

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Gary M. Cutler

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,500.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	5,626.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	47,028.27
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

AFFIX NOTARY STAMP / SEAL ABOVE

Gary Cutler
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Gary Cutler, this the 31 day of January, 2020, to certify which, witness my hand and seal of office.

Sandra Galvan
Signature of officer administering oath

Sandra Galvan
Printed name of officer administering oath

HR Coordinator
Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Gary M. Cutler		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3,500.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 5,626.75
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 03
2 FILER NAME Gary M. Cutler		3 Filer ID (Ethics Commission Filers)
4 Date 01/07/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Traeger 6 Contributor address; City; State; Zip Code 102 Colleen Court San Marcos, TX 78666	7 Amount of contribution (\$) \$ 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/08/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephanie Wottrich Contributor address; City; State; Zip Code 2121 East Oltorf Street Austin, TX 78741	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/09/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George & Jackie Vanderhule Contributor address; City; State; Zip Code 712 Moss Rose Lane Driftwood, TX 78719	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/16/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pete McRae Cunsultancy, LLC Contributor address; City; State; Zip Code P.O. Box 2454 Georgetown, TX 78627	Amount of contribution (\$) \$ 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 03

2 FILER NAME
Gary M. Cutler

3 Filer ID (Ethics Commission Filers)

4 Date
01/16/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
Michael R. Davis

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
2420 Summit Ridge Drive
San Marcos, TX 78666

\$ 500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
01/16/2020

Full name of contributor out-of-state PAC (ID#: _____)
Dr. Douglas E. Webb

Amount of contribution (\$)

Contributor address; City; State; Zip Code
15018 Blossom Bay Drive
Houston, TX 77059

\$ 500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/16/2020

Full name of contributor out-of-state PAC (ID#: _____)
Linda Kinney

Amount of contribution (\$)

Contributor address; City; State; Zip Code
158 Napa Ridge
Comfort, TX 78013

\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/21/2020

Full name of contributor out-of-state PAC (ID#: _____)
Laurie Brown

Amount of contribution (\$)

Contributor address; City; State; Zip Code
3400 Timberwood Circle
Austin, TX 78703-1013

\$ 1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **03**

2 FILER NAME
Gary M. Cutler

3 Filer ID (Ethics Commission Filers)

4 Date
01/21/2020

5 Full name of contributor out-of-state PAC (ID#: _____)
James Farr

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
1011 Westland Ridge Road
Dripping Springs, Tx 78620

\$ 300.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
01/23/2020

Full name of contributor out-of-state PAC (ID#: _____)
Randall K. Daugherty

Amount of contribution (\$)

Contributor address; City; State; Zip Code
5401 Jessica Lane
Austin, TX 78727

\$ 500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
01/23/2020

Full name of contributor out-of-state PAC (ID#: _____)
Ken C. Nicolas

Amount of contribution (\$)

Contributor address; City; State; Zip Code
611 Roy Creek Trail
Dripping Springs, TX

\$ 200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F1: 04	2 FILER NAME Gary M. Cutler	3 Filer ID (Ethics Commission Filers)
4 Date 01/02/2020	5 Payee name Act 3 Screenprinting	
6 Amount (\$) \$ 478.01	7 Payee address; City; State; Zip Code P.O. Box 898 Dripping Springs, TX 78620	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Printing Campaign T-Shirts
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/02/2020	Payee name Anedot	
Amount (\$) \$ 4.30	Payee address; City; State; Zip Code 1920 McKinne Ave, 7th Floor Dallas, TX 75201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Anedot Website Credit Card Processing Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/06/2020	Payee name San Marcos Area Republican Texas Group, Naomi Narvaiz	
Amount (\$) \$ 75.00	Payee address; City; State; Zip Code 284 Cordero Drive San Marcos, TX 78666	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Office Holder	Description Sponsor For Annual Candidate Breakfast
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 04	2 FILER NAME Gary M. Cutler	3 Filer ID (Ethics Commission Filers)
4 Date 01/07/2020	5 Payee name Anedot	
6 Amount (\$) \$ 2.30	7 Payee address; City; State; Zip Code 1920 McKinney Ave, 7th Floor Dallas, TX 75201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Anedot Website Credit Card Processing Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/08/2020	Payee name Anedot	
Amount (\$) \$ 4.30	Payee address; City; State; Zip Code 1920 McKinney Ave, 7th Floor Dallas, TX 75201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Anedot Website Credit Card Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/09/2020	Payee name Anedot	
Amount (\$) \$ 4.30	Payee address; City; State; Zip Code 1920 McKinney Ave, 7th Floor Dallas, TX 75201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Anedot Website Credit Card Processing Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 04	2 FILER NAME Gary M. Cutler	3 Filer ID (Ethics Commission Filers)
4 Date 01/12/2020	5 Payee name Flores Mexican Restaurant	
6 Amount (\$) \$ 198.34	7 Payee address; City; State; Zip Code 2440 E. Highway 290 Dripping Springs, TX 78620-5486	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description Dinner for Campaign Strategy Meeting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/15/2020	Payee name WIX.com, Inc.	
Amount (\$) \$ 9.90	Payee address; City; State; Zip Code New York, NY	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Monthly Website Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/16/2020	Payee name Majority Strategies, LLC	
Amount (\$) \$ 4,788.00	Payee address; City; State; Zip Code 12854 Kenan Drive, Suite 145 Jacksonville, FL 32258	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consulting Services, Production & Mail Out To Voters To Request Mail In Ballots
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 04	2 FILER NAME Gary M. Cutler	3 Filer ID (Ethics Commission Filers)
4 Date 01/16/2020	5 Payee name HCRW - Hays County Republican Women	
6 Amount (\$) \$ 50.00	7 Payee address; City; State; Zip Code P.O. Box 1928 San Marcos, TX 78667	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder	(b) Description Donation To Sponsor HCRW Social Event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 01/21/2020	Payee name Anedot	
Amount (\$) \$ 12.30	Payee address; City; State; Zip Code 1920 McKinne Ave, 7th Floor Dallas, TX 75201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Anedot Website Credit Card Processing Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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