CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to compl		1 Filer ID (Ethics Commiss 00021133	ion Filers)	2 Total pages filed 15	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE US	SE ONLY
OFFICEHOLDER NAME	The Honorable	Harold V.			Date Received	
''''					ELECTRONICAL	I V EII ED
					1	LI FILLD
	NICKNAME	LAST		SUFFIX	07/15/2025	
		Dutton		Jr.		
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered or D	ate Postmarked
OFFICEHOLDER	4001 Jewett St.					
MAILING ADDRESS					Receipt #	Amount
Change of Address	Houston, TX 77026					
Onlinge of Address	Housion, 1X 11020				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME	Mr.	Harold V.				
	NICKNAME	LAST		SUFFIX		
		Dutton		III		
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STAT	E; ZIP CODE
TREASURER	4001 Jewett					
ADDRESS	13630 Woodspire Dr.					
(Residence or Business)	Houston, TX 77026-7708					
	Housion, 17 11020-1106					
7 CAMPAIGN	AREA CODE PHON	NE NUMBER E	EXTENSION			
TREASURER	(713) 858-4818					
PHONE						
8 REPORT						
TYPE	January 15	30th day before	election F	Runoff	15th day after camp	paign treasurer
		_			appointment (office	
	X July 15	8th day before 6	election E	Exceeded modified eporting limit	Final Report (Attach	n C/OH-FR)
9 PERIOD COVERED	Month Day Year		IDOLIOI I	Month Day	Year -	
COVERED	01/01/2025	IH	IROUGH	06/30/202	5	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	X Pi	rimary	Runoff	Other	
		□G	eneral	Special		
				_		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
	State Representative Place	e Houston Distr			ative Place Housto	n District 142
				·		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 15

13 C / OH NAME	Dutton Jr., Harold V.	(The Honorable)	14 Filer ID (I	Ethics Commission Filers)					
15 NOTICE FROM POLITICAL COMMITTEE(S)	the candidate's or office	ommittees to support the holder's knowledge or tice of such expenditures.							
Additional Pages	COMMITTEE TYPE COMMITTEE NAME								
_	GENERAL								
		COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS						
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00					
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 25,000.00					
EXPENDITURE TOTALS									
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 40,393.31					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 138,423.18					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 0.00					
17 AFFIDAVIT									
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.							
		The Honora	able Harold V. Dutton	Jr.					
		Signature of	Candidate or Officehold	der					
AFFIX NO	TARY STAMP / SEAL AB	OVE							
Sworn to and subso	Sworn to and subscribed before me, by the said day								
of	, 20, to co	ertify which, witness my hand and seal of office.							
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

					3 of 15
	ER NAM	(Eth	nics Commission Filers)		
	HEDUL ME OF			SUBTOTAL AMOUNT	
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	25,000.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	X	SCHEDULE E: LOANS		\$	0.00
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	31,899.55
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	0.00
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	8,493.76
9.	X		\$	0.00	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.		\$			

	MONET	ARY POLITICAL O			SCHEDU	JLE A1		
	The Instru	ction Guide explains how	1		es Schedule A1: Rpt: 4/15			
2	FILER NAME Dutton Jr., F	larold V. (The Honorable)			3		(Ethics Commiss	sion Filers)
4					7	Amount o	f Contribution (\$)	\$10,000.00
		AUSTIN, TX 78701						
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)			
	Date 06/30/2025	Full name of contributor TEXAS TRIAL LAWYERS Contributor address; City; St AUSTIN, TX 78701)	•	Amount o	f Contribution (\$)	\$15,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)			

	LOANS					SCHEDU	JLE E
	The Instruction	on Guide explains how t	orm.	1	ages Schedule E: /1 Rpt: 5/15		
	FILER NAME Dutton Jr., Harol	ld V. (The Honorable)			3 Filer ID 00021	(Ethics Commission	n Filers)
4	TOTAL OF UN	IITEMIZED LOANS			•	\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount (\$)
	Is lender a financial institution?	8 Lender address; Cit	y; State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instruction	ıs)	•	
14	Description of Coll None	lateral		15 Check if personal funds w	ere deposite	d into political accoun (See Instructions	
	GUARANTOR INFORMATION	17 Name of guarantor		<u> </u>		19 Amount Guaran	teed (\$)
	not applicable	18 Guarantor address; Cit	y; State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instruction	ıs)		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Constitutions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/10 Rpt: 6/15	Dutton Jr., Harold V. (The Honorable) 00021133
4	Date	5 Payee name
	01/16/2025	3 men movers
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$581.00	1005 Congress #151
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	X Check if Austin, TX, officeholder living expense
		MOVING IN AUSTIN APT.
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/17/2025	ASHTON APTS
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,211.00	101 COLORADO
	Ψ0,211.00	101 001011/100
		ALICTIAL TV 70704
		AUSTIN, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		X Check if Austin, TX, officeholder living expense AUSTIN APT RENTAL
		ACCITION TREATME
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
	Date	Payee name
	02/17/2025	ASHTON APTS
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,211.00	101 COLORADO
		AUSTIN, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		AUSTIN APT RENTAL
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	experiorale to belief C/OF	
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Food/Beverage Exper Gift/Awards/Memorial Legal Services The Instruction G	s Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a		e)
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission	r Filers)
L	Sch: 2/10 Rpt: 7/15		Dutton Jr., I	Harold V. (The	Honorable)					00021133		
4	Date	5	Payee name									
L	03/17/2025		ASHTON A	PTS								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode					
	\$3,250.18		101 COLOF	RADO								
			AUSTIN, TX	K 78701								
8	PURPOSE	(a)	Category (s	ee Categories listed at	the top of this sche	adula)	(b)	Description				
	OF EXPENDITURE	 ` ´		head/Rental Ex		edule)	\ `´	_ ·	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE							_		officeholder living	g expense	
								AUSTIN APT	ΚĖ	=N I AL		
_	Commission ONE V. C. C.	L	Dameli-I-+ 1000		~	vec:				Ott. :	-1 d	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	C	office sou	ıght			Office he	eia 	
	Date		Payee name									
	04/17/2025		ASHTON A	PTS								
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode					
	\$3,407.47		101 COLOF	RADO								
			AUSTIN, T	K 78701								
	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE			head/Rental Ex				=			plete Schedule T.	
								X Check if Austin,		officeholder living	g expense	
								AUSTIN APT	110	-IN I /\L		
_	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	0	Office sou	laht			Office he	<u>-</u> Id	
	expenditure to benefit C/O		zanaidato/OIII	Sonoidor Hallic		300	-911L			Office III	J. J	
\vdash	Date		Doves none									
	05/17/2025		Payee name ASHTON A	PTS								
					Ctoto	Zin Ca	nde					
	Amount (\$) \$3,414.47		Payee addre 101 COLOF		Siale;	Zip Co	Jue					
	Ф3,414.47		TOT COLOR	ハイレし								
			AUSTIN, T	K 78701								
	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Office Over	head/Rental Ex	pense			ш			plete Schedule T.	
								X Check if Austin, AUSTIN APT		officeholder living	j expense	
										=: • • • • • • • • • • • • • • • • • • •		
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	l ught			Office he	eld	
	expenditure to benefit C/O						g			200 11		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_			
1	Total pages Schedule F1: Sch: 3/10 Rpt: 8/15	2 FILER NAME Dutton Jr., Harold V. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00021133	5)
4	Date	5 Payee name	
	06/17/2025	ASHTON APTS	
6	Amount (\$) \$3,447.79	7 Payee address; City; State; Zip Code 101 COLORADO AUSTIN, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
•	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense AUSTIN APT RENTAL	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	06/16/2025	DIRECT TV	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$97.42	12050 CF HAWN FWY	
		DALLAS, TX 78760	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Credit Card Payment Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense	
		LATE FEE FOR PAYMENT OF CABLE BILL.	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	01/16/2025	E Renter Plan	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$24.67	P.O. Box 17478	
		Irvine, CA 92623	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense	
		X Check if Austin, TX, officeholder living expense RENTAL INSURANCE ON AUSTIN APT	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	Total marca Cabadula E1.		_
1	Total pages Schedule F1: Sch: 4/10 Rpt: 9/15	2 FILER NAME Dutton Jr., Harold V. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00021133	
4	Date	5 Payee name	
	02/16/2025	E Renter Plan	
6	Amount (\$) \$24.67	7 Payee address; City; State; Zip Code P.O. Box 17478 Irvine, CA 92623	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
ľ	OF		
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense AUSTIN APT RENTAL	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	04/16/2025	E Renter Plan	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$24.67	P.O. Box 17478	
		Irvine, CA 92623	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.	
		☐ Check if Austin, TX, officeholder living expense AUSTIN APT INSURANCE	
		AUSTIN APT INSURANCE	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	05/16/2025	E Renter Plan	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$24.67	P.O. Box 17478	
		Irvine, CA 92623	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.	
		X Check if Austin, TX, officeholder living expense	
		AUSTIN APT INSURANCE	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total mariae Cabadula E1.	2 Files ID (Sthice Commission Files)
1	Total pages Schedule F1: Sch: 5/10 Rpt: 10/15	2 FILER NAME Dutton Jr., Harold V. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00021133
4	Date	5 Payee name
	06/16/2025	E Renter Plan
6	Amount (\$) \$24.67	7 Payee address; City; State; Zip Code P.O. Box 17478 Irvine, CA 92623
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Credit Card Payment Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Credit Card Payment X Check if Austin, TX, officeholder living expense AUSTIN APT INSURANCE
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/16/2025	ENTERPRISE RENTAL CAR
	Amount (\$)	Payee address; City; State; Zip Code
	\$80.87	3819 PRESIDENT BLVD
		AUSTIN, TX 78719
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		AUSTIN RENT CAR
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/16/2025	ENTERPRISE RENTAL CAR
	Amount (\$)	Payee address; City; State; Zip Code
	\$74.15	3819 PRESIDENT BLVD
		AUSTIN, TX 78719
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		AUSTIN CAR RENTAL
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ	=	
1	1 0	
L	Sch: 6/10 Rpt: 11/15	Dutton Jr., Harold V. (The Honorable) 00021133
4	Date	5 Payee name
	06/16/2025	ENTERPRISE RENTAL CAR
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$143.85	3819 PRESIDENT BLVD
		ALICTINI TV 70710
		AUSTIN, TX 78719
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		AUSTIN RENT CAR
		ACCUMATION OF THE
Ļ	Complete ONII V If allows	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	01/14/2025	FOUR SEASONS HOTEL
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,362.48	98 SAN JACINTO BLVD
		AUSTIN, TX 78701
	PURPOSE	1
	OF	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		OPENING DAY RECEPTION/GALA
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	David and the second se
	Date	Payee name
	01/16/2025	FOUR SEASONS HOTEL
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,500.17	98 SAN JACINTO BLVD
		AUSTIN, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		CONSTITUENT LUNCHEON/RECEPTION FOR
		OPENING DAY CEREMONIES
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	nting/Banking Fees Iting Expense Food/Beverage Expens putions/ Donations Made By - didate/Officeholder/Political Committee Card Payment Fees Food/Beverage Expens Gift/Awards/Memorials Legal Services					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:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 7/10 Rpt: 12/15		Dutton Jr., Harold V. (The Honorable)				00021133		
4	Date	5	Payee name						
	01/16/2025		HERTZ CAR RENTAL						
6	Amount (\$) \$98.08		Payee address; City; State; 3500 PRESIDENTIAL BLVD AUSTIN, TX 78769	Zip Coo	de				
8	PURPOSE	-		4.4-1	(b) Description				
	OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense AUSTIN CAR RENTAL						
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Officeholder name Of	ffice souç	ght		Office held		
	Date		Payee name						
	01/16/2025		HILTON GARDEN INN						
	Amount (\$) Payee address; City; State; Zip Code \$542.64 301 W 17TH STREET								
		┝	AUSTIN, TX 78701						
	PURPOSE OF EXPENDITURE	OF Credit Card Payment Credit Card Payment Credit Card Payment Credit Card Payment				officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Officeholder name Of	ffice souç	yht		Office held		
	Date	ı	Payee name						
L	01/16/2025	L	PUBLIC STORAGE						
	Amount (\$) \$343.00	l	Payee address; City; State; 1800 S LAMAR	Zip Coo	de				
			Austin, TX 78701						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sched	dule)	X Check if Austin	, TX,	de of Texas. Complete Schedule T. officeholder living expense TURE STORAGE		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name Of	ffice souç	ght		Office held		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/10 Rpt: 13/15	Dutton Jr., Harold V. (The Honorable) 00021133
4	Date	5 Payee name
	01/16/2025	PUBLIC STORAGE
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$343.00	1800 S LAMAR
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		☐ Check if Austin, TX, officeholder living expense AUSTIN FURNITURE STORAGE
		7.00THV OKWYOKE STOKKEE
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	D :	
	Date	Payee name
	04/16/2025	SPECTRUM CABLE SVC
	Amount (\$)	Payee address; City; State; Zip Code
	\$357.06	1000 E 41ST, SUITE 920
		AUSTIN, TX 78751
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE		Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		AUSTIN APT CABLE
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/16/2025	Southwest Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.34	7800 Airport Blvd
		Houston, TX 77061
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		FLIGHT UPGRADE
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Emportance to bottom 0/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						OTHER (enter a category not listed above)			
		_		The Instruction G	uide explains r	low to col	mpie	ete this form.					
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)		
	Sch: 9/10 Rpt: 14/15		Dutton Jr., F	larold V. (The I	Honorable)					00021133			
4	Date	5	5 Payee name										
	01/16/2025	Southwest Airlines											
6	Amount (\$)	7 Payee address; City; State; Zip Code											
	\$44.99		7800 Airport	Blvd									
			Houston, TX	77061									
Ļ	DUDD 005	_				-	<i>a</i> >						
8	PURPOSE OF	(a)		e Categories listed at	the top of this sche	edule)	(b)	Description					
EXPENDITURE			Credit Card Payment					Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
									ENT FROM HOUSTON TO AUSTIN				
	BAC							S. C. S. III MENT FROM HOUSTON TO AGOTIN					
9	Complete ONLY if direct		`andidate/Offic	ceholder name		ffice sou	aht			Office h	ماط		
	expenditure to benefit C/O		zandidate/Onic	enoluei name	O	ince sou	giit			Office fi	Ciu		
_		_											
	Date		Payee name										
	02/16/2025		Southwest A	Airlines									
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de						
	\$89.98		7800 Airport	Blvd									
			Houston, TX	77061									
	PURPOSE	(a)		e Categories listed at			(h)	Description					
	OF	(")			tne top of this sche	eaule)	(~)	_ `	outsi	de of Texas. Con	nplete Schedule T.		
	EXPENDITURE		Credit Card Payment				Check if Austin, TX, officeholder living expense						
								FLIGHT UPG	RΑ	DE			
	Complete ONLY if direct		Candidate/Offic	eholder name	0	ffice sou	ght			Office h	eld		
	expenditure to benefit C/OI	Н											
	Date		Payee name										
	06/16/2025		Southwest A	irlines									
	Amount (\$)	H	Payee addres		State:	Zip Co	de						
\$40.00			-	-	Otato,	2.p 00	uo						
\$40.00 7800 Airport Blvd													
11 TV 77004													
			Houston, TX	77061									
	PURPOSE OF	(a)		e Categories listed at	the top of this sche	edule)	(b)	Description					
	EXPENDITURE		Credit Card	Payment				=		de of Texas. Con officeholder livin	nplete Schedule T.		
								FLIGHT UPG			g expense		
								. 2.0 0. 0	.1 (/-				
\vdash	Complete ONLY if direct	<u> </u>	`andidate/Offic	ceholder name		ffice sou	aht			Office h	hla		
	expenditure to benefit C/O		zariuluale/OIIIC	enoluei Haille	U	mice Sou	yııı			Office II	GIU		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - ıl Coı	mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services	pense	Polling Expens Printing Expens	d/Rental Expense e se s/Contract Labor		Travel in District Travel Out of Di		e
	Credit Card Payment The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Fi	lers)
	Sch: 10/10 Rpt: 15/15		Dutton Jr.,	Harold V. (The Ho	norable)				00021133		
4	Date	5	Payee name								
	05/16/2025			BBY GUIDE							
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Code					
	\$108.26		P.O. BOX								
	SAN ANTONIO, TX 78246										
8											
ľ	OF	OF EXPENDITURE Credit Card Payment Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								plete Schedule T.	
	EXPENDITURE										
	LOBBY GUIDE FOR OFFICE										
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	ficeholder name	О	office sought			Office h	eld	
	experience to beliefit of or										
l											