# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 48
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR FIRST Mr. Gary	мі М.	OFFICE USE ONLY
	NICKNAME LAST Cutler	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; ( 1035 Ranchers Club Lane Driftwood, TX 78619	CITY; STATE; ZIP CODE	JAN 0 8 2020 Elections Office
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE         PHONE NUMBER           (512)         858-7282	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Mr. Samuel NICKNAME LAST Sam Paul	MI R. suffix	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S 310 Springwood Road Dripping Springs, TX 78620	UITE #; CITY;	STATE; ZIP CODE
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 894-4552	EXTENSION	
9 REPORT TYPE	January 15     30th day before e       July 15     8th day before elements		15th day after campaign treasurer appointment (Officeholder Only)     Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 07 / 01 / 2019	Month THROUGH 12 /	Day Year 31 / 2019
11 ELECTION	ELECTION DATE       Month     Day     Year     X     Primary       03     03     2020     General	ELECTION TYPE	
12 OFFICE	OFFICE HELD (if any) Hays County Sheriff	13 OFFICE SOUGHT (if known Hays County Sherif	
	GO TO	PAGE 2	
Forms provided by Texas E	thics Commission www.ethic	s.state.tx.us	Revised 9/26/20

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

and the second s						
14 C/OH NAME Gary M. Cutler		15	Filer ID (Ethics	Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITU DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITH INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	OUT THE CANDIDATE	s or officeholder's		
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
	- OLIVER OF	COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION	1. TOTAL	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI	4			
TOTALS		ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$	40.00		
	¢					
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$				29,810.00		
EXPENDITURE TOTALS       3.       TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED       \$						
4. TOTAL POLITICAL EXPENDITURES \$ 8,892.8						
CONTRIBUTION BALANCE	5 TOTAL DOLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY					
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	E \$	0.00		
My No	PARKER STIRMAN tary ID # 6750214 December 3, 2020	I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		the reported by me		
AFFIX NOTARY STAM	P/SEALABOVE			Ø		
Sworn to and subsc	ribed before me, l	by the said Gary Cutler	, this the	0		
day of January	. 2020	to certify which, witness my hand and seal of office.				
Onropart	les Stat	Donna Parker Stirma	n	Notary		
Signature of officer a	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     20 Filer ID (       Gary M. Cutler     20 Filer ID (	Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 29,810.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 8,652.85
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8,892.81
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	ONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS O	DF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	S \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETUR TO FILER	RNED \$

## SCHEDULE A1

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:	28
2 FILER NAME				3 Filer ID (Ethics Commissi	on Filers)
Gary M. C	Cutler				
4 Date	5 Full name of contributor		(ID#:)	7 Amount of contribution	(\$)
07/00/0010		Out-of-state FAC	(1D#)		
07/02/2019	Mary Pat Paul				
	6 Contributor address; 310 Springwood Road	City;	State; Zip Code		
	Dripping Springs, TX 78620			\$	10.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)	
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution	(\$)
07/03/2019	Wally Kinney				
	Contributor address; 158 Napa Ridge	City;	State; Zip Code		
	Comfort, TX 78013			\$	100.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)	
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution	(\$)
07/08/2019	Robert Henry (Hank) Seale				
	Contributor address;	City;	State; Zip Code		
	491 Hog Hollow Road Dripping Springs, TX 78620			\$	5,000.00
Dringing! agou			Employer (See Instrue	· · · · · · · · · · · · · · · · · · ·	5,000.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	aions)	
	1				
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution	(\$)
07/08/2019	Victoria Cox				
	Contributor address;	City;	State; Zip Code		
	8600 FM 150 W, Suite 200A				
	Kyle, TX 78640			\$	1,000.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	ctions)	
	and the second				
			OF THIS SCHEDULE AS N	IEEDED	
	If contributor is out-of-state PAC				

## SCHEDULE A1

The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: 2	28
2 FILER NAME Gary M. C	utler		3 Filer ID (Ethics Commission	n Filers)
4 Date	5 Full name of contributor Out-of-state PAC (	ID#:)	7 Amount of contribution (	\$)
07/08/2019	Chris Smith			
	6 Contributor address; City; 111 Deer Crossing Lane	State; Zip Code		
	Wimberley, TX 78676		\$	100.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date	Full name of contributor out-of-state PAC (	ID#:)	Amount of contribution (	\$)
07/10/2019	Carrie Isaac			
	Contributor address; City; 100 Commons Road	State; Zip Code		
	Dripping Springs, TX 78620		\$	50.00
Principal occu	ation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date	Full name of contributor out-of-state PAC (	ID#:)	Amount of contribution (	\$)
07/10/2019	Shane Whisenant			
	Contributor address; City; 13830 Sawyer Ranch Road #201	State; Zip Code		
	Dripping Springs, TX 78620		\$	1,000.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date	Full name of contributor	ID#:)	Amount of contribution (	(2)
07/11/2019	Bill & Emil Pruitt	)	Amount of contribution (	Ψ)
077172013	Contributor address; City; 301 Oak Forrest Drive	State; Zip Code		
	Buda, TX 78610		\$	100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	***	
	ATTACH ADDITIONAL COPIES O		EEDED	
	If contributor is out-of-state PAC, please see Instruct			

#### SCHEDULE A1

				and a second sec	
The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 2	8
2 FILER NAME				3 Filer ID (Ethics Commission	Filers)
Gary M. (					T lieroy
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$	)
07/12/2019	Tommy Blackwell				
	6 Contributor address;	City;	State: Zip Code		
	5224 Texas Bluebell Drive	Only,			
	Spicewood, TX 78669			\$	50.00
8 Principal occi	upation / Job title (See Instructions)		9 Employer (See Instruct		00.00
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$	)
07/13/2019	Loyal & Anna White				
	Contributor address; 1501 Windmill Run	City;	State; Zip Code		
	Wimberley, TX 78676			\$	100.00
			Eastern (Oraclastern)		
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	uons)	
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$	5)
07/14/2019	Mandi Ledford				
01114/2010			Chata: Zin Cada		
	Contributor address;	City;	State; Zip Code		
	P.O. Box 1482			¢	500.00
	Dripping Springs, TX 78620			\$	500.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)	
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$	;)
07/15/2019	Suzanne Pacheco	_			
07/15/2019	Suzanne Pacheco				
	Contributor address;	City;	State; Zip Code		
	185 Barton Creek Circle				100.00
	Dripping Springs, TX 78620			\$	100.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)	
				FEDED	
	ATTACHADDIT If contributor is out-of-state PAC		OF THIS SCHEDULE AS N		
	in contributor is out-or-state PAC	, piease see instri	action guide for additional f	eporting requirements.	

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 2	8
2 FILER NAME				3 Filer ID (Ethics Commission	Filers)
Gary M. C	Jutier				
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$	)
07/15/2019	Bruce Harlan				
	6 Contributor address;	City;	State; Zip Code		
	404 Roy Creek Lane				
	Dripping Springs, TX 78620			\$	100.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)	
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$	;)
07/16/2019	Beth Smith				
	Contributor address; 116 Cedar Drive	City;	State; Zip Code		
	Buda, TX 78610			\$	50.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)	
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$	5)
07/17/2019	Patricia Brenner				
	Contributor address; 306 Plainview Road	City;	State; Zip Code		
	Wimberley, TX 78676			\$	25.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)	
Date	Full name of contributor		(ID#:)	Amount of contribution (\$	3)
07/17/2019	Mike Davenport	OUL-OI-STATE FAC	(10#)		<i>''</i>
0//1//2013	Contributor address; 10317 Brangus Road	City;	State; Zip Code		
	Driftwood, TX 78619			\$	100.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)	
	ATTACH ADDIT If contributor is out-of-state PAC		OF THIS SCHEDULE AS N		
	a contributor is out-or-state PAC	, please see instit	iction guide for additional r	eporting requirements.	

## SCHEDULE A1

Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 28
2 FILER NAM		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:	) <b>7</b> Amount of contribution (\$)
07/18/2019	Ron Tom	
	6 Contributor address; City; State; Zip Cod 332 Live Oak Drive	 e
and the second se	Mountain City, TX 78610	\$ 100.00
8 Principal occ	cupation / Job title (See Instructions) 9 Employer (See	Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)
07/18/2019	Cassie Dyson	
	Contributor address; City; State; Zip Cod 890 Moss Rose Lane	le
	Driftwood, TX 78619	\$ 50.00
Principal occ	upation / Job title (See Instructions) Employer (See	Instructions)
Date	Full name of contributor	Amount of contribution (\$)
07/18/2019	Dr. Sarah E. Berg	
	Contributor address; City; State; Zip Code	e
	433 Sportsplex Drive, Suite 100 Dripping Springs, TX 78620	\$ 100.00
Principal occ	upation / Job title (See Instructions) Employer (See	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
07/18/2019		
07/10/2019	Georgeanna Wood           Contributor address;         City;         State;         Zip Code	 e
	901 Overcup Drive	<b>*</b> • • • • • •
	San Marcos, TX 78666	\$ 25.00
Principal occ	upation / Job title (See Instructions) Employer (See	Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	EAS NEEDED
	If contributor is out-of-state PAC, please see Instruction guide for add	litional reporting requirements.

#### SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 28
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 (\$)
07/18/2019 Red River Waste Solutions LP - James Arrington Smith	۱ 
6 Contributor address; City; State; Z 4004 E. US HWY 290	
Dripping Springs, TX 78620	\$ 2,500.00
8 Principal occupation / Job title (See Instructions) 9 Employe	er (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
07/20/2019 Charles Bonney	
Contributor address; City; State; Z 700 Barton Creek Drive	Zip Code
Dripping Springs, TX 78620	\$ 100.00
Principal occupation / Job title (See Instructions) Employe	er (See Instructions)
Date Full name of contributor Out-of-state PAC (ID#:	) Amount of contribution (\$)
07/20/2019 Sylvia Muzzy	
Contributor address; City; State; Z	Zin Code
2704 Philo Street	
San Marcos, TX 78666	\$ 25.00
	er (See Instructions)
Date Full name of contributorout-of-state PAC (ID#:	) Amount of contribution (\$)
07/22/2019 Ronald Zingero	
Contributor address; City; State; Z	Code
183 Southern Sunset Cove	
Driftwood, TX 78619	\$ 100.00
Principal occupation / Job title (See Instructions) Employe	er (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCI	HEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide	for additional reporting requirements.

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8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#)       Arnount of contribution (\$)         07/22/2019       Loren Wilber       Contributor address;       City;       State;       Zip Code         07/22/2019       Loren Wilber       Contributor address;       City;       State;       Zip Code         07/22/2019       Loren Wilber       State;       Zip Code       \$ 50.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$ 50.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Arnount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#)       Arnount of contribution (\$)         07/22/2019       Vicki Rubsam       Contributor address;       City;       State;       Zip Code         07/22/2019       Vicki Rubsam       Contributor address;       City;       State;       Zip Code	Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 28	
4 Date       5 Full name of contributor       out-of-state PAC (D#	2 FILER NAM	E	3 Filer ID (Ethics Commission Fil	ers)
07/22/2019       Russell Hayter § Contributor address: 321 Live Oak Drive Buda, TX 78610       \$ 50.0         8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         07/22/2019       Full name of contributor Contributor address; S1 Live Oak Drive Buda, TX 78610       Arnount of contribution (\$)         07/22/2019       Loren Wilber Contributor address; S1 Willet Drive Buda, TX 78610       Arnount of contribution (\$)         07/22/2019       Loren Wilber Contributor address; S1 Willet Drive Buda, TX 78610       Employer (See Instructions)         Date       Full name of contributor Date (Contributor address; City; State; Zip Code S1 State; Zip Code	Gary M.	Cutler		
6       Contributor address; 321 Live Oak Drive Buda, TX 78610       City;       State;       Zip Code         8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         0ate       Full name of contributor       out-of-state PAC (D#	4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	
321 Live Oak Drive Buda, TX 78610       \$ 50.0         8 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#	07/22/2019	Russell Hayter		
8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         Date       Full name of contributor       aut-of-state PAC (ID#				
Date       Full name of contributor       out-of-state PAC (D#)       Amount of contribution (\$)         07/22/2019       Loren Wilber       City:       State;       Zip Code       Amount of contribution (\$)         07/22/2019       Loren Wilber       City:       State;       Zip Code       \$       50.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contribution (\$)       Image: Contribution (\$)         Date       Full name of contributor       out-of-state PAC (D#)       Amount of contribution (\$)         07/22/2019       Vicki Rubsam       City:       State;       Zip Code         07/22/2019       Vicki Rubsam       City:       State;       Zip Code         271 Caraway       Kyle, TX 78640       \$       50.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$         Date       Full name of contributor       out-of-state PAC (D#				50.00
Date     Full name of contributor     City:     State;     Zip Code       07/22/2019     Loren Wilber     \$ 50.0       Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Date     Full name of contributor     out-of-state PAC (ID#	8 Principal occ	cupation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)	
Contributor address; 301 Willet Drive Buda, TX 78610       City;       State;       Zip Code       \$ 50.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)         07/22/2019       Vicki Rubsam Contributor address; 271 Caraway Kyle, TX 78640       City;       State;       Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$ 50.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$ 50.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$ 50.0         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)       \$ 50.0         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)       \$ 50.0         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)       \$ 50.0         07/22/2019       Arin Guilford Contributor address; 1500 Spoke Hollow Road Wimberley, TX 78676       S 50.0       \$ 50.0	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
301 Willet Drive Buda, TX 78610       \$ 50.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#)         07/22/2019       Vicki Rubsam Contributor address; 271 Caraway Kyle, TX 78640       City;       State; Zip Code 271 Caraway Kyle, TX 78640       \$ 50.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$ 50.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$ 50.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$ 50.0         Date       Full name of contributor       out-of-state PAC (ID#       Amount of contribution (\$)       \$ 50.0         Date       Full name of contributor       out-of-state PAC (ID#       Amount of contribution (\$)       \$ 50.0         07/22/2019       Arin Guilford	07/22/2019	Loren Wilber		
Buda, TX 78610       \$ 50.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         07/22/2019       Vicki Rubsam       Amount of contribution (\$)         Contributor address;       City;       State;       Zip Code         271 Caraway       Kyle, TX 78640       \$ 50.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$ 50.0         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         07/22/2019       Arin Guilford       Amount of contribution (\$)       \$ 50.0         07/22/2019       Arin Guilford       State; Zip Code       \$ 50.0         1500 Spoke Hollow Road       Wimberley, TX 78676       \$ 50.0			\$	50.00
07/22/2019       Vicki Rubsam         Contributor address;       City;       State;       Zip Code         271 Caraway       Kyle, TX 78640       \$ 50.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$ 50.0         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         07/22/2019       Arin Guilford       Contributor address;       City;       State;       Zip Code         1500 Spoke Hollow Road       Wimberley, TX 78676       \$ 50.0       \$ 50.0	Principal occ		ctions)	
Contributor address;       City;       State;       Zip Code         271 Caraway       Kyle, TX 78640       \$ 50.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$ 50.0         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         07/22/2019       Arin Guilford       Contributor address;       City;       State;       Zip Code         1500 Spoke Hollow Road       Wimberley, TX 78676       \$ 50.0       \$ 50.0	Date	Full name of contributor <pre>             Out-of-state PAC (ID#:)             )             </pre>	Amount of contribution (\$)	
271 Caraway Kyle, TX 78640       \$ 50.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor         07/22/2019       Arin Guilford Contributor address;       City;       State; Zip Code         1500 Spoke Hollow Road Wimberley, TX 78676       \$ 50.0	07/22/2019	Vicki Rubsam		
Kyle, TX 78640       \$ 50.0         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor				
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contribution (\$)         07/22/2019       Arin Guilford			\$	50.00
07/22/2019 Arin Guilford Contributor address; City; State; Zip Code 1500 Spoke Hollow Road Wimberley, TX 78676 \$ 50.0	Principal occ	Eupation / Job title (See Instructions) Employer (See Instructions)	ctions)	
Contributor address; City; State; Zip Code 1500 Spoke Hollow Road Wimberley, TX 78676 \$50.0	Date	Full name of contributor	Amount of contribution (\$)	
1500 Spoke Hollow RoadWimberley, TX 78676\$ 50.0	07/22/2019	Arin Guilford		
Wimberley, TX 78676         \$ 50.0				
			¢	50.00
	Principal occ			50.00
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		in contributor is out-or-state r Ao, piedse see instruction guide for additional	reporting requirements.	

Th	e Instruction Guide explains how	v to complete this	s form.	1 Total pages Schedule A1:	28
2 FILER NAM				3 Filer ID (Ethics Commissio	n Filers)
4 Date	5 Full name of contributor	out-of-state PA	C (ID#:)	7 Amount of contribution (	\$)
07/23/2019	Nancye Britner				
	6 Contributor address; 49 Woodcreek Drive	City;	State; Zip Code		100.00
9 Dringingloog	Wimberley, TX 78676	\	9 Employer (See Instruct	\$	100.00
8 Principal occ	cupation / Job title (See Instructions	)	9 Employer (See Instruct		
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (	(\$)
07/23/2019	Tim Cooper				
	Contributor address; 460 Roy Breed Road	City;	State; Zip Code		
	Dripping Springs, TX 78620	)		\$	150.00
Principal occ	upation / Job title (See Instructions)		Employer (See Instruct	ions)	
Date	Full name of contributor		C (ID#:)		(@)
				Amount of contribution (	(\$)
07/24/2019	Marti Eveleigh				
	Contributor address; 21 Ridgewood Circle	City;	State; Zip Code		
	Wimberley, TX 78676			\$	25.00
Principal occ	upation / Job title (See Instructions)		Employer (See Instruct	· · · · · · · · · · · · · · · · · · ·	10.00
	<u></u>				
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (	(\$)
07/24/2019	Bill Williams				
	Contributor address; 386 Bluff Woods Drive	City;	State; Zip Code		
	Driftwood, TX 78619			\$	100.00
Principal occ	upation / Job title (See Instructions)		Employer (See Instruct	lions)	
					-
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	If contributor is out-of-state PA	o, please see insti	uction guide for additional r	eporting requirements.	

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Th	e Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:	28
2 FILER NAM				3 Filer ID (Ethics Commissio	n Filers)
Gary M.					
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (	\$)
07/25/2019	Scott Spears				
	6 Contributor address; 4710 Eck Lane	City;	State; Zip Code		
	Austin, TX 78734			\$	250.00
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (	(\$)
07/25/2019	Jessica Deatherage				
	Contributor address; 185 W. Spring Valley Road	City;	State; Zip Code		
	Wimberley, TX 78676			\$	100.00
Principal occu	upation / Job title (See Instructions)		Employer (See Instruct	tions)	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution	(\$)
07/25/2019	Joyce Jack				
	Contributor address; 412 Ridge Oak Drive	City;	State; Zip Code		
	Wimberley, TX 78676			\$	25.00
Principal occ	upation / Job title (See Instructions)		Employer (See Instruct	tions)	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (	(\$)
07/25/2019	Wesley Mau				
	Contributor address; 255 Abbott Drive	City;	State; Zip Code		
	Austin, TX 78737			\$	25.00
Principal occu	upation / Job title (See Instructions)		Employer (See Instruct	tions)	
			1	······································	
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	If contributor is out-of-state PAC	, please see Instr	uction guide for additional r	eporting requirements.	

The	e Instruction Guide explains how	v to complete this	s form.	1 Total pages Schedule A1: 2	28
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 (\$	)
07/25/2019	Michele Hart				
	6 Contributor address; 201 Stoney Creek Vista	City;	State; Zip Code		
	Wimberley, TX 78676			\$	50.00
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	tions)	
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$	)
07/25/2019	Teresa Junkin				
	Contributor address; 375 Windmill Cove	City;	State; Zip Code		
	Wimberley, TX 78676			\$	100.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)	
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$	5)
07/25/2019	Gordon Jones				
	Contributor address; 8100 Ozark Drive	City;	State; Zip Code		
	San Marcos, TX 78666			\$	50.00
Principal occu	upation / Job title (See Instructions)		Employer (See Instruc	tions)	
Date	Full name of contributor	🗌 out-of-state PA	C (ID#:)	Amount of contribution (\$	5)
07/25/2019	Martha Doss				
	Contributor address; 102 Oakshadow	City;	State; Zip Code		
	San Marcos, TX 78666			\$	25.00
Principal occu	upation / Job title (See Instructions)		Employer (See Instruc	tions)	
	ATTACH ADDI If contributor is out-of-state PA		OF THIS SCHEDULE AS N ruction quide for additional		
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# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1

	Instruction Guide explains how to comple-	te this torm.	1 Total pages Schedule A1:	28
2 FILER NAME Gary M. (			3 Filer ID (Ethics Commission	Filers)
4 Date	5 Full name of contributor out-of-st	tate PAC (ID#:)	7 Amount of contribution (\$	\$)
07/25/2019	John Ellen			
	6 Contributor address; City; 1645 Main Street, Box 37	State; Zip Code		
	Buda, TX 78610		\$	100.00
8 Principal occi	pation / Job title (See Instructions)	9 Employer (See Instru	ctions)	
Date	Full name of contributor	tate PAC (ID#:)	Amount of contribution (	\$)
07/25/2019	Kate Johnson			
	Contributor address; City; 4119 West FM 150	State; Zip Code		
	Kyle, TX 78640		\$	50.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ctions)	
Date	Full name of contributor	tate PAC (ID#:)	Amount of contribution (	\$)
07/25/2019	Ray Whisenant			
	Contributor address; City;	State; Zip Code		
	22501 Ranch Road 12 Dripping Springs, TX 78620		\$	25.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instru		20.00
Date	Full name of contributor	tate PAC (ID#:)	Amount of contribution (	\$)
07/25/2019	Johnna Cunningham			
	Contributor address; City;	State; Zip Code		
	10717 Signal Hill Road			
Distant	Austin, TX 78737	5 1 1 1 1 1 1 1 1	\$	25.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ctions)	
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS	NEEDED	

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The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:	28
2 FILER NAME			and the second se	3 Filer ID (Ethics Commissi	ion Filers)
Gary M. C	Cutler				
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution	(\$)
07/25/2019	Virginia Hood				
	6 Contributor address; 750 Dawn View	City;	State; Zip Code		
	Dripping Springs, TX 78620			\$	200.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)	
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution	(\$)
07/25/2019	Nathan Sloan				
	Contributor address; P.O. Box 572	City;	State; Zip Code		
	Wimberley, TX 78676			\$	200.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)	
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution	(\$)
07/25/2019	Lee Urbanovsky				
	Contributor address;	City;	State; Zip Code		
	609 Wincliff Drive	ony,	otato, Ep ooto		
	Buda, TX 78610			\$	50.00
Principal occuj	pation / Job title (See Instructions)		Employer (See Instruct	ions)	
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution	(\$)
07/26/2019	Daniel O'Brien				
	Contributor address:	City;	State; Zip Code		
	580 Aspen Drive	0.07,			
	Austin, TX 78737			\$	250.00
Principal occup	bation / Job title (See Instructions)		Employer (See Instruct	ions)	
				·	
			F THIS SCHEDULE AS N	EEDED	
	If contributor is out-of-state PAC				

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:	28
2 FILER NAME				3 Filer ID (Ethics Commission	Filers)
Gary M. C	Cutler				
4 Date	5 Full name of contributor	out-of-state PAC	; (ID#:)	7 Amount of contribution (\$	)
07/26/2019	Thomas Richey				
	6 Contributor address; P.O. Box 1533	City;	State; Zip Code		
	San Marcos, TX 78667			\$	100.00
8 Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	tions)	
Date	Full name of contributor	out-of-state PAC	; (ID#:)	Amount of contribution (\$	5)
07/30/2019	James Farr				
	Contributor address; 1011 Westland Ridge Road	City;	State; Zip Code		
	Dripping Springs, TX 78620			\$	200.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)	
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$	5)
08/05/2019	David Burns				
	Contributor address; P.O. Box 2697	City;	State; Zip Code		
	Wimberley, TX 78676			\$	25.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)	
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$	5)
08/05/2019	Ami Fasel				
	Contributor address;	City;	State; Zip Code		
	10717 Signal Hill Road Austin, TX 78737			\$	40.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)	
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	If contributor is out-of-state PAC	, please see Instru	uction guide for additional r	eporting requirements.	

The	Instruction Guide explains how	to complete this	; form.	1 Total pages Schedule A1: 2	8
2 FILER NAME				3 Filer ID (Ethics Commission	Filers)
Gary M. C					
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)	
08/05/2019	Frank & Barbara Wood				
	6 Contributor address; 100 Agusta Drive	City;	State; Zip Code		
	Woodcreek, TX 78676			\$	50.00
8 Principal occu	upation / Job title (See Instructions)		9 Employer (See Instruct	ctions)	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
08/05/2019	Steve Meyer				
	Contributor address; 143 Yucca Cove	City;	State; Zip Code		
	Austin, TX 78737			\$	50.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	ctions)	
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)	)
08/05/2019	Steven & Kelli Whigham				
	Contributor address; 130 Park Drive	City;	State; Zip Code		
	San Marcos, TX 78666			\$	50.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instru	ctions)	
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$	)
08/05/2019	Darryl & Rhinda White				
	Contributor address; P.O. Box 471	City;	State; Zip Code		
	San Marcos, TX 78667			\$	50.00
Principal occu	pation / Job title (See Instructions)		Employer (See Instru	I ctions)	
	ATTACHADDIT	TIONAL COPIES	OF THIS SCHEDULE AS	NEEDED	
	If contributor is out-of-state PAO	C, please see Instr	uction guide for additional	reporting requirements.	

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1	28
2 FILER NAME				3 Filer ID (Ethics Commiss	ion Filers)
Gary M. C	utler				
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution	(\$)
08/05/2019	Mr. & Mrs. Bryan Blanks				
	6 Contributor address; 1006 Magnolia Cove	City;	State; Zip Code		
	Buda, TX 78610			\$	70.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)	
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution	(\$)
08/05/2019	Stacy & Beverly Crumley				
	Contributor address;	City;	State; Zip Code		
	1203 Rutherford			•	100.00
	Driftwood, TX 78619			\$	100.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)	
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution	(\$)
08/05/2019	Lon Shell				
	Contributor address; 1908 W. McCarty Lane	City;	State; Zip Code		
	San Marcos, TX 78666			\$	100.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)	
Date	Full name of contributor	out-of-state PAC	(ID#: )	Amount of contribution	(\$)
08/05/2019	Jim Powers				
	Contributor address; 1280 Drifting Wind Run	City;	State; Zip Code		
	Dripping Springs, TX 78620			\$	100.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)	
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	If contributor is out-of-state PAC,	please see Instru	iction guide for additional re	eporting requirements.	

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The	Instruction Guide explains how	to complete this	form.	Falles saliadate ///.	28
2 FILER NAME				3 Filer ID (Ethics Commissio	n Filers)
Gary M. C	utler				
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (	\$)
08/05/2019	Maripat Powers				
	6 Contributor address;	City;	State; Zip Code		
	1280 Drifting Wind Run				
	Dripping Springs, TX 78620			\$	100.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)	
	-				
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution	(\$)
08/05/2019	Charlene K. Farmer				
	Contributor address;	City;	State; Zip Code		
	2003 Cornelia Trimble Way	,			
	Buda, TX 78610-5154			\$	25.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)	
Date	Full name of contributor		(ID#:)	Amount of contribution	(6)
			(10#)	Amount of contribution	(\$)
08/05/2019	Mark Jones				
	Contributor address; P.O. Box 982	City;	State; Zip Code		
	Kyle, TX 78640			\$	50.00
Principal occur	pation / Job title (See Instructions)		Employer (See Instruct	tions)	
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution	(\$)
08/05/2019	Rod W. Venner				
	Contributor address;	City;	State; Zip Code		
	1680 Hero Way, Apt 4210			¢	50.00
	Leander, TX 78641-3434			\$	50.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)	
	ATTACH ADDIT	ONAL COPIES O	OF THIS SCHEDULE AS N	EEDED	
	If contributor is out-of-state PAC	, please see Instru	uction guide for additional r	reporting requirements.	

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Th	e Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1: 2	28
2 FILER NAME	E			3 Filer ID (Ethics Commission	Filers)
Gary M.	Cutler				
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$	)
08/05/2019	Sirenna Cumberland				
	6 Contributor address; 136 Knoll Cove	City;	State; Zip Code		
	Austin, TX 78737-4655			\$	50.00
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	ctions)	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$	)
08/05/2019	Raymond E. Helm III				
	Contributor address; P.O. Box 992	City;	State; Zip Code		
	Wimberley, TX 78676-0992			\$	50.00
Principal occu	upation / Job title (See Instructions)		Employer (See Instruc	tions)	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$	5)
08/05/2019	Patricia S. Brenner				
	Contributor address;	City;	State; Zip Code		
	306 Plainview Road				
	Wimberley, TX 78676			\$	50.00
Principal occ	upation / Job title (See Instructions)		Employer (See Instruc	ctions)	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$	5)
08/05/2019	Donna P. Stirman				
	Contributor address; 321 Oak Forest Drive	City;	State; Zip Code		
	Buda, TX 78610-3129			\$	100.00
Principal occ	upation / Job title (See Instructions)		Employer (See Instruc	ctions)	
			OF THIS SCHEDULE AS N		
	If contributor is out-of-state PAC	, please see instr	ruction guide for additional	reporting requirements.	

The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 28
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Gary M.	Cutler	
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
08/05/2019	Andrew & Rebecca Cable	
	6 Contributor address; City; State; Zip Code P.O. Box 496	
	Wimberley, TX 78676-0496	\$ 100.00
8 Principal occ	upation / Job title (See Instructions)  9 Employer (See Instructions)	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
08/05/2019	Roger Keats	
	Contributor address; City; State; Zip Code 1001 Oak Meadow Drive	
	Dripping Springs, TX 78620-3962	\$ 100.00
Principal occu	upation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
08/05/2019	Julissa Villapando	
	Contributor address; City; State; Zip Code 130 Bogie Drive	
	San Marcos, TX 78666-8841	\$ 100.00
Principal occu	upation / Job title (See Instructions) Employer (See Instru-	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
08/05/2019	Andrew & Tacie Zelhart	
	Contributor address; City; State; Zip Code P.O. Box 1709	
	San Marcos, TX 78667-1709	\$ 100.00
Principal occu	upation / Job title (See Instructions) Employer (See Instru	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED
	If contributor is out-of-state PAC, please see Instruction guide for additional	reporting requirements.

Th	e Instruction Guide explains ho	w to complete th	is form.	1 Total pages Schedule A1:	28
2 FILER NAME	=			3 Filer ID (Ethics Commission	Filers)
Gary M.					
4 Date	5 Full name of contributor	out-of-state PA	AC (ID#:)	7 Amount of contribution (\$	)
08/05/2019	Karen Russell & Colleen B	onney			
	6 Contributor address;	City;	State; Zip Code	•	
	1061 Ranchers Club Lane			¢	100.00
8 Principal occ	Driftwood, TX 78619-4343 supation / Job title (See Instructions	\$)	9 Employer (See Instruc	\$	100.00
Date	Full name of contributor	out-of-state P/	AC (ID#:)	Amount of contribution (\$	)
08/05/2019	Gary B & Sabrina Tucker				
	Contributor address; P.O. Box 1429	City;	State; Zip Code		
	San Marcos, TX 78667-142	29		\$	100.00
Principal occu	upation / Job title (See Instructions)	)	Employer (See Instruc	ctions)	
Date	Full name of contributor	out-of-state P	AC (ID#:)	Amount of contribution (\$	;)
08/05/2019	Gary R. Stone				
	Contributor address; 3719 Tuscany Drive	City;	State; Zip Code		
	Driftwood, TX 78619			\$	200.00
Principal occ	upation / Job title (See Instructions	)	Employer (See Instruc	ctions)	
Date	Full name of contributor	🗌 out-of-state P/	AC (ID#:)	Amount of contribution (\$	;)
08/05/2019	Charles E. Bonney				
	Contributor address;	City;	State; Zip Code		
	700 Barton Creek Drive Dripping Springs, TX 7862	0-3713		\$	200.00
Principal occ	upation / Job title (See Instructions		Employer (See Instruc		
			OF THIS SCHEDULE AS I	NEEDED	
	If contributor is out-of-state PA				

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 28
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Gary M. C		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
08/05/2019	John S. Anderson	
	6 Contributor address; City; State; Zip Code 305 River Oaks Drive	
	Wimberley, TX 78676-6125	\$ 250.00
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instru	ictions)
Date	Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)
08/05/2019	Lucy Johnson	
	Contributor address; City; State; Zip Code 1921 Lisa Lane	
	San Marcos, TX 78666	\$ 250.00
Principal occu	pation / Job title (See Instructions) Employer (See Instru	ictions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
08/05/2019	Bruce Boardman Contributor address; City; State; Zip Code 215 Nivens Drive	
	Buda, TX 78610	\$ 250.00
Principal occu	pation / Job title (See Instructions) Employer (See Instru	actions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
08/05/2019	Robert K. Parks & Cassie Dyson	
	Contributor address; City; State; Zip Code 890 Moss Rose Lane	
	Driftwood, TX 78619	\$ 250.00
Principal occu	pation / Job title (See Instructions) Employer (See Instru	uctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additiona	

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 28		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
Gary M. C	Cutler			
4 Date	5 Full name of contributor out-of-state PAC (ID#:	) 7 Amount of contribution (\$)		
08/05/2019	James Nicholas Edwards			
	6 Contributor address; City; State; Zip 3820 River Road	Code		
	Wimberley, TX 78676-5141	\$ 250.00		
8 Principal occu	pation / Job title (See Instructions) 9 Employer	(See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)		
08/05/2019	Walt Smith			
	Contributor address; City; State; Zip 167 Vincas Shadow CT	Code		
	Driftwood, TX 78619-8094	\$ 500.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor out-of-state PAC (iD#:	Amount of contribution (\$)		
08/05/2019	Ken Strange			
	Contributor address; City; State; Zip 46 Peace Pipe	Code		
	Wimberley, TX 78676-2148	\$ 500.00		
Principal occu	Dation / Job title (See Instructions) Employer	(See Instructions)		
Date	Full name of contributor	) Amount of contribution (\$)		
08/05/2019	Jeff & Erika Bradley			
	Contributor address; City; State; Zip ( 8200 Sunburst PKWY	Code		
	Round Rock, TX 78681-3446	\$ 500.00		
Principal occuj	Dation / Job title (See Instructions) Employer	(See Instructions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHE			
	If contributor is out-of-state PAC, please see Instruction guide for	additional reporting requirements.		

08/05/2019       Ray Whisenant Jr.         Contributor address;       City;       State;       Zip Code         22501 RR12       Dripping Springs, TX 78620       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contributor         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contributor         08/05/2019       Jamie R. Page       City;       State;       Zip Code         Contributor address;       City;       State;       Zip Code         Valuation, TX 78728-6877       Employer (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:		
4 Date       5 Full name of contributor       out-of-state PAC (ID#	\$	
08/05/2019       Landis Shoe Clinic - R. Mendez         6       Contributor address;       City;       State;       Zip Code         120 S. LBJ Drive       San Marcos, TX 78666-5506       9       Employer (See Instructions)         Bate       Full name of contributor       out-of-state PAC (ID#	\$	
6       Contributor address; 120 S. LBJ Drive San Marcos, TX 78666-5506       State; Zip Code         8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#		250.00
120 S. LBJ Drive San Marcos, TX 78666-5506         8       Principal occupation / Job title (See Instructions)         9       Employer (See Instructions)         Date       Full name of contributor         08/05/2019       Ray Whisenant Jr.         Contributor address; 22501 RR12       City;       State;       Zip Code         Dripping Springs, TX 78620       Employer (See Instructions)       Amount of contributor address;         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contributor address;         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contributor address;         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contributor address;         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contributor address;         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contributor address;         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contributor in out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contributor in out-of-state PAC (ID#:)         Date       Full name of contributor		250.00
San Marcos, TX 78666-5506         8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contributor         Date       Full name of contributor address;       City;       State;       Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contributor         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contributor         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contributor         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contributor         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contributor         Date       Full name of contributor       City;       State;       Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contributor         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contributor         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of cont-of-state PAC (ID#:) <td></td> <td>250.00</td>		250.00
8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:		250.00
Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contributor of contributor address;         08/05/2019       Ray Whisenant Jr.       Contributor address;       City;       State;       Zip Code       Amount of contributor of contributor address;         22501 RR12       Dripping Springs, TX 78620       Employer (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contributor of contributor address;         08/05/2019       Jamie R. Page       Contributor address;       City;       State;       Zip Code         08/05/2019       Jamie R. Page       Contributor address;       City;       State;       Zip Code         Principal occupation / Job title (See Instructions)       City;       State;       Zip Code       Amount of contributor address;         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contributor         Date       Full name of contributor       Out-of-state PAC (ID#	f contribution (	
Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contributors)         Date       Full name of contributor       City:       State:       Zip Code         08/05/2019       Full name of contributor       Out-of-state PAC (ID#:)       Amount of contributor contributor         Date       Full name of contributor       City:       State:       Zip Code         08/05/2019       Jamie R. Page       City:       State:       Zip Code         Contributor address:       City:       State:       Zip Code         08/05/2019       Jamie R. Page       City:       State:       Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contributor address:         Date       Full name of contributor       City:       State:       Zip Code         Date       Full name of contributor       City:       State:       Zip Code         Date       Full name of contributor       City:       State:       Zip Code         Date       Full name of contributor       Out-of-state PAC (ID#:	f contribution (	
Contributor address;       City;       State;       Zip Code         22501 RR12       Dripping Springs, TX 78620       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         08/05/2019       Jamie R. Page       City;       State;       Zip Code         Contributor address;       City;       State;       Zip Code         Amount of contributor address;       City;       State;       Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contributor         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contributor         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contributor         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contributor		(\$)
Contributor address;       City;       State;       Zip Code         22501 RR12       Dripping Springs, TX 78620       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         08/05/2019       Jamie R. Page       City;       State;       Zip Code         Contributor address;       City;       State;       Zip Code         Amount of contributor address;       City;       State;       Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contributor         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contributor         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contributor         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contributor		
Dripping Springs, TX 78620         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of contributor address;       City;       State;       Zip Code         Valuatin, TX 78728-6877       Employer (See Instructions)       Employer (See Instructions)         Date       Full name of contributor address;       City;       State;       Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of contributor		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of control         08/05/2019       Jamie R. Page       Contributor address;       City;       State;       Zip Code         Contributor address;       City;       State;       Zip Code       Amount of control         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of control	\$	250.00
08/05/2019       Jamie R. Page         Contributor address; 14404 Sandy Side Drive Austin, TX 78728-6877       City; State; Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)		
Contributor address; 14404 Sandy Side Drive Austin, TX 78728-6877       City; State; Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)	f contribution (	(\$)
14404 Sandy Side Drive Austin, TX 78728-6877         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Date         Full name of contributor         Out-of-state PAC (ID#:)         Amount of contributor		
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Date       Full name of contributor		
Date Full name of contributor out-of-state PAC (ID#:) Amount of c	\$	500.00
	f contribution	(\$)
08/05/2019 Charles D. Nash		
Contributor address; City; State; Zip Code P.O. Box 1007		
San Marcos, TX 78667-1007	\$	500.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 28
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Gary M. C	utler	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
08/05/2019	Dolores Juarez Scott	
	6 Contributor address; City; State; 11030 Mt Sharp Road	Zip Code
	Wimberley, TX 78676	\$ 500.00
8 Principal occu	pation / Job title (See Instructions) 9 Emp	loyer (See Instructions)
Date	Full name of contributor Out-of-state PAC (ID#	) Amount of contribution (\$)
08/05/2019	Mary Pat & Samuel R. Paul	
	Contributor address; City; State; 310 Springwood Road	Zip Code
	Dripping Springs, TX 78620	\$ 1,000.00
Principal occuj	eation / Job title (See Instructions) Emp	loyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
08/05/2019	Richard R. Scott 1991 Trust	
	Contributor address; City; State; 11030 Mt Sharp Road	Zip Code
	Wimberley, TX 78676	\$ 1,000.00
Principal occu	Emp	loyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
08/05/2019	Lanette Lowden	
	Contributor address; City; State; 4995 Lone Man Mountain Road	Zip Code
	Wimberley, TX 78676	\$ 1,000.00
Principal occu	bation / Job title (See Instructions) Emp	loyer (See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS	
	If contributor is out-of-state PAC, please see Instruction gu	

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 28
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Gary M. C	Cutler	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
08/12/2019	Shelby G. & Veronica L. Eckols	
	6 Contributor address; City; State; Zip Code P.O. Box 106	
	Driftwood, TX 78619-0106	\$ 100.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	uctions)
Date	Full name of contributor  out-of-state PAC (ID#:	Amount of contribution (\$)
08/12/2019	Lee F. Taylor	
	Contributor address; City; State; Zip Code 310 Juniper Drive	
	Mountain City, TX 78610-9283	\$ 200.00
Principal occup	bation / Job title (See Instructions) Employer (See Instru	ictions)
Date	Full name of contributor   out-of-state PAC (ID#:)	Amount of contribution (\$)
08/12/2019	Michael J. Kaiman	
	Contributor address; City; State; Zip Code 727 Sentry Hill	
	San Antonio, TX 78260-2977	\$ 500.00
Principal occup	bation / Job title (See Instructions) Employer (See Instru	uctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
08/12/2019	Addisu T. Negash	
	Contributor address; City; State; Zip Code 13250 Cipresso Palco	
	San Antonio, TX 78253	\$ 100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instru	uctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	
	If contributor is out-of-state PAC, please see Instruction guide for additiona	I reporting requirements.

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 28
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Gary M. C	Cutler	
4 Date	5 Full name of contributorout-of-state PAC (ID#:	7 Amount of contribution (\$)
08/12/2019	James Olmstead	
	6 Contributor address; City; State; Zip Code 16104 Pool Canyon Road	
	Austin, TX 78734-1314	\$ 100.00
8 Principal occu	apation / Job title (See Instructions) 9 Employer (See I	nstructions)
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)
08/12/2019	Kevin A. Machcinski	
	Contributor address; City; State; Zip Code 276 Clear Pond Cove	
	Austin, TX 78737-4577	\$ 100.00
Principal occu	pation / Job title (See Instructions) Employer (See In	nstructions)
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)
10/15/2019	Marc A. Rodriguez	
10/10/2010	Contributor address; City; State; Zip Code	
	1122 Colorado Street, Suite 2399	
	Austin, TX 78701	\$ 500.00
Principal occu	pation / Job title (See Instructions) Employer (See I	nstructions)
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)
10/15/2019	Becky J. McCullough	
	Contributor address; City; State; Zip Code 821 Southriver	
	Wimberley, TX 78676	\$ 200.00
Principal occu	pation / Job title (See Instructions) Employer (See I	nstructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	
	If contributor is out-of-state PAC, please see Instruction guide for addit	ional reporting requirements.

TL	a lastaution Quide ambine how to complete this form	1 Total pages Schedule A1: 28
	e Instruction Guide explains how to complete this form.	
2 FILER NAM		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
10/15/2019	Barbara Steidinger	
	6 Contributor address; City; State; Zip Contributor Address; City; Sta	de
	Dripping Springs, TX 78620	\$ 500.00
8 Principal occ	cupation / Job title (See Instructions) 9 Employer (Se	e Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
10/15/2019	Joseph A. Turner	
	Contributor address; City; State; Zip Co 1504 West Avenue	de
	Austin, TX 78701	\$ 250.00
Principal occ	upation / Job title (See Instructions) Employer (Se	e Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
10/15/2019	Eugene Watcon	
	Contributor address; City; State; Zip Co	de l
	100 Norwood Loop	
	Dripping Springs, TX 78620	\$ 20,00
Principal occ	upation / Job title (See Instructions) Employer (Se	e Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)
10/15/2019	Diana Manweiler	
	Contributor address; City; State; Zip Coo 790 Enchanted Oaks Drive	de
	Driftwood, TX 78619	\$ 40.00
Principal occ	upation / Job title (See Instructions) Employer (Se	e Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	
	If contributor is out-of-state PAC, please see Instruction guide for ad	

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 28
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Gary M. (		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
10/18/2019	Janice Freeman	
	6 Contributor address; City; State; Zip Code 109 Ranchers Club Lane	
	Driftwood, TX 78619	\$ 25.00
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Ins	structions)
Date	Full name of contributor	) Amount of contribution (\$)
11/01/2019	Cassie Dyson	
	Contributor address; City; State; Zip Code	
	890 Moss Rose Lane	
	Driftwood, TX 78619	\$ 150.00
Principal occu	pation / Job title (See Instructions) Employer (See Ins	tructions)
Date	Full name of contributor	_) Amount of contribution (\$)
11/20/2019	Zachary Graham	
	Contributor address; City; State; Zip Code 4710 W. US 290	
	Dripping Springs, TX	\$ 40.00
Principal occu	pation / Job title (See Instructions) Employer (See Ins	structions)
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)
12/03/2019	Jeff Faurie	
	Contributor address; City; State; Zip Code	
	622 Forest View Drive	
	Blanco, TX 78606	\$ 200.00
Principal occu	pation / Job title (See Instructions) Employer (See Ins	structions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	SNEEDED
	If contributor is out-of-state PAC, please see Instruction guide for addition	

The	Instruction Guide explains how to complete t	his form.	1 Total pages Schedule A1: 28
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Gary M.			
4 Date	5 Full name of contributor Out-of-state	7 Amount of contribution (\$)	
12/05/2019	Wellpath PAC 10/16		
	6 Contributor address; City; 1283 Murfreesboro Road, Suite 500	State; Zip Code	
	Nashville, TN 37217		\$ 2,500.00
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
12/23/2019	Mary M. Dement & Dennis D. Dement TE Contributor address; City; 14201 FM 150 W	N ENT State; Zip Code	
	Driftwood, TX 78619		\$ 500.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
12/31/2019	Wayne Appelt		
	Contributor address; City; 9000 West Fitzhugh Road	State; Zip Code	
	Dripping Springs, TX 78620		\$ 100.00
Principal occi	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIE If contributor is out-of-state PAC, please see In		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2: 02
<sup>2</sup> FILER NAME Gary M. (			3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date       6 Full name of contributor       □ out-of-state PAC (ID#:			8 Amount of Contribution \$ 9 In-kind contribution \$ 6,995.00 Facility - Thurman's Mansion and Catering & Set up, Clean up crew Check if travel outside of Texas. Complete Schedule T.
	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions) Salt Lick BBQ Restaurant
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 08/09/2019	Full name of contributor out-of-state PAC (ID#: Scott Roberts, Salt Lick BBQ Contributor address; City; State; 18300 FM 1826 Driftwood, TX 78619	Zip Code	Amount of Contribution \$ In-kind contribution \$ 1,157.19 Facility - Thurman's Mansion, Wait Staff and Refreshments Check if travel outside of Texas. Complete Schedule T.
	upation / Job title (FOR NON-JUDICIAL) (See Instructions) t Owner/Manager		er (FOR NON-JUDICIAL)(See Instructions) Salt Lick BBQ Restaurant
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n 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 T If contributor is out-of-state PAC, please see Instructi		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

	a lastruction Quide evaluate how to complete this form		1 Total pages Schedule A2: 02
I	ne Instruction Guide explains how to complete this form	I.	02
2 FILER NAM			3 Filer ID (Ethics Commission Filers)
Gary M.	Cutler		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution Contribution \$ . description	
12/06/2019	A&E Signs and Graphics		\$ 500.66 50-Yard Campaign Signs
	7 Contributor address; City; State; 1030 W. Goforth Road	Zip Code	& Wires
	Buda, TX 78610		Check if travel outside of Texas. Complete Schedule T.
	cupation / Job title (FOR NON-JUDICIAL)(See Instructions) t Owner/Manager		er (FOR NON-JUDICIAL)(See Instructions) ns and Graphics
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 Contribution \$ . description
			·
	Contributor address; City; State;	Zip Code	
			Check if travel outside of Texas. Complete Schedule T.
Principal occ	cupation / 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 fim	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		and the second se
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instruction		

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

		<b>EXPENDITURE CATE</b>	GORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica 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 Expens Travel In District Travel Out Of District Other (enter a category not listed above)	
		The Instruction Guide explai	ins how to co	omplete this form.		
1 Total pages Schedule F1: 15	2 FILER N Gary M				3 Filer ID (Ethi	cs Commission Filers)
4 Date 07/02/2019	5 Payee na Anedot	ame				
6 Amount (\$) \$.70		<sup>ddress;</sup> cKinney Ave, 7th Floor TX 75201		City;	State;	Zip Code
8	(a) Catego	ry (See Categories listed at the top of this	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE					rocessing Fees	
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aus	tin, TX, officeholder livi	ng expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name	name Office sought Office held			
Date	Payee na	ame				
07/03/2019	Majority	Strategies, LLC				
Amount (\$) Payee address; City; \$ 2,500.00 Payee address; City; 12854 Kenan Drive, Suite 145 Jacksonville, FL 32258		State;	Zip Code			
	Catagon			Description	20.4	
PURPOSE		y (See Categories listed at the top of this ng Expense	schedule)	Description Political Consult	ting Services - I	Digital Adds
OF	Conoun			T Ondoar Oorisan		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	tin, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
07/08/2019	Minuten	nan Press				
Amount (\$) \$ 25.71		<sup>ddress;</sup> . 6th Street, Suite B TX 78703		City; State; Zip Code		
	Catogon	/ (See Categories listed at the top of this	a a ha dula	Description		
PURPOSE OF EXPENDITURE		Expense	schedule)	Fund Raiser Eve	ent Invitations	
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder livir	ig expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS S	SCHEDULE AS NEI	EDED	and the second sec

SCHEDULE F1

#### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 15	2 FILER NAME Gary M. Cutler		3 Filer ID (Ethics Commission Filers)
4 Date 07/09/2019	5 Payee name Sam's Club - Store #4720		
6 Amount (\$) \$ 31.74	7 Payee address; 4970 W. HWY 290 Austin, TX 78735	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of thi Event Expense		Fund Raiser Event Desserts
	(c) Check if travel outside of Texas. Complete	Schedule T. Check if Au	stin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
07/09/2019	Party City - Store #363		
Amount (\$) \$ 22.66	Payee address; 5601 Brodie Lane Austin, TX 78745	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Event Expense		Fund Raiser Event Decorations
	Check if travel outside of Texas. Complete	Schedule T. Check if Au	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
07/09/2019	Hobby Lobby - Store #130		
Amount (\$) \$ 49.71	Payee address; 933 Highway 80 East San Marcos, TX 78666	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Event Expense		Fund Raiser Event Decorations
	Check if travel outside of Texas. Complete	Schedule T. Check if Au	stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	S OF THIS SCHEDULE AS NE	EDED
orms provided by Texas Eth	ics Commission www.ethi	cs.state.tx.us	Revised 9/26/

#### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Exp Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1: 15	2 FILER N Gary M.				3 Filer ID (Ethic	s Commission Filers)
4 Date 07/11/2019	5 Payee name Minuteman Press					
6 Amount (\$) \$ 29.95		ddress; 6th Street, Suite B FX 78703	State;	Zip Code		
8 PURPOSE OF EXPENDITURE		y (See Categories listed at the top of thi Expense	s schedule)	(b) Description Fund Raiser E	Event Invitations	
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
07/15/2019	WIX.com	n Inc.				
Amount (\$) \$ 9.90	Payee ad			City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category Fees	<ul> <li>(See Categories listed at the top of this</li> </ul>	schedule)	Description Monthly Webs	ite Fee	
		Check if travel outside of Texas. Complete	Schedule T.	e T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
07/17/2019	Avery -	Corporate Headquarters				
Amount (\$) \$ 15.16	Payee ac 207 Goo Glendal			City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category Event E	<ul> <li>(See Categories listed at the top of this xpense</li> </ul>	schedule)	Description Printing Labels	For Fund Raise	er Invitation Mailing
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	tin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		late / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	S OF THIS	SCHEDULE AS NE	EDED	
Forms provided by Texas Eth	nics Commiss	ion www.ethi	cs.state.tx.u	US		Revised 9/26/201

Revised 9/26/2019

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Offi Food/Beverage Expense Pol y Gift/Awards/Memorials Expense Prir I Committee Legal Services Sal	Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Pnnting Expense	
Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
15	Gary M. Cutler		
4 Date 07/18/2019	5 Payee name Majority Strategies, LLC		
3 Amount (\$) \$	7 Payee address; 12854 Kenan Drive, Suite 145 Jacksonville, FL 32258	City;	State; Zip Code
B PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Consulting Expense		vices, Design & Printing Of kers
	(C) Check if travel outside of Texas. Complete Schedul	eT. Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI-	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
07/21/2019	Amazon.com, Inc.		
Amount (\$) \$ 44.49	Payee address; P.O. Box 81226 Seattle WA 98108	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu Event Expense		ions For Fund Raiser Event
	Check if travel outside of Texas. Complete Schedul	e T. Check if Aust	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
07/22/2019	Texas Citizen Police Academy Alumni	Association (TCPAAA	) c/o San Marcos Police Dept.
Amount (\$) \$ 250.00	Payee address; 2300 S. IH35	City;	State; Zip Code
	San Marcos, TX 78666		
	Category (See Categories listed at the top of this schedu	le) Description	
PURPOSE	Contributions/Donations Made By	Donation As H	onor Sponsor For Support Of
OF EXPENDITURE	Candidate/Office Holder	TCPAAA	·
	Check if travel outside of Texas. Complete Schedule	eT. Check if Aust	in, TX, officeholder living expense

SCHEDULE	<b>F1</b>
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	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services	Fees         Office Overhead/Rental Expense           Food/Beverage Expense         Polling Expense           Gift/Awards/Memorials Expense         Printing Expense	
1 Total pages Schedule F1: 15	2 FILER NAME Gary M. Cutler		3 Filer ID (Ethics Commission Filers)
4 Date 07/23/2019	5 Payee name Minuteman Press		
6 Amount (\$) \$ 67.84	7 Payee address; 1221 W. 6th Street, Suite B Austin, TX 78703	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s Printing Expense		For Fund Raiser Event
9 Complete ONLY if direct	(c) Check if travel outside of Texas. Complete Sc Candidate / Officeholder name	hedule T. Check if Aus Office sought	stin, TX, officeholder living expense Office held
expenditure to benefit C/O	4		
Date	Payee name		
07/25/2019	Samuel Paul		
Amount (\$) \$ 800.00	Payee address; 310 Springwood Road Dripping Springs, TX 78620	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so Event Expense	Petty Cash Use	ed To Tip Set Up and Clean Up Fund Raiser Event.
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 07/26/2019	Payee name Republican Party of Texas - Grassr	roots Club	
Amount (\$) \$ 8.25	Payee address: 211 E. 7th Street, Suite #915 Austin, TX 78701	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so Fees	Monthly Memb	pership Fee
	Check if travel outside of Texas. Complete Sc	hedule T. Check if Aus	ttin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
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# SCHEDULE F1

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense L Fees C Food/Beverage Expense F y Gift/Awards/Memorials Expense F	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
1 Total pages Schedule F1: 15	2 FILER NAME Gary M. Cutler					
4 Date 08/01/2019	5 Payee name CTDRC - Central Texas Dispute Res	olution Center				
6 Amount (\$) \$ 100.00	<ul> <li>7 Payee address;</li> <li>300 S. CM Allen Parkway, Suite 400</li> <li>San Marcos, TX 78666</li> </ul>	City;	State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Contributions/Donations Made By Candidate/Officeholder	onation				
	(c) Check if travel outside of Texas. Complete Sche	dule T. Check if Aust	in, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/Or	Candidate / Officeholder name I	Office sought	Office held			
Date	Payee name					
08/01/2019	The Friends Foundation					
Amount (\$) \$ 250.00	Payee address; P.O. Box 8 Dripping Springs, TX 78620	City;	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Contributions/Donations Made By Candidate/Officeholder		oonsor Fund Raiser BBQ			
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austi	n, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date 08/02/2019	Payee name Anedot					
Amount (\$) \$ 259.50	Payee address; 1920 McKinney Ave, 7th Floor Dallas, TX 75201	City;	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Fees		e Transaction Processing Fees			
	Check if travel outside of Texas. Complete Scher	dule T. Check if Austi	n, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	EDED			

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		EXPENDITURE CATE		OR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gitt/Awards/Memorials Expense     Printing Expense       Legal Services     Salaries/Wages/Contract Labor		head/Rental Expense ense pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1: 15	2 FILER NAME Gary M. Cutler				3 Filer ID (Ethics	Commission Filers)	
4 Date 08/10/2019	5 Payee na						
6 Amount (\$) \$ 500.00	7 Payee ad P.O. Box San Mar			City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE				(b) Description Donation To Sponsor Annual HCRP Picnic			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	/ if direct Candidate / Officeholder name Office sought				in, TX, officeholder living	office held	
Date 08/12/2019	Payee na Reid's La	me aundry & Dry #2					
Amount (\$) \$ 138.03		<sup>dress;</sup> S 290 #220 Springs, TX 78620		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category Event Ex	(See Categories listed at the top of this <b>PENSE</b>	schedule)		Description Cleaning Expense For Table Cloths Used For Fund Raising Event		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder living	expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held	
Date 08/15/2019	Payee na WIX.com						
Amount (\$) \$ 9.90	Payee ad	dress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category Fees	(See Categories listed at the top of this	schedule)	Description Monthly Websit	e Fee		
		Check if travel outside of Texas. Complete \$	Schedule T.	Check if Austi	n, TX, officeholder living	expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		te / Officeholder name		Office sought		Office held	
	ATI	ACH ADDITIONAL COPIES	S OF THIS S	CHEDULE AS NEE	EDED	in and	

		EXPENDITURE CATE	GORIES	OR 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 The Instruction Guide explai	Office Overhead/Rental Expense everage Expense Polling Expense ards/Memorials Expense Printing Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1: 15		<sup>2</sup> FILER NAME Gary M. Cutler				3 Filer ID (Et	hics Commission Filers)
4 Date 08/26/2019	5 Payee na Republic	ime can Party of Texas - Gras	sroots Clu	ıb			
6 Amount (\$) \$ 8.25		<sup>Idress;</sup> th Street #915 <sup>-</sup> X 78701		C	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)       (b) Description         Fees       Monthly Me				ership Fee		
	(c)	Check if travel outside of Texas. Complete	Schedule T.		Check if Aust	tin, TX, officeholder lin	ving expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name	name Office sought				Office held
Date	Payee na	me					
09/04/2019	HCRW -	Hays County Republican	Women				
Amount (\$) \$ 100.00	Payee ac P.O. Box San Mar			C	ity;	State;	Zip Code
PURPOSE OF EXPENDITURE	Contribu	r (See Categories listed at the top of this tions/Donations Made By te/Officeholder		Description Donation To Sponsor BBQ Event			
		Check if travel outside of Texas. Complete	Schedule T.		Check if Aust	tin, TX, officeholder liv	ving expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name	e Office sought				Office held
Date	Payee na	ame					
09/04/2019	Togethe	r For A Cause, Inc Attn:	Roland S	Saucedo			
Amount (\$) \$ 200.00	Payee ac P.O. Box			С	ity;	State;	Zip Code
	San Mar	cos, TX 78667					
PURPOSE OF EXPENDITURE	Contribut	(See Categories listed at the top of this ions/Donations Made By e/Officeholder	schedule)	Donati	ription ion To Su Seis Cel	upport Event F lebration	or
		Check if travel outside of Texas. Complete	Schedule T.		Check if Aust	in, TX, officeholder liv	ving expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office	e sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDU	EASNE	EDED	

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense y Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 15	2 FILER NAME Gary M. Cutler		3 Filer ID (Ethics Commission Filers)
4 Date 09/05/2019	5 Payee name US Postal Service		
6 Amount (\$) \$ 55.00	7 Payee address; 1450 W. Highway 290 Dripping Springs, TX 78620-9998	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sc Office Overhead/Rental Expense		ice Supplies Of Postage Stamps
	(c) Check if travel outside of Texas. Complete Sch	edule T. Check if Aus	stin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
09/14/2019	Majority Strategies, LLC		
Amount (\$) \$ 682.00	Payee address; 12854 Kenan Drive, Suite 145 Jacksonville, FL 32258	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch Consulting Expense	vices, Design & Printing Of	
	Check if travel outside of Texas. Complete Sch	edule T. Check if Aus	stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
09/14/2019	CASA Of Central Texas		
Amount (\$) \$ 150.00	Payee address; 1619 E. Common Street, Suite 301 New Braunfels, TX 78130	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch Contributions/Donations Made By Candidate/Officeholder		rchase Brick Paver For New
	Check if travel outside of Texas. Complete Sche	edule T. Check if Aus	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES C	OF THIS SCHEDULE AS NE	EDED

<u> </u>		EXPENDITURE CATE	GORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense       Loan Repayment/Reimbursement         Fees       Office Overhead/Rental Expense         Food/Beverage Expense       Polling Expense         Gift/Awards/Memorials Expense       Printing Expense         Legal Services       Salaries/Wages/Contract Labor         The Instruction Guide explains how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:					3 Filer ID (Ethic	s Commission Filers)
15	Gary M.					
4 Date	5 Payee na					
09/15/2019	WIX.cor			0.1	Otata	Zin Onda
6 Amount (\$) \$ 9.90	7 Payee a			City;	State;	Zip Code
8	(a) Catego	ry (See Categories listed at the top of thi	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees			Monthly Websi	ite Fee	
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	tin, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
Date	Payee na	ame				
09/19/2019	Wimber	ley Valley Radio 94.1FM				
Amount (\$) \$ 200.00		<sup>ddress;</sup> Kyle Road, Suite 108 ley, TX 78676-2831		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Contribut	y (See Categories listed at the top of this tions/Donations Made By re/Officeholder	schedule)	Description Donation To Ra Interviews	adio Operations	For Candidate
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	tin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI-		late / Officeholder name		Office sought Office held		
Date	Payee n	ame				STAR A
09/26/2019	Republie	can Party of Texas - Gras	sroots Clul	b		
Amount (\$) \$ 8.25		<sup>ddress;</sup> 7th Street #915 TX 78701		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category Fees	(See Categories listed at the top of this	schedule)	Description Monthly Memb	ership Fee	
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct	Candio	late / Officeholder name		Office sought		Office held

SCHEDULE	<b>F1</b>
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	EXPENDITURE CATEO	ORIES FOR	BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Pnnting Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1: 15	2 FILER NAME Gary M. Cutler		<u>, , , , , , , , , , , , , , , , , , , </u>	3 Filer ID (Ethic	s Commission Filers)
4 Date 10/02/2019	5 Payee name Italian Garden				
6 Amount (\$) \$ 36.09	7 Payee address; 415 N. LBJ Drive San Marcos, TX 78666		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)       (b) Description         Food/Beverage Expense       Interview Meeting With Texas State Un College Republican Student				State University
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O					
Date 10/09/2019	Payee name Wimberley Education Foundation				
Amount (\$) \$ 250.00	Payee address; P. O. Box 2492 Wimberley, TX 78676		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this se Contributions/Donations Made By Candidate/Officeholder		Description nation In Sup	oport Of Fund Ra	aiser Event
	Check if travel outside of Texas. Complete So	chedule T.	Check if Aust	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	C	Office sought		Office held
Date	Payee name				
10/15/2019	WIX.com, Inc.				
Amount (\$) \$ 9.90	Payee address; New York, NY		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so Fees	,	Description Onthly Websit	e Fee	
	Check if travel outside of Texas, Complete Sc	hedule T.	Check if Austi	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	(	Office sought		Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHE	DULE AS NEI	EDED	

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		EXPENDITURE CATE	GORIES F	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense       Loan Repayment/Reimbursement         Fees       Office Overhead/Rental Expense         Food/Beverage Expense       Polling Expense         Gift/Awards/Memorials Expense       Printing Expense         Committee       Legal Services		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Croat care r aymont		The Instruction Guide explain	ns how to c	omplete this form.		
1 Total pages Schedule F1: 15	2 FILER N Gary M				3 Filer ID (Ethic	s Commission Filers)
4 Date 10/16/2019	5 Payeen Miss Re	<sup>ame</sup> d's Place				
6 Amount (\$) \$ 150.00	7 Payee a 211 Cla Buda, T			City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	Contribu	ry (See Categories listed at the top of this tions/Donations Made By te/Officeholder	s schedule)		oonsor Food For ctive Shooter Tra	CRASE - Civilian aining
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	tin, TX, officeholder living	) expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
Date	Payee n	ame				
10/18/2019	PAY PA	NL, Inc				
Amount (\$) \$ 1.03		<sup>ddress;</sup> 7. Parmer Lane TX 78729		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor Fees	y (See Categories listed at the top of this	schedule)	Description PAY PAL Web	osite Transaction	Processing Fee
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	tin, TX, officeholder living	a expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
Date	Payeer	ame				
10/26/2019	Republi	can Party of Texas - Grass	sroots Clu	ıb		
Amount (\$) \$ 8.25		<sup>ddress;</sup> 7th Street #915 TX 78701		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Categor Fees	y (See Categories listed at the top of this	schedule)	Description Monthly Memb	ership Fee	
		Check if travel outside of Texas. Complete S	Schadule T.	Check if Aust	tin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NE	EDED	

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	Fees C Food/Beverage Expense C Gift/Awards/Memorials Expense C	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	1		3 Filer ID (Ethics Commission Filers)		
15	Gary M. Cutler				
4 Date	5 Payee name				
10/29/2019	WIX.com, Inc.				
6 Amount (\$) \$ 216.00	7 Payee address; P.O. Box 40190 San Francisco, CA United States	City;	State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Fees	ries listed at the top of this schedule) (b) Description Campaign Website 2 Year Upgrade Fee			
	(c) Check if travel outside of Texas. Complete Sche	edule T. Check if Aust	tin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
11/12/2019	Hays County Republican Party				
Amount (\$) \$ 750.00	Payee address; P.O. Box 1655 San Marcos, TX 78667	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Fees		e For Place On Ballot		
	Check if travel outside of Texas. Complete Sche	edule T. Check if Aust	tin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
11/15/2019	WIX.com, Inc.				
Amount (\$) \$ 9.90	Payee address; New York, NY	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Fees	edule) Description Monthly Websi	te Fee		
	Check if travel outside of Texas. Complete Sche	dule T. Check if Aust	in, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED		
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		EXPENDITURE CATE	GORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor	Travel In District Travel Out Of District	pment & Related Expense
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)
15	Gary M.	Cutler				
4 Date 11/26/2019	5 Payee na Republic	<sup>ame</sup> can Party of Texas - Grass	sroots Clul	0		
6 Amount (\$) \$ 8.25		<sup>ddress;</sup> ′th Street #915 ୮X 78701		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees			(b) Description Monthly Membership Fee		
	(c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense		
Complete <u>QNLY</u> if direct Candidate / Officeholder name expenditure to benefit C/OH				Office sought Office held		
Date	Payee na	ame				
12/03/2019	Anedot					
Amount (\$) \$ 8.30		<sup>ddress;</sup> cKinney Ave, 7th Floor FX 75201		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees			Description Anedot Transaction Processing Fees		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		late / Officeholder name		Office sought		Office held
Date	Payeen	ame				
12/15/2019	WIX.con	n, Inc.				
Amount (\$) \$ 9.90	Payee ad			City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category Fees	/ (See Categories listed at the top of this s	schedule)	Description Monthly Websi	ite Fee	
	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		late / Officeholder name		Office sought		Office held
	4			Office sought		

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EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1: 15	2 FILER NAME Gary M. Cutler		3 Filer ID (Ethics Commission Filers)			
4 Date 12/17/2019	5 Payee name Hays County Republican Party					
6 Amount (\$) \$ 250.00	7 Payee address; P.O. Box 1655 San Marcos, TX 78667	City;	State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Contributions/Donations Made By Candidate/Officeholder		Donation To Sponsor Annual HCRP Christmas			
	(c) Check if travel outside of Texas. Complete S	Schedule T. Check if Aust	Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held			
Date 12/26/2019	Payee name Republican Party of Texas - Grass	sroots Club				
Amount (\$) \$ 8.25	Payee address; 211 E. 7th Street #915 Austin, TX 78701	City;	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s Fees		Description Monthly Membership Fee			
	Check if travel outside of Texas. Complete S	chedule T. Check if Aust	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					
Amount (\$)	Payee address;	City;	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s	schedule) Description				
	Check if travel outside of Texas. Complete S	chedule T. Check if Aust	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED			

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