \$ Buda, TX 78610 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_

Employer (See Instructions)

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City; State; Zip Code

David S. Glickler

P.O. Box 224

Principal occupation / Job title (See Instructions)

Buda, TX 78610

Contributor address;

09/30/2015

\$

85.00

SCHEDULE A1

The	Instruction Guide explains how	form.	1 Total pages Schedule A1: 15	5	
2 FILER NAME			n	3 Filer ID (Ethics Commission F	ilers)
Gary M.	Cutler				
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)	
09/30/2015	Russell Hayter				
	6 Contributor address; 321 Live Oak Dr.	City; State	; Zip Code		
	Mountain City, TX 78610			\$	100.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)			tions)		
			A (ID II)		
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
09/30/2015	E. D. Fehlis				
	Contributor address;	City; State	e; Zip Code		
	1104 Oak Arbor Trail			\$	105.00
D	Buda, TX 78610-9354		Employer (See Instruc	· · · · · · · · · · · · · · · · · · ·	100.00
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)	
09/30/2015	George F. Vanderhule, Jr.				
-	Contributor address; 712 Moss Rose Ln.	City; State	e; Zip Code		
	Driftwood, TX 78619			\$	105.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	etions)	
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)	
09/30/2015	James D. Covington			×	
	Contributor address; 103 Waterview Dr.	City; State	e; Zip Code		
	Kingsland, TX 78639-4423			\$	125.00
Principal occup	oation / Job title (See Instructions)	0.00	Employer (See Instruc	etions)	

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: 15 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Gary M. Cutler 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:____ J. Michael Pruitt 09/30/2015 City; State; Zip Code 6 Contributor address; P.O. Box 28 140.00 \$ Driftwood, TX 78619-0028 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) 09/30/2015 John Epley Contributor address; City; State; Zip Code 49 Woodcreek Drive \$ 170.00 Wimberley, TX 78676 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) 09/30/2015 Ester Q. Schneider City; State; Zip Code Contributor address; 143 Wild Turkey Cove 250.00 \$ Austin, TX 78737-0000 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:___ 09/30/2015 Cassie Dyson Contributor address; City; State; Zip Code 890 Moss Rose Ln. \$ 250.00 Driftwood, TX 78619-5736 Principal occupation / Job title (See Instructions) Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: 15 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Gary M. Cutler 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:__ **Gary Cutler** 09/30/2015 6 Contributor address; City; State; Zip Code 1035 Ranchers Club Lane 300.00 \$ Driftwood, TX 78619 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) 09/30/2015 Marc Salinas Contributor address; City; State; Zip Code 1281 Haleys Way Drive Buda, TX 78610-3208 300.00 \$ Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) 09/30/2015 John P. Chomout Contributor address; City; State; Zip Code 225 Hudson Lane 300.00 Dripping Springs, TX 78620 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ 09/30/2015 E. D. Fehlis Contributor address; City; State; Zip Code 1104 Oak Arbor Trail Buda, TX 78610-9354 400.00 Principal occupation / Job title (See Instructions) Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: 15 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Gary M. Cutler 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:_ 09/30/2015 J. R. Page 6 Contributor address; City; State; Zip Code 14404 Sandy Side Drive 550.00 \$ Austin, TX 78728 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Out-of-state PAC (ID#: Date Amount of contribution (\$) 09/30/2015 Richard R. Scott Contributor address; City; State; Zip Code 11030 MT Sharp Road Wimberley, TX 78676 2.500.00 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) 09/30/2015 James E. Bradley City; State; Zip Code Contributor address: P.O. Box 1301 5,000.00 Austin, TX 78767 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ 09/30/2015 Raymond O. Whisenant, Jr., Campaign Fund Contributor address: City; State; Zip Code P.O. Box 1007 100.00 Dripping Springs, TX 78620 Principal occupation / Job title (See Instructions) Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: 15 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Gary M. Cutler 7 Amount of contribution (\$) 4 Date 5 Full name of contributor ut-of-state PAC (ID#: Lube Pit Stop, Matt Carson 09/30/2015 6 Contributor address; City; State; Zip Code 2223 South Lamar Blvd. 105.00 Austin, TX 78704 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:___ Date Amount of contribution (\$) 09/30/2015 Gaye S. Cobb City; State; Zip Code Contributor address; 2370 Bridlewood Ranches Drive 200.00 San Marcos, TX 78666 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) 09/30/2015 Franklin Scott Spears, Jr. Contributor address; City; State; Zip Code Barton Oaks Plaza One STE.300, 901 Mopac Expwy S. 250.00 Austin, TX 78746 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:__ 09/30/2015 Cleburn R. Cole Contributor address; City; State; Zip Code 6206 Mifflin Kenedy Court Austin, TX 78749 615.00 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.

SCHEDULE A1

The	Instruction Guide explains how to complete this for	rm. 1	Total pages Schedule A1:	15	
2 FILER NAME		3	Filer ID (Ethics Commission	on Filers)	
Gary M.	Cutler				
4 Date	5 Full name of contributor out-of-state PAC (IDs	#:	Amount of contribution	(\$)	
09/30/2015	Travis Cox Plumbing, Victoria Cox				
	6 Contributor address; City; State; 9284 FM 150 W.	Zip Code			
	Driftwood, TX 78619		\$	1,000.00	
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions	s)		
Date	Full name of contributor	#:)	Amount of contribution	(\$)	
09/30/2015	The Lamantia Family, Greg Lamantia				
	Contributor address; City; State; 3900 N. McColl Rd	Zip Code			
	McAllen, TX 78501-9160		\$	1,000.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	s)		
Date	Full name of contributor ut-of-state PAC (ID	#:)	Amount of contribution	(\$)	
09/30/2015	HDR-Neil A Graff				
	Contributor address; City; State; 731 Madrone Ranch Trail	Zip Code			
	Dripping Springs, TX 78620		\$	100.00	
Principal occur	pation / Job title (See Instructions)	Employer (See Instruction	· · · · · · · · · · · · · · · · · · ·		
Date	Full name of contributor	#:)	Amount of contribution	(\$)	
09/30/2015	HDR-Kelly J. Kaatz				
	Contributor address; City; State;	Zip Code			
	347 Experanza Trail				
	Johnson City, TX 78636		\$	100.00	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)		
,					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: 15 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Gary M. Cutler 7 Amount of contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#:___ 09/30/2015 (HDR) John P. Niesen 6 Contributor address; City; State; Zip Code 3028 Mitchell Way 100.00 The Colony, TX 75056 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date 09/30/2015 (HDR) Paul T. Chastant Contributor address; City; State; Zip Code 105 Sanibel Circle \$ 100.00 Columbia, SC 29223 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) 09/30/2015 (HDR) Robert B. Case City; State; Zip Code Contributor address; 2516 Loch Haven Dr. \$ 100.00 Plano, TX 75023 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) Out-of-state PAC (ID#: 09/30/2015 (HDR) Fred Haiden Tally, Jr. Contributor address; City; State; Zip Code 4136 Goodfellow Dr. Dallas, TX 75229-2812 \$ 500.00 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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: 15 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Gary M. Cutler 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:__ 10/09/2015 David M. Edwards City; State; Zip Code 6 Contributor address; 4 Laurel Hill Dr. 75.00 \$ Austin, TX 78737 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) 10/20/2015 Tom B. Foote Contributor address; City; State; Zip Code 7 Covey CT \$ 50.00 San Marcos, TX 78666 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) 11/04/2015 Lanette Lowden City; State; Zip Code Contributor address; 4995 Loan Man Mountain Rd. 1,000.00 Wimberley, Tx 78676 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:___ City; State; Zip Code Contributor address; 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.

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SCHEDULE A2

The Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule A2: 08	
² FILER NAME Gary M. Cutler	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL	CONTRIBUTIONS	\$ 0.00	
5 Date 6 Full name of contributor □ out-of-state PAG 09/25/2015 Joe McBride 7 Contributor address; City; Stat 2915 San Gabriel St., Austin, TX 7876	8 Amount of Contribution \$\ \text{9 In-kind contribution description} \\ \text{419.00} & \text{Mosberg 20ga Shotgun over & under} \\ \text{Check if travel outside of Texas. Complete Schedule T.} \end{align*}		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See II	nstructions) 11 Empl	oyer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)	13 Cont	ributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law	firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JU	IDICIAL)		
Date Full name of contributor		Amount of Contribution \$. In-kind contribution description \$. Two Cooked Briskets for event Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See I	Instructions) Emp	oyer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)	Cont	Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)	Law	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JU	JDICIAL)		
ATTACH ADDITIONAL C	COPIES OF THIS SCHI	EDULE AS NEEDED	

SCHEDULE A2

			3	
The	e Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A2: 08	
² FILER NAME Gary M.			3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date 6 Full name of contributor out-of-state PAC (ID#:			8 Amount of Gontribution \$\ \text{ g In-kind contribution description} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date Full name of contributor			Amount of In-kind contribution Contribution \$ description \$ 150.00	
	upation / Job title (FOR NON-JUDICIAL) (See Instructions) principal occupation (FOR JUDICIAL)			
Contributors	ринора оссирации (РОП ООЛІСІАС)	Contribt	Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A2

Th	e Instruction Guide explains how to complete this form	1 Total pages Schedule A2: 08			
² FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date 09/25/2015	6 Full name of contributor ☐ out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution Contribution 6 description \$ 200.00 Car Wash and Full Detail Check if travel outside of Texas. Complete Schedule T.			
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	# (FOR NON-JUDICIAL) (Gee Histiluctions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date Full name of contributor out-of-state PAC (ID#: 09/25/2015 Dominion Country Club Contributor address; City; State; Zip Code 1 Dominion Drive, San Antonio, TX 78257			Amount of . In-kind contribution Contribution \$. description \$ 400.00 Round of Golf for 4 with carts . Check if travel outside of Texas. Complete Schedule T.		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	w firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

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SCHEDULE A2

Th	e Instruction Guide explains how to complete this form	1 Total pages Schedule A2: 08			
² FILER NAME		3 Filer ID (Ethics Commission Filers)			
	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date 09/25/2015	6 Full name of contributor	8 Amount of Contribution \$ 9 In-kind contribution description \$ 400.00 Round of Golf for 4 with carts Check if travel outside of Texas. Complete Schedule T.			
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date Full name of contributor out-of-state PAC (ID#:			Amount of Contribution \$ In-kind contribution description \$ 800.00 2 Rounds of Golf for 4 with carts Check if travel outside of Texas. Complete Schedule T.		
Principal occ	pupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

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SCHEDULE A2

Th	e Instruction Guide explains how to complete this form	1 Total pages Schedule A2: 08			
² FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date 09/25/2015	6 Full name of contributor □ out-of-state PAC (ID#: Wally and Linda Kinney 7 Contributor address; City; State; Zip Code 1034 Hidden Hill Dr., Dripping Springs, TX 7862 upation / Job title (FOR NON-JUDICIAL) (See Instructions)	8 Amount of Gontribution Security of Secur			
10 Principal occ	upation / Job title (FOR NON-JODICIAL) (See Instructions)	11 Employe	S. (1 G.1 1 1 G.2		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date Full name of contributor out-of-state PAC (ID#:			Amount of In-kind contribution description \$ 100.00 2 Gift Cards to Jack Allen's Restaurant Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL) (See Instructions)		
	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		On which starts into title (FOR HIDIOIAL) (Con Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
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SCHEDULE A2

TH	ne Instruction Guide explains how to complete this form	1 Total pages Schedule A2: 08			
² FILER NAM Gary M	E I. Cutler		3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date 09/25/2015 10 Principal occ	6 Full name of contributor out-of-state PAC (ID#:	8 Amount of description description \$ 225.00 3 Gift Certificates for 60 Minute Massages Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)			
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date Full name of contributor out-of-state PAC (ID#:			Amount of Contribution \$\text{ In-kind contribution description}\$\$ 200.00 Round of Golf for 4 with carts Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firr	aw firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A2

The	e Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A2: 08	
² FILER NAME Gary M.			3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date 09/25/2015	6 Full name of contributor ☐ out-of-state PAC (ID#:		8 Amount of Contribution \$ 9 In-kind contribution description \$ 200.00 Round of Golf for 4 with carts Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date Full name of contributor out-of-state PAC (ID#:			Amount of Contribution \$ In-kind contribution description \$ 100.00 2 Gift Cards to Hays City Store Cafe Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firn	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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SCHEDULE A2

The Instruction	on Guide explains how to complete this form	1 Total pages Schedule A2: 08			
² FILER NAME Gary M. Cutler		3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITE	MIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
09/25/2015 Ron W	utor address; City; State; Zip Coo	8 Amount of Contribution \$ 9 In-kind contribution description \$ 150.00 3 Carry Bags stuffed with water bottles, t-shirts, 2 CD's, hats, etc			
7517 F	obert Kleburg, Austin, TX 78749		Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Jo	b title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's principal of	cupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's employer/la	w firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, la	aw firm of parent(s) (if any) (FOR JUDICIAL)	12			
Date Full na	nme of contributor)	Amount of . In-kind contribution Contribution \$. description		
09/25/2015 Flores	Mexican Restaurant		\$ 50.00 2 Gift Cards to Flores		
Contrib	utor address; City; State; Zip Co	de	Mexican Restaurant		
2440 E	. Hwy 290 W., Dripping Springs, TX 7862	0	Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Jo	b title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)		
Timolpai oodapailoii 7 oo	2 ma (1 311 1131 332 13 ma) (332 managana)	Linploy			
Contributor's principal o	ecupation (FOR JUDICIAL)	Contrib	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/la	aw firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor is a child, I	aw firm of parent(s) (if any) (FOR JUDICIAL)				
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Gary M. Cutler 11 5 Payee name 4 Date 07/03/2015 Hays Activity Fund #210 7 Pavee address: 6 Amount (\$) City; State; Zip Code \$ 170.00 1967 Ruby Ranch Road Buda, TX 78610 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. Advertising Expense - Political Advertising **PURPOSE** Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name Date 07/06/2015 Dripping Springs High School Athletic Booster Club Pavee address: Amount (\$) City; State; Zip Code \$ 100.00 P.O. Box 694 Dripping Springs, TX 78620 Category (See Categories listed at the top of this schedule) Description Advertising Expense - Political Advertising Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date 07/14/2015 WIX.com Inc. Amount (\$) Pavee address: City; State; Zip Code \$ 9.90 New York, NY Category (See Categories listed at the top of this schedule) Description Fees - Monthly WEB Site Fee Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Gary M. Cutler 4 Date 5 Payee name 08/04/2015 Lehman High School Band 6 Amount (\$) 7 Pavee address: City; State; Zip Code \$ 75.00 1700 Lehman Road Kyle, TX 78640 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas, Complete Schedule T. Advertising Expense - Political Advertising **PURPOSE** Check if Austin, TX, officeholder living expense OF **EXPENDITURE** Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 08/04/2015 Wimberley Texas Athletic Booster Assoc (WTABA) Payee address; City; State; Zip Code Amount (\$) P.O. Box 1803 250.00 Wimberley, TX 78676 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense - Political Advertising **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 08/09/2015 Hays County Republican Party Amount (\$) Payee address; City; State; Zip Code P.O. Box 1655 \$ 20.00 San Marcos, TX 78667 Category (See Categories listed at the top of this schedule) Description Contribution/Donations - Grand Old Picnic Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense food and beverage donation EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	emplete this form.	
1 Total pages Schedule F1:	² FILER NAME Gary M. Cutler	3 Filer ID (Ethics Commission Filers)	
4 Date 08/14/2015	5 Payee name WIX.com Inc.		
6 Amount (\$) \$ 9.90	7 Payee address; City; State; Zip Code New York, NY		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees - Monthly WEB Site Fee	(b) Description 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		
08/19/2015	NRA-ILA Defend America - Tom & Ester So	hneider	
Amount (\$)* \$ 500.00	Payee address; City; State; Zip Code 143 Wild Turkey Cove Austin, TX 78737		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations - Fund Raiser Donation	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
08/19/2015	The Friends Foundation		
Amount (\$) \$ 250.00	Payee address; City; State; Zip Code P.O. Box 8 Dripping Springs, TX 78620		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations - Fund Raiser Donation	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Gary M. Cutler 11 4 Date 5 Payee name 09/02/2015 Boy Scouts of America, Nathan Kramer 6 Amount (\$) 7 Payee address; City; State; Zip Code 1.000.00 12500 North IH 35 Austin, TX 78753 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. Contributions/Donations - Fund Raiser **PURPOSE** Check if Austin, TX, officeholder living expense OF Donation **EXPENDITURE** Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 24HourWristbans.com 09/07/2015 Amount (\$) Pavee address: City; State; Zip Code \$ 31.80 14550 Beechnut Street Houston, TX 77083 Category (See Categories listed at the top of this schedule) Description ☐ Check if travel outside of Texas. Complete Schedule T. Event Expenses - Campaign Fund Raiser **PURPOSE** OF Check if Austin, TX, officeholder living expense **Event Wristbands** EXPENDITURE Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Pavee name Date 09/08/2015 Minuteman Press Amount (\$) Payee address; City; State; Zip Code \$ 31.89 1221 W. 6th Street, Suite B Austin, TX 78703 Category (See Categories listed at the top of this schedule) Description Event Expenses - Campaign Fund Raiser Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense **Event Flyers EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Gary M. Cutler	3 Filer ID (Ethics Commission Filers)
4 Date 09/12/2015	5 Payee name Academy Sports + Outdoors #43	
6 Amount (\$) \$ 444.11	7 Payee address; City; State; Zip Code 5400 Brodie Lane Sunset Valley, TX 78745	
8 PURPOSE OF EXPENDITURE	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
09/14/2015	WIX.com Inc.	
Amount (\$) \$ 9.90	Payee address; City; State; Zip Code New York, NY	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees - Monthly WEB Site Fee	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
09/15/2015	Dripping Springs Post Office	
Amount (\$) \$ 49.00	Payee address; City; State; Zip Code Dripping Springs, TX 78620-9998	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense - Campaign Office Supplies	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Other (enter a category not listed above) Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Gary M. Cutler 11 5 Payee name 4 Date 09/18/2015 Jason Isaac Campaign 6 Amount (\$) 7 Payee address; City; State; Zip Code 140.00 100 Commons Road, Suite 7-125 \$ Dripping Springs, TX 78620 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. Contributions/Donations - Campaign **PURPOSE** Check if Austin, TX, officeholder living expense OF Contribution EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Academy Sports + Outdoors 09/21/2015 Payee address; Amount (\$) City; State; Zip Code 550 Barnes Drive \$ 86.59 San Marcos, TX 78666 Category (See Categories listed at the top of this schedule) Description Event Expenses - Campaign Fund Raiser Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF **Event Supplies EXPENDITURE** Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date A&E Signs and Graphics 09/23/2015 Amount (\$) Pavee address: City; State; Zip Code 1030 West Goforth Road \$ 48.71 Buda, TX 78610 Category (See Categories listed at the top of this schedule) Description Event Expenses - Priinting Expense for Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense Campaign Fund Raiser Sponsors **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Gary M. Cutler 5 Payee name 4 Date Sam Paul 09/24/2015 7 Payee address; City; State; Zip Code 6 Amount (\$) 310 Springwood Road 500.00 \$ Dripping Springs, TX 78620 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. Event Expenses - Campaign Fund Raiser **PURPOSE** Check if Austin, TX, officeholder living expense OF Petty Cash EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Carved Stone, Inc. 09/24/2015 Amount (\$) Payee address; City; State; Zip Code 278.00 5300 Bell Springs Road \$ Dripping Springs, TX 78620 Category (See Categories listed at the top of this schedule) Description Event Expenses - Campaign Fund Raiser Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check if Austin, TX, officeholder living expense OF **Event Trophies EXPENDITURE** Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 09/25/2015 Mima's Kitchen Pavee address: City; State; Zip Code Amount (\$) 701 FM Rd 2325 170.00 \$ Wimberley, TX 78676 Category (See Categories listed at the top of this schedule) Description Food/Beverage Expense- Campaign Fund Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense Raiser Breakfast Tacos **EXPENDITURE** Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Garv M. Cutler 11 5 Payee name 4 Date 09/25/2015 Quicksand Golf Course 7 Payee address; City; State; Zip Code 6 Amount (\$) 1,775.00 #1 Pro Lane Wimberley, TX 78676 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. Event Expenses - Campaign Fund Raiser **PURPOSE** Check if Austin, TX, officeholder living expense Golf Green and Cart Fees **EXPENDITURE** Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 09/27/2015 Eric Batch Amount (\$) Payee address; City; State; Zip Code 210 Field Corn Lane \$ 550.00 San Marcos, TX 78666 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expenses - Campaign **PURPOSE** Check if Austin, TX, officeholder living expense OF Fund Raiser BBQ Lunch **EXPENDITURE** Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Barton Middle School 10/04/2015 Amount (\$) Pavee address; City; State; Zip Code 400.00 4950 Jack C. Hays Trail \$ Buda, TX 78610 Category (See Categories listed at the top of this schedule) Description Contributions/Donations - Fund Raiser Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **Sponsor Donation EXPENDITURE** Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By	By Gift/Awards/Memorials Expense F	folling Expense Travel In District frinting Expense Travel Out Of District falaries/Wages/Contract Labor Other (enter a category not listed above)
Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services S The Instruction Guide explains I	
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
4 Date 10/14/2015	5 Payee name WIX.com Inc.	
6 Amount (\$) \$ 9.90	7 Payee address; City; State; Zip New York, NY	Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this scho	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/19/2015	Republican Party of Texas Grassroo	ts Club
Amount (\$) \$ 123.00	Payee address; City; State; Zip 1108 Lavaca Street, #500 Austin, TX 78701	Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch Contributions/Donations - Republica of Texas Grassroots Club Donation	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10/20/2015	Burke Center for Youth	
Amount (\$) \$ 250.00	Payee address; City; State; Zip P.O. Box 40 Driftwood, TX 78619	Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sor Contributions/Donations - Fund Rais Donation	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name DH	Office sought Office held
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee **Event Expense** Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Gift/Awards/Memorials Expense Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Gary M. Cutler 4 Date 5 Payee name Hays County Republican Party 10/20/2015 City; State; Zip Code 7 Payee address; 6 Amount (\$) P.O. Box 1655 40.00 \$ San Marcos, TX 78667 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. Contributions/Donations - Republican Party **PURPOSE** Check if Austin, TX, officeholder living expense OF **Event Sponsor Donation** EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Central Texas Returning Heroes, James Michael Harthcock 10/25/2015 City; State; Zip Code Amount (\$) Payee address; P.O. Box 841 \$ 250.00 Wimberley, TX 78676 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Contributions/Donations - Central Texas **PURPOSE** Check if Austin, TX, officeholder living expense OF Returning Heroes Event Sponsor **EXPENDITURE** Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 11/01/2015 Dan Patrick Campaign Payee address; Amount (\$) City; State; Zip Code P.O. Box 685085 1,000.00 Austin, TX 78768 Category (See Categories listed at the top of this schedule) Description Contributions/Donations - Campaign Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense Contribution **EXPENDITURE** Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/W	ages/Contract Labor Other (enter a category not listed above)
Stock Sura r dymone	The Instruction Guide explains how to co	
1 Total pages Schedule F1:	² FILER NAME Gary M. Cutler	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
11/14/2015	WIX.com Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$ 9.90		
	New York, NY	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE	Fees - Monthly WEB Site Fee	Check if travel outside of Texas. Complete Schedule T.
OF		Check if Austin, TX, officeholder living expense
EXPENDITURE		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
11/20/2015	Hays County Republican Party	
Amount (\$)	Payee address; City; State; Zip Code	
\$ 750.00	P.O. Box 1655	
	San Marcos, TX 78667	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	Fees - Candidate Filing Fee	Check if travel outside of Texas. Complete Schedule T.
OF		Check if Austin, TX, officeholder living expense
EXPENDITURE		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Date	i ayoo namo	
12/14/2015	WIX.com Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$ 9.90		
	New York, NY	
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	Fees - Monthly WEB Site Fee	Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin, TX, officeholder living expense
LAFENDITURE		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/O		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	1 Total pages Sched	^{dule K:} 01				
² FILER NAME Garv M.	2 FILER NAME Gary M. Cutler 3 Filer ID (Ethics					
4 Date	5 Name of person from whom amount is received		8 Amount (\$)			
D6/30/2015 Boy Scouts of America, Nathan Kramer 6 Address of person from whom amount is received; City; State; Zip Code 12500 North IH 35 Austin, TX 78753 7 Purpose for which amount is received Check if political contribution returned to filer						
	Lost Check from 03/08/2015					
Date	Name of person from whom amount is received		Amount (\$)			
07/01/2015	The Bert Cobb Campaign Fund Address of person from whom amount is received; City; State P.O. Box 913 San Marcos, TX 78667		\$ 250.00			
	Purpose for which amount is received X Check if	political contribution	returned to filer			
	Stale Check Not Cashed from 06/16/2014					
Date	Name of person from whom amount is received		Amount (\$)			
-	Address of person from whom amount is received; City; States	; Zip Code				
	Purpose for which amount is received	political contribution	returned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; State	e; Zip Code				
	Purpose for which amount is received Check if	political contribution	n returned to filer			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

The Instruction Guide explains how to complete this form.					1 Total pages Schedule T: 06	
² FILER NAME Gary M. Cutler					3 Filer ID (Ethics Commission Filers)	
4	Name of Contributor / Contribu		r Labor O	rganization / Pledgor /	Payee	
5	Contribution / Expendit	ture reported	on:			
	X Schedule A2		dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1
	Schedule F2		dule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
	Scriedule F2	Scrie	dule F4			
6	7 Name of person(s) traveling					
		8 Departur	e city or n	ame of departure locati	ion	
		9 Destination	on city or	name of destination loo	cation	
10	Means of transportation	on	11 Purpo	se of travel (including	name of conference, se	eminar, or other event)
	Name of Contributor / Eric Batch	Corporation	or Labor C	Organization / Pledgor /	Payee	
	Contribution / Expendi	iture reported	on:			
X Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1				Schedule D Schedule F1		
			Schedule COH-UC Schedule B-SS			
	Dates of travel Name of person(s) traveling					
		Departu	re city or r	ame of departure locat	iion	
		Destinat	ion city or	name of destination lo	cation	
-	Means of transportati	ion	Purp	ose of travel (including	name of conference, s	eminar, or other event)
F					/ Davida	
	Roy Gay	Corporation	or Labor (Organization / Pledgor /	Payee	
	Contribution / Expend	liture reported	on:		_	_
	X Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1
	Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS
	Dates of travel Name of person(s) traveling					
	80	Departu	re city or r	name of departure loca	tion	
Destina			ion city or	name of destination lo	ocation	
	Means of transportation		Purpose of travel (including name of conference, seminar, or other event)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

The Instruction Guide explains how to complete this form. 1 Total pages Schedule T: 06								
2	FILER NAME Gary M. Cutler					3 Filer ID (Ethics Commission Filers)		
4	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Matt Carson							
5	Contribution / Expendit	ture reported on:						
	X Schedule A2	Sched	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
	Schedule F2	Schedule F4 Schedule G Schedule H Schedule COH-UC						
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)						eminar, or other event)		
	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Will Conley							
	Contribution / Expend	iture reported	on:					
	X Schedule A2	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1			
	Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel Name			f person(s) traveling				
Departui			re city or name of departure location					
Destination city or name of des					cation			
Means of transportation			Purpose of travel (including name of conference, seminar, or other event)					
	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Dominion Country Club							
	Contribution / Expend	liture reported	on:					
	X Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
	Schedule F2			Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
	Dates of travel Name of person(s) traveling							
Departure city				city or name of departure location				
Destination city or name of destination location								
	Means of transportat	ion	Purpose of travel (including name of conference, seminar, or other event)					
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The Instru	ıction Guide	1 Total pages Schedule T: 06						
² FILER NAME Gary M. Cut	er	3 Filer ID (Ethics Commission Filers)						
4 Name of Contributor	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee River Place Country Club							
5 Contribution / Expend								
X Schedule A2		dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1			
Schedule F2		dule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS			
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								
Name of Contributor Onion Creek Gol		or Labor C	Organization / Pledgor /	Payee				
Contribution / Expend	diture reported	l on:						
X Schedule A2	Schee	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1			
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel	Name o	of person(s) traveling						
	Departu	re city or name of departure location						
	Destinat	tion city or name of destination location						
Means of transporta	tion	Purpose of travel (including name of conference, seminar, or other event)						
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee								
Wally and Linda								
Contribution / Expend				П				
X Schedule A2	∐ Sche	dule B	☐ Schedule B(J)	Schedule C2	Schedule D Schedule F1			
Schedule F2		edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel	Name o	of person(s	s) traveling					
	Departu	ture city or name of departure location						
	tion city or name of destination location							
Means of transporta	tion	Purpose of travel (including name of conference, seminar, or other event)						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

The Instru	ıction Guide	1 Total pages Schedule T: 06					
² FILER NAME Gary M. Cutl	er				3 Filer ID (Ethics Commission Filers)		
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Jack Allen's Kitchen							
5 Contribution / Expend	iture reported	on:	P.				
X Schedule A2		dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
				Schedule H	Schedule COH-UC Schedule B-SS		
Schedule F2	☐ Sche	dule F4	Schedule G	Scriedule 11	Scriedule COTI-CO Contodulo		
6 Dates of travel	7 Name of person(s) traveling						
1	8 Departure city or name of departure location						
	9 Destinati	on city or	name of destination loo	cation			
10 Means of transportat	ion	11 Purpo	ose of travel (including	name of conference, s	seminar, or other event)		
Name of Contributor Mary Clarkson	/ Corporation	or Labor C	Organization / Pledgor /	Payee			
Contribution / Expend	Contribution / Expenditure reported on:						
X Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel	Name o	f person(s	s) traveling				
	Departu	re city or name of departure location					
	Destinat	nation city or name of destination location					
Means of transporta	tion	Purpose of travel (including name of conference, seminar, or other event)					
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Quicksand Golf Course							
Contribution / Expend		d on:					
X Schedule A2		dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2		edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel							
	Departu	Departure city or name of departure location					
	Destinat	ation city or name of destination location					
Means of transporta	tion	Purp	ose of travel (including	name of conference,	seminar, or other event)		
	A ⁻	TTACH A	DDITIONAL COPIES	OF THIS SCHEDUL	E AS NEEDED		

The Instruction Guide explains how to complete this form. 1 Total pages Schedule T: 06								
² FILER NAME Gary M. Cutler					3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor /	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Quail Creek Golf Course							
5 Contribution / Expend	iture reported	on:						
X Schedule A2		dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1			
Schedule F2		dule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS			
6 Dates of travel	7 Name of	person(s) traveling					
1	8 Departur	e city or n	city or name of departure location					
9 Destination city or name of destination location								
10 Means of transportati	10 Means of transportation							
Name of Contributor / Hays City Store (or Labor C	Organization / Pledgor /	Payee				
Contribution / Expend	liture reported	on:						
X Schedule A2		dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1			
Schedule F2	Sche	dule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel	Name o	f person(s) traveling					
	Departu	ture city or name of departure location						
	ion city or name of destination location							
Means of transportat	ion	Purpose of travel (including name of conference, seminar, or other event)						
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Ron Whitten								
Contribution / Expend	diture reported	l on:						
X Schedule A2	Sche	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1			
Schedule F2	Sche	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel Name of person(s) traveling								
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	Destinat	tion city or name of destination location						
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)						
	A ⁻	ITACH A	DDITIONAL COPIES	OF THIS SCHEDUL	E AS NEEDED			

	The Instru	ction Guide	1 Total pages Schedule T: 06					
2	FILER NAME Gary M. Cutl	er		3 Filer ID (Ethics Commission Filers)				
4	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Flores Mexican Restaurant							
5	Contribution / Expendi	ture reported	on:					
	X Schedule A2	Sched	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
	Schedule F2	Sche	dule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
6	Dates of travel	7 Name of person(s) traveling						
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		9 Destination city or name of destination location						
10	10 Means of transportation							
	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee							
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	Schedule A2	Schee	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
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Means of transportation			Purpose of travel (including name of conference, seminar, or other event)					
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Destination city or name of destination location								
	Means of transportat	ion	Purpose of travel (including name of conference, seminar, or other event)					
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	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							