CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 06	
3 CANDIDATE / OFFICEHOLDER NAME	Ms/Ms/Ms First Gary	мі М.	OFFICE USE ONLY Date Received	
	NICKNAME LAST Cutler	SUFFIX	JAN - 9 2017 ELECTION OFFICE	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 1035 Ranchers Club I Driftwood, TX 78619	CITY; STATE; ZIP CODE		
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 858-7282	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$	
TREASURER NAME	Mr. Samuel	Date Processed		
	Sam Paul		Date Imaged	
TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE	310 Springwood Road Dripping Springs, TX AREA CODE PHONE NUMBER (512) 894-4552	Z 78620 EXTENSION		
9 REPORT TYPE	January 15 30th day before July 15 8th day before el		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 10 / 31 /2016	THROUGH 12 /	Day Year 31 / 2016	
11 ELECTION	ELECTION DATE Month Day Year Primary 03 / 03 / 2020 General	Description		
12 OFFICE	OFFICE HELD (if any) Hays County Sheriff	13 OFFICE SOUGHT (if known Hays Count		
	GO ТО	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Gary M. Cu	ıtler		15 Filer ID (Ethics C	ommission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	 POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER TH. ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN ZED \$	00.00
		POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,191.50
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$	00.00
	4. TOTAL	POLITICAL EXPENDITURES	\$	147.65
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		DAY \$	8,881.30
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		THE \$	00.00
18 AFFIDAVIT		I swear, or affirm, under penalty of p true and correct and includes all inf under Title 15, Election Code.		
MY C	MARY PAT PAUL COMMISSION EXPIRE July 27, 2017	Jan (edidate or Officehold	<u> </u>
AFFIX NOTARY STAN			, this the	273
day of <u>JAN</u> .		to certify which, witness my hand and seal of office.		
May la	et land	MANY PAT PAUL	NOT	ANY
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

	FILER NAME Gary M. Cutler	20 Filer ID (Ethics Commission Filers)	
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIB	\$ 1,19	1.50
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLI	TICAL CONTRIBUTIONS \$ 0	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0	0.00
4.	SCHEDULE E: LOANS	\$ 0	0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		7.65
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS	MADE FROM POLITICAL CONTRIBUTIONS \$ 0	00.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CRE	EDIT CARD \$ 0	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MAI	DE FROM PERSONAL FUNDS \$ 0	00.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICA	AL CONTRIBUTIONS TO A BUSINESS OF C/OH \$	00.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		00.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		00.00

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: 01 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Gary M. Cutler 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#:_ 11/10/2016 David Meldrum 6 Contributor address; City; State; Zip Code 825 Little Bear Road 50.00 Buda, TX 78610-3030 \$ 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) John Erwin 11/10/2016 Contributor address; City; State; Zip Code 1910 Travis Heights Blvd Austin, TX 78704 \$ 200.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 11/21/2016 Clark O. Regan Contributor address; City; State; Zip Code 1110 Oakwood Loop \$ 250.00 San Marcos, TX 78666-1801 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ 11/22/2016 Contributor address; City; State; Zip Code 1150 River Ridge Pkwy San Marcos, TX 78666-8521 \$ 691.50 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.

Forms provided by Texas Ethics Commission

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 Giff/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)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to o	Nages/Contract Labor complete this form.	Other (enter a category not listed above)
Total pages Schedule F1:	2 FILER NAME Gary M. Cutler		3 Filer ID (Ethics Commission Filers
Date	5 Payee name		
0/31/2016	Facebook, Inc.		
Amount (\$) \$ 20.00	7 Payee address; City; State; Zip Code 1601 Willow Road Menio Park, CA 94025-1452		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense - Facebook Ads	(b) 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	Office sought	Office held
Date	Payee name		
1/10/2016	Pay Pal, Inc		
Amount (\$) \$ 1.75	Payee address; City; State; Zip Code 7700 W. Parmer Ln. Austin, TX 78729		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees - Transaction Processing 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/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
11/10/2016	Pay Pal, Inc		
Amount (\$) \$ 6.10	Payee address; City; State; Zip Code 7700 W. Parmer Ln. Austin, TX 78729		
	Category (See Categories listed at the top of this schedule) Fees - Transaction Processing Fee	Description Check if travel	outside of Texas. Complete Schedule T.
PURPOSE			
PURPOSE OF EXPENDITURE			tin, TX, officeholder living expense

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 Git/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)

Candidate/Officeholder/Political Committee 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 11/14/2016 WIX.com, Inc 6 Amount (\$) 7 Pavee address: City: State: Zip Code 9.90 New York, NY (a) Category (See Categories listed at the top of this schedule)
Fees - Monthly Web Site Fee (b) Description 8 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 11/30/2016 San Marcos Jackson Chapel United Methodist Church Pavee address: City; State; Zip Code Amount (\$) 100.00 \$ 524 Centre St. San Marcos, TX 78666 Category (See Categories listed at the top of this schedule) Contributions/Donations - Fund Raiser Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Donation Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Office held Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Date 12/14/2016 WIX.com, Inc Payee address; Amount (\$) City; State; Zip Code \$ 9.90 New York, NY 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. **PURPOSE** Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED