#### FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00026841 15 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Thomas W. NAME Date Received **ELECTRONICALLY FILED** 07/17/2023 NICKNAME LAST **SUFFIX** Tom Lowe Ш CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; ZIP CODE Date Hand-delivered or Date Postmarked **OFFICEHOLDER** P. O. Box 472025 MAILING Receipt # Amount **ADDRESS** Change of Address Fort Worth, TX 76147 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** The Honorable Thomas W. NAME **NICKNAME** LAST **SUFFIX** Tom Lowe Ш **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER** 100 North Calhoun **ADDRESS** (Residence or Business) Fort Worth, TX 76196 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (817) 313-5693 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2023 06/30/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/08/2022 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 236 Tarrant District Judge District 236

**GO TO PAGE 2** 

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

2 of 15

13 C / OH NAME	Lowe III, Thomas W.	(The Honorable)		<b>14</b> Filer ID 00026841	(Ethics Con	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	s accepted or political expendition in any have been made without equired to report this information	the candidate's or of	ficeholder's kr	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	IE			
	GENERAL					
		COMMITTEE ADD				
	SPECIFIC					
		COMMITTEE CAM	IPAIGN TREASURER NAME			
		COMMITTEE CAM	IPAIGN TREASURER ADDRE	SS		
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CO	ONTRIBUTIONS(OTHER THAI	 N PLEDGES. LOANS	 S.	
TOTALS	OR GUARANTE		CONTRIBUTIONS MADE ELE		\$	0.00
		ICAL CONTRIBU PLEDGES, LOANS	<b>TIONS</b> , OR GUARANTEES OF LOAN	S)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EX	KPENDITURES		\$	0.00
	4. TOTAL POLIT	ICAL EXPENDIT	JRES		\$	2,987.99
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		IS MAINTAINED AS OF THE L	AST DAY OF THE	\$	66,824.60
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT						
			I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.	y of perjury, that the Ill information require	accompanying d to be report	រុ report is ed by me
			The Honora	able Thomas W. Lo	owe III	
			Signature of	f Candidate or Office	holder	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
			my hand and seal of office.			
Signature of offi	cer administering oath	Printed name	of officer administering oath	Title of offi	icer administe	ring oath

# SUBTOTALS - JC/OH

# FORM JC/OH COVER SHEET PG 3

			C	3 of 15
I	LER NAN	Thomas W. (The Honorable)	<b>19</b> Filer ID 00026841	(Ethics Commission Filers)
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.		\$		
5.		SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		<b>\$</b> 2,987.99
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11	· 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$

## SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services  The Instruction Guide expl.	Salaries	Expense Wages/Contract Labor complete this form.	Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER	NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 1/12 Rpt: 4/15	Lowe	III, Thomas W. (The Honorab	ole)		00026841
4	Date	5 Payee	name			
	01/23/2023	Costo	0			
6	Amount (\$)	<b>7</b> Payee	address; City; S	tate; Zip C	ode	
	\$104.41	5300	Overton Ridge Blvd			
	Reimbursement from political contributions intended	Fort V	Voth, TX 79132			
8	PURPOSE	(a) Catego	Ory (See Categories listed at the top of th	is schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/	Beverage Expense		L	Check if Austin, TX, officeholder living expense
					Soft drinks/snack	KS .
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate	Officeholder name		Office sought	Office held
	Date	Payee	name			
	02/24/2023	Costo	0			
	Amount (\$)	Payee	address; City; S	tate; Zip C	ode	
	\$81.22	5300	Overton Ridge Blvd			
	Reimbursement from					
	X political contributions intended	Fort V	Voth, TX 79132			
	PURPOSE	Catego	Ory (See Categories listed at the top of th	is schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/	Beverage Expense			Check if Austin, TX, officeholder living expense
					Soft drinks/snack	KS .
	2 1 2 2 2 2 2 2 2	- "	26.			
	Complete ONLY if direct expenditure to benefit	Candidate	Officeholder name		Office sought	Office held
	C/OH					
	Date	Payee	name			
	03/13/2023	Costo	0			
	Amount (\$)	Payee	address; City; S	tate; Zip C	ode	
	\$103.78		Overton Ridge Blvd			
	Reimbursement from political contributions					
	intended	Fort V	Voth, TX 79132		_	
	PURPOSE OF		Ory (See Categories listed at the top of th	is schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/	Beverage Expense			Check if Austin, TX, officeholder living expense
					Soft drinks/snack	KS .
H	Complete ONLY if direct	l Candidate	Officeholder name		Office sought	Office held
	expenditure to benefit C/OH				oo oodgiit	200
Г						
1						

## SCHEDULE G

## **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Constituting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		e Travel Out of District (Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 2/12 Rpt: 5/15	Lowe III, Thomas W. (The Honorable)	00026841
4	Date	5 Payee name	
	05/01/2023	Costco	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$89.97	5300 Overton Ridge Blvd	
	Reimbursement from political contributions intended	Fort Woth, TX 79132	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
		Sof	t drinks/snacks
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
	Date	Payee name	
	06/16/2023	Costco	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$98.17	5300 Overton Ridge Blvd	
	X Reimbursement from political contributions intended	Fort Woth, TX 79132	
	PURPOSE	·	Description
	OF	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
	EXPENDITURE	1	t drinks/snacks
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name (	Office sought Office held
	Date	Payee name	
	01/10/2023	Dallas Morning News	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$18.72	1954 Commerce Street	
	Reimbursement from political contributions intended	Dallas, TX 75201	
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense
		Nev	vspaper
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense Fees Food/Beverage Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards tee Legal Servi	age Expense //Memorials Expense ces ruction Guide explains		xpense Vages/Contract Labor		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FIL	ER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 3/12 Rpt: 6/15	Lo	we III, Thomas W	/. (The Honorable)				00026841
4	Date	<b>5</b> Pay	yee name					
	02/10/2023	Da	ıllas Morning Nev	<b>VS</b>				
6	Amount (\$)	<b>7</b> Pay	yee address; C	ity; State;	; Zip Co	ode		
l	\$18.72	19	54 Commerce St	reet				
	Reimbursement from political contributions intended	Da	ıllas, TX 75201					
8	PURPOSE	<b>(a)</b> Cat	tegory (See Categorie	es listed at the top of this sch	edule)	(b) Description	=	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Off	fice Overhead/Re	ental Expense		L	Cł	neck if Austin, TX, officeholder living expense
						Newspaper		
L								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	ate/Officeholder na	me		Office sought		Office held
Г	Date	Pay	yee name					
	03/10/2023	Da	ıllas Morning Nev	<b>VS</b>				
Н	Amount (\$)	Pay	yee address; C	ity; State;	; Zip Co	ode		
l	\$18.72	19	54 Commerce St	reet				
l	Reimbursement from							
	X political contributions intended	Da	ıllas, TX 75201					
	PURPOSE	Cat	tegory (See Categorie	es listed at the top of this sch	edule)	Description	=	neck if travel outside of Texas. Complete Schedule T.
l	OF EXPENDITURE	Off	fice Overhead/Re	ental Expense			Cł	neck if Austin, TX, officeholder living expense
						Newspaper		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	<u>I</u> Candida	ate/Officeholder na	me		Office sought		Office held
Г	Date	Pav	yee name					
	04/10/2023	1 1	ıllas Morning Nev	<b>V</b> S				
┝	Amount (\$)	Pav	yee address; C	ity; State:	; Zip Co	ode		
	\$28.10	1 1	54 Commerce St	•				
	Reimbursement from political contributions intended	Da	ıllas, TX 75201					
	PURPOSE	Cat	tegory (See Categorie	es listed at the top of this sch	edule)	Description	Cł	neck if travel outside of Texas. Complete Schedule T.
l	OF EXPENDITURE	Off	fice Overhead/Re	ental Expense			Ch	neck if Austin, TX, officeholder living expense
	_,, _,,,,,,					Newspaper		
	Complete ONLY if direct expenditure to benefit C/OH	<u> </u> Candida	ate/Officeholder na	me		Office sought		Office held

## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense

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			Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services	Po Ise Pr	olling Exp rinting Exp			Travel in D	District t of District enter a category not li	·
	Credit Card Fayinent			The Instruction Guide e	explains hov	w to con	nplete this form.				
1	Total pages Schedule G:	2	FILER NAME					3	Filer ID	(Ethics Comr	nission Filers)
	Sch: 4/12 Rpt: 7/15		Lowe III, The	omas W. (The Hono	rable)				000268	341	
4	Date	5	Payee name								
	04/10/2023		Dallas Morn	ing News							
6	Amount (\$)	7	Payee addres	ss; City;	State; Z	Zip Cod	le				
	\$28.10		1954 Comm	erce Street							
	Reimbursement from										
	X political contributions intended		Dallas, TX 7	5201							
8	PURPOSE	(a)	Category (Se	e Categories listed at the top	of this schedul	le)	(b) Description	С	heck if trave	el outside of Texas. C	Complete Schedule T.
	OF EXPENDITURE		Office Overl	nead/Rental Expens	е		Ī	С	heck if Austi	in, TX, officeholder liv	ving expense
	EXPENDITORE						Newspaper				
9	Complete ONLY if direct	Can	didate/Officeh	older name			Office sought			Office held	
	expenditure to benefit C/OH										
	Date		Payee name								
	06/10/2023		Dallas Morn	ing News							
	Amount (\$)		Payee addres	ss; City;	State; Z	Zip Coc	le				
	\$28.10		1954 Comm	erce Street							
	Reimbursement from										
	X political contributions intended		Dallas, TX 7	5201							
	PURPOSE		Category (Se	e Categories listed at the top	of this schedul	le)	Description	С	heck if trave	el outside of Texas. C	Complete Schedule T.
	OF EXPENDITURE		Office Overl	nead/Rental Expens	е		Ī	С	heck if Aust	in, TX, officeholder liv	ving expense
	EXPENDITORE			·			Newspaper				
	Complete ONLY if direct	Can	didate/Officeh	older name			Office sought			Office held	
	expenditure to benefit C/OH										
	Date		Payee name								
	01/04/2023		Enchiladas (	Ole							
	Amount (\$)		Payee addres	ss; City;	State; Z	Zip Cod	le				
	\$79.15		2418 Forest	Park Blvd.							
	Reimbursement from										
	X political contributions intended		Fort Worth,	TX 76109							
	PURPOSE		Category (Se	e Categories listed at the top	of this schedul	le)	Description	С	heck if trave	el outside of Texas. C	Complete Schedule T.
	OF EXPENDITURE		Food/Bever	age Expense			Ī	С	heck if Aust	in, TX, officeholder liv	ving expense
	ZA ZHOHOKZ					1	Staff lunch				
L		L									
		Can	didate/Officeh	older name			Office sought			Office held	
	expenditure to benefit C/OH										
$\vdash$											

## SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment		Gift/Awards/Memorials Expense ttee Legal Services  The Instruction Guide exp	P S		pense /ages/Contract Labor		Travel Out of District OTHER (enter a category not listed about	ove)
1	Total pages Schedule G:	2 FI	LER NAME				3	Filer ID (Ethics Commission	n Filers)
	Sch: 5/12 Rpt: 8/15	L	owe III, Thomas W. (The Honora	ble)				00026841	
4	Date	<b>5</b> Pa	ayee name						
	01/05/2023	K	en's Custom Frames						
6	Amount (\$)	<b>7</b> Pa	ayee address; City;	State; Z	Zip Co	de			
	\$27.06	59	925 Wedgwood Drive						
	Reimbursement from political contributions intended	F	ort Worth, TX 76133						
8	PURPOSE	(a) C	ategory (See Categories listed at the top of t	nis schedu	ıle)	(b) Description	_	neck if travel outside of Texas. Complete	
	OF EXPENDITURE	0	ffice Overhead/Rental Expense			L	Ch	neck if Austin, TX, officeholder living exp	ense
						Framing			
		<u> </u>							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candi	date/Officeholder name			Office sought		Office held	
	Date	Pi	ayee name						
	02/04/2023	K	en's Custom Frames						
	Amount (\$)	Pi	ayee address; City;	State; Z	Zip Co	de			
	\$52.14	5	925 Wedgwood Drive						
	Reimbursement from								
	X political contributions intended	F	ort Worth, TX 76133						
	PURPOSE	С	ategory (See Categories listed at the top of t	nis schedu	ıle)	Description	Ch	neck if travel outside of Texas. Complete	Schedule T.
	OF EXPENDITURE	0	ffice Overhead/Rental Expense			Ī	Ch	neck if Austin, TX, officeholder living exp	ense
	EX. ENDITORE					Framing			
	Complete ONLY if direct expenditure to benefit	Candi	date/Officeholder name			Office sought		Office held	
	C/OH								
	Date		nyoo nama						
	01/19/2023	ı	ayee name ew York Times						
_				State; Z	7in Co	do			
	Amount (\$) \$18.09	l	ayee address;	olale, z	zip Co	ue			
		0.	LO LIGITAT AVEITUE						
	X Reimbursement from political contributions intended	N	ew York, NY 10018						
	PURPOSE	I	ategory (See Categories listed at the top of t	nis schedu	ıle)	Description	_	neck if travel outside of Texas. Complete	
	OF EXPENDITURE	0	ffice Overhead/Rental Expense			L	Ch	neck if Austin, TX, officeholder living exp	ense
						Newspaper			
	Operation Chilly III	<u> </u>				O#: :		O''' 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/OH	Candi	date/Officeholder name			Office sought		Office held	

### SCHEDULE G

# EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Cod/Beverage Expense Food/Beverage Expe	Loan Repa Office Ove Polling Exp Printing Ex Salaries/W	yment/Reimbursement rhead/Rental Expense ense pense ages/Contract Labor		Transportation Travel in Dis Travel Out o	
		_	The Instruction Guide explains ho	ow to coi	npiete this form.			
1	Total pages Schedule G: Sch: 6/12 Rpt: 9/15	2	FILER NAME Lowe III, Thomas W. (The Honorable)			3	Filer ID 0002684	(Ethics Commission Filers)
4	Date	5	Payee name			<u> </u>		
	02/16/2023		New York Times					
6	Amount (\$) \$18.09	7	Payee address; City; State; 620 Eighth Avenue	Zip Co	de			
	Reimbursement from political contributions intended		New York, NY 10018					
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedu	lule)	(b) Description	CI	neck if travel o	outside of Texas. Complete Schedule
	OF EXPENDITURE		Office Overhead/Rental Expense			Cl	neck if Austin,	TX, officeholder living expense
	2/11/2/10/12				Newspaper			
9	Complete ONLY if direct expenditure to benefit C/OH	Car	didate/Officeholder name	,	Office sought			Office held
Г	Date		Payee name					
	03/16/2023		New York Times					
⊢	Amount (\$)	H	Payee address; City; State;	Zin Co	10			
	\$18.09			Zip Cui	ie.			
			620 Eighth Avenue					
	X Reimbursement from political contributions intended		New York, NY 10018					
	PURPOSE		Category (See Categories listed at the top of this schedu	lule)	Description	CI	neck if travel o	outside of Texas. Complete Schedule
	OF EXPENDITURE		Office Overhead/Rental Expense			Cl	neck if Austin,	TX, officeholder living expense
	EXI ENDITORE				Newspaper			
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name	•	Office sought			Office held
Г	Date		Payee name					
	04/13/2023		New York Times					
⊢	Amount (\$)	$\vdash$	Payee address; City; State;	Zip Co	de			
	\$18.09		620 Eighth Avenue					
	Reimbursement from							
	x political contributions intended		New York, NY 10018	<u>.</u>				
	PURPOSE		Category (See Categories listed at the top of this schedu	lule)	Description	_		outside of Texas. Complete Schedule
	OF EXPENDITURE		Office Overhead/Rental Expense		L		neck if Austin,	TX, officeholder living expense
					Newspaper			
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought			Office held
Г								

## SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense F y - Gift/Awards/Memorials Expense F	Polling Exp Printing Ex		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	Credit Card F dyment	The Instruction Guide explains ho	ow to cor	nplete this form.	
1	Total pages Schedule G:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 7/12 Rpt: 10/15	Lowe III, Thomas W. (The Honorable)			00026841
4	Date	5 Payee name			I
ľ	05/12/2023	New York Times			
_			Zin Co	d =	
6	Amount (\$)	7 Payee address; City; State;	ZIP CO	ae	
	\$21.28	620 Eighth Avenue			
	X Reimbursement from political contributions				
	intended	New York, NY 10018			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule	lule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Overhead/Rental Expense			Check if Austin, TX, officeholder living expense
	LAFLINDITORL			Newspaper	
9		Candidate/Officeholder name		Office sought	Office held
	expenditure to benefit				
	C/OH				
	Date	Payee name			
	06/09/2023	New York Times			
	Amount (\$)	Payee address; City; State;	Zip Cod	de	
	\$21.28	620 Eighth Avenue	·		
	Reimbursement from				
	x political contributions intended	Now York NV 10019			
		New York, NY 10018			
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	lule)	Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense		L	Check if Austin, TX, officeholder living expense
				Newspaper	
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name		Office sought	Office held
	C/OH				
$\vdash$	Data	T _			
	Date	Payee name			
	05/15/2023	Papasito's Cantina			
	Amount (\$)	Payee address; City; State;	Zip Co	de	
	\$155.00	2704 West Freeway			
	Reimbursement from				
	X political contributions intended	Fort Worth, TX 76107			
	PURPOSE	Category (See Categories listed at the top of this schedu	lule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF	Food/Beverage Expense			Check if Austin, TX, officeholder living expense
	EXPENDITURE	I was a same of the same of th		Staff Birthday Pa	urty
				•	-
	Complete ONLY if direct	Candidate/Officeholder name		Office sought	Office held
	expenditure to benefit			2co oodgiit	25556
L	C/OH				

## SCHEDULE **G**

# **EXPENDITURE CATEGORIES FOR BOX 8(a)**

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	ls Expense	Office Over Polling Ex Printing E Salaries/V		Transportation Equipment & Related Expensive In District Travel Out of District OTHER (enter a category not listed above)	se
1	Total pages Schedule G:	2	FILER NAME				3 Filer ID (Ethics Commission Fi	lers)
	Sch: 8/12 Rpt: 11/15		Lowe III, Thomas W. (The	Honorable)			00026841	·
4	Date	5	Payee name					
	01/03/2023		Public Storage					
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	ode		
	\$187.00		1015 Henderson Street		·			
	Reimbursement from political contributions intended		Fort Worth, TX 76102					
8	PURPOSE	(a)	Category (See Categories listed at	the top of this sche	edule)	(b) Description	Check if travel outside of Texas. Complete Sch	nedule T.
	OF	<u> </u> `	Office Overhead/Rental Ex			l``i	Check if Austin, TX, officeholder living expense	
	EXPENDITURE			•		Storage		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name			Office sought	Office held	
	Date		Payee name					
	02/03/2023		Public Storage					
	Amount (\$)	T	Payee address; City;	State;	Zip Co	ode		
	\$187.00		1015 Henderson Street					
	Reimbursement from political contributions intended		Fort Worth, TX 76102					
	PURPOSE		Category (See Categories listed at	the top of this sche	edule)	Description	Check if travel outside of Texas. Complete Sch	edule T.
	OF EXPENDITURE		Office Overhead/Rental Ex	kpense		   Newspaper	Check if Austin, TX, officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name			Office sought	Office held	
	Date		Payee name					
	05/03/2023		Public Storage					
	Amount (\$)	T	Payee address; City;	State;	Zip Co	ode		
	\$187.00		1015 Henderson Street					
	Reimbursement from political contributions intended		Fort Worth, TX 76102					
	PURPOSE		Category (See Categories listed at	the top of this sche	edule)	Description	Check if travel outside of Texas. Complete Sch	
	OF EXPENDITURE		Office Overhead/Rental Ex	kpense			Check if Austin, TX, officeholder living expense	
						Storage		
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name			Office sought	Office held	

## SCHEDULE G

## **EXPENDITURE CATEGORIES FOR BOX 8(a)**

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	Credit Card F dyment	The Instruction Guide explains how to co	mplete this form.	
1	Total pages Schedule G:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
	Sch: 9/12 Rpt: 12/15	Lowe III, Thomas W. (The Honorable)		00026841
4	Date	5 Payee name		
	04/03/2023	Public Storage		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$187.00	1015 Henderson Street		
	Reimbursement from political contributions intended	Fort Worth, TX 76102		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
	EXPENDITURE	·	Storage	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date	Payee name		
	05/03/2023	Public Storage		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$220.00	1015 Henderson Street		
	Reimbursement from political contributions intended	Fort Worth, TX 76102		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description 🔲	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Overhead/Rental Expense	Storage	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		
	06/08/2023	Public Storage		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$220.00	1015 Henderson Street		
	Reimbursement from			
	X political contributions intended	Fort Worth, TX 76102		
	PURPOSE OF	Category (See Categories listed at the top of this schedule)		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	EXPENDITURE	Office Overhead/Rental Expense		Sheek ii Addiin, 174, oincendider iiving expense
			Storage	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

## SCHEDULE G

#### **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 Expense Gift/Awards/Memorials E Legal Services The Instruction Gu	Expense		xpense Vages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule G:	2	FILER NAM	E				3	Filer ID (Ethics Commission Filers)	_
	Sch: 10/12 Rpt: 13/15		Lowe III, TI	homas W. (The H	onorable)				00026841	
4	Date	5	Payee name	<del></del>						_
	06/02/2023		Sonic							
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Co	ode			_
	\$23.84		108 N. Nicl	-		•				
	Reimbursement from political contributions intended		Fort Worth	, TX 76102						
8	PURPOSE	(a)	Category (S	See Categories listed at the	e top of this sche	edule)	(b) Description	Ch	heck if travel outside of Texas. Complete Schedule T	
	OF EXPENDITURE		Food/Beve	rage Expense				Cł	heck if Austin, TX, officeholder living expense	
	LAFLINDITORL						Staff lunch			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Office	eholder name			Office sought		Office held	
	Date		Payee name	)						_
	04/29/2023		State Bar o	of Texas						
	Amount (\$)	T	Payee addre	ess; City;	State;	Zip Co	ode			_
	\$30.00		1414 Color	ado Street						
	Reimbursement from									
	X political contributions intended		Austin, TX	78701						
	PURPOSE	T	Category (S	See Categories listed at the	e top of this sche	edule)	Description	Ch	heck if travel outside of Texas. Complete Schedule T	_
	OF EXPENDITURE		Dues					Cł	heck if Austin, TX, officeholder living expense	
							Dues			
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Office	holder name			Office sought		Office held	
	C/OH									
	Date		Daysa name							=
	04/28/2023		Payee name Szechuan	; Restaurant						
	Amount (\$)	┝	Payee addre		State:	Zip Co	nde.			_
	\$46.81		5712 Locke	•	State,	Zip Cc	de			
	Reimbursement from		0112 20010	, wondo						
	x political contributions intended		Fort Worth	, TX 76116						
	PURPOSE OF			See Categories listed at the	e top of this sche	edule)	Description	=	theck if travel outside of Texas. Complete Schedule T	
	EXPENDITURE		Food/Beve	rage Expense			Ctoff lunch		heck if Austin, TX, officeholder living expense	
							Staff lunch			
	Complete ONLY if direct	C3:	ndidate/Office	sholder namo			Office sought		Office held	
	expenditure to benefit	Cal	naluale/Onice	moluei hallie			Office Sought		Office Held	
	C/OH									

### SCHEDULE G

### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment		mmittee 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 G:	2	FILER NAME		3	Filer ID (Ethics Commission Filers)
	Sch: 11/12 Rpt: 14/15		Lowe III, Thomas W. (The Honorable)			00026841
4	Date	5	Payee name			
	06/09/2023		Szechuan Restaurant			
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$24.03	5712 Locke Avenue				
	Reimbursement from					
	X political contributions intended		Fort Worth, TX 76116			
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	<b>7</b> C	heck if travel outside of Texas. Complete Schedule T.
ľ	OF	("	Food/Beverage Expense	(b) Description	=	heck if Austin, TX, officeholder living expense
	EXPENDITURE		1 odd/Beverage Expense	Staff lunch		
9	Complete ONLY if direct	Cai	ndidate/Officeholder name	Office sought		Office held
	expenditure to benefit			ŭ		
	C/OH					
	Date		Payee name			
	04/28/2023		Texas Board of Legal Specialization			
	Amount (\$) Payee address; City; State; Zip Code					
	\$200.00 P. O. Box 12487					
	Reimbursement from					
	X political contributions intended		Austin, TX 78711			
H	PURPOSE	H	Category (See Categories listed at the top of this schedule)	Description	70	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Dues		С	heck if Austin, TX, officeholder living expense
	LAFLINDITORL			Dues		
		Cai	ndidate/Officeholder name	Office sought		Office held
	expenditure to benefit C/OH					
⊨	5.	_				
	Date		Payee name			
L	05/03/2023 The Flower Shoppe					
	Amount (\$) Payee address; City; State; Zip Code					
	\$148.29		420 N. Alabama			
	Reimbursement from political contributions					
	intended		Wharton, TX 77488			
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	⊒ .	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Funeral Flowers	L	C	heck if Austin, TX, officeholder living expense
				Funeral Flowers		
L		<u> </u>				
	Complete <u>ONLY</u> if direct expenditure to benefit	Cai	ndidate/Officeholder name	Office sought		Office held
1	C/OH					
Г						
ı						

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Filer ID Total pages Schedule G: FILER NAME (Ethics Commission Filers) Sch: 12/12 Rpt: 15/15 Lowe III, Thomas W. (The Honorable) 00026841 Date Payee name 06/30/2023 U. S. Postal Service 6 Amount (\$) Payee address; State; Zip Code \$219.00 3101 West 6th Street Reimbursement from political contributions intended Х Fort Worth, TX 76147 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Office Overhead/Rental Expense **EXPENDITURE Box Rental** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/19/2023 Uncle Julio's Amount (\$) Payee address; City; State; Zip Code \$61.74 5301 Camp Bowie Reimbursement from political contributions Χ Fort Worth, TX 76107 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Staff lunch Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH