#### 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 18 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Thomas W. NAME Date Received **ELECTRONICALLY FILED** 01/18/2024 NICKNAME LAST **SUFFIX** Tom Lowe Ш CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; ZIP CODE Date Hand-delivered or Date Postmarked **OFFICEHOLDER** MAILING Receipt # Amount **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address 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 ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (817) 313-5693 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx| appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2023 12/31/2023 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

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

2 of 18

13 C / OH NAME	Lowe III, Thomas W.	(The Honorable)	14	4 Filer ID 00026841	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted o These expenditures may have b officeholders are required to re	een made without the	e candidate's or off	iceholder's kno	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
⊔ °	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TRE	EASURER NAME			
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS			
16 CONTRIBUTION	1 TOTAL INITEM	ZED POLITICAL CONTRIBUTION				
16 CONTRIBUTION TOTALS	<b> </b>	ES OF LOANS, OR CONTRIBUTE	`	,	\$	0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARA	ANTEES OF LOANS		\$	0.00
EXPENDITURE	3. TOTAL UNITEM	\$	0.00			
TOTALS					<b>P</b>	0.00
	4. TOTAL POLIT	CAL EXPENDITURES			\$	26,288.66
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAI RIOD	NED AS OF THE LAS	ST DAY OF THE	\$	44,939.66
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTA TING PERIOD	NDING LOANS AS O	F THE LAST DAY	\$	0.00
17 AFFIDAVIT						
		true and cor	affirm, under penalty o rect and includes all in L5, Election Code.	f perjury, that the a	accompanying d to be reporte	report is d by me
			The Honorabl	e Thomas W. Lo	we III	
			Signature of C	andidate or Officeh	older	
AFFIX NO	TARY STAMP / SEAL ABO	OVE				
Sworn to and subs	cribed before me, by the s	aid		_, this the		day
		ertify which, witness my hand an				
Signature of office	cer administering oath	Printed name of officer ad	ministering oath	Title of office	cer administeri	ng oath

# SUBTOTALS - JC/OH

# FORM JC/OH COVER SHEET PG 3

				3 of 18
l	ER NAN we III, 7	/IE Thomas W. (The Honorable)	<b>19</b> Filer ID 00026841	(Ethics Commission Filers)
l		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		\$		
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	<b>\$</b> 21,884.94
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		\$ 4,403.72
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$

# POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

## SCHEDULE F1

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

Event Expense Fees

	Advertising Expense Event Expense Loan Repayment/Reimbu Accounting/Banking Fees Office Overhead/Rental E Consulting Expense Food/Beverage Expense Polling Expense Contributions/ Donations Made By - Gandidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form			head/Rental Expense ense pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 1/1 Rpt: 4/18		Lowe III, Thomas W. (The Honorable)				00026841	
4	Date	5	Payee name			_		
	07/08/2023		Thomas W. Lowe III, Judge					
6	Amount (\$) \$21,884.94	7	Payee address; City; State; P.O. Box 472025  Fort Worth, TX 76147	Zip Co	de			
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Reimbursement	edule)	Check if Austir	n, TX ent		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name O	Office sou	yht		Office he	eld

# SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling E Printing E		Travel in District Travel Out of District OTHER (enter a category not listed abo			ve)
	Credit Card Payment			The Instruction Guide expla	ins how to c	omplete this form.				
1	Total pages Schedule G:	2	FILER NAME	Ē			3	Filer ID	(Ethics Commission	Filers)
	Sch: 1/14 Rpt: 5/18		Lowe III, Th	omas W. (The Honorabl	le)			0002684	41	
4	Date	5	Payee name							
	08/08/2023		Air Host RO	)A						
6	Amount (\$)	7	Payee addres	ss; City; St	ate; Zip C	ode				
	\$18.09		5202 Aviation	on Drive NW						
	Reimbursement from political contributions		December 14	/A 0.404.0						
	intended	_	Roanoke, VA 24012							
8	PURPOSE OF	(a)		ee Categories listed at the top of this	s schedule)	(b) Description	=		outside of Texas. Complete	
	EXPENDITURE		Food/Bever	age Expense		L		neck if Austin,	, TX, officeholder living expe	nse
						Lunch at Airport				
_	Operation ONLY if direct		1: -1 - + - /0#:1			045			0#:   -	
9	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officeh	10ider name		Office sought			Office held	
	C/OH									
	Date		Payee name							
	08/08/2023		Air Host RO	)A						
	Amount (\$)		Payee addres	ss; City; St	ate; Zip C	ode				
	\$19.52		5202 Aviatio	on Drive NW						
Reimbursement from										
x political contributions intended Roanoke, VA 24012										
	PURPOSE	$\vdash$	Category (Se	ee Categories listed at the top of this	s schedule)	Description	CI	heck if travel	outside of Texas. Complete	Schedule T.
	OF EXPENDITURE			age Expense	•		CI	heck if Austin,	, TX, officeholder living expe	nse
	EXPENDITORE					Dinner at Airport				
	Complete ONLY if direct	Car	ndidate/Officeh	nolder name		Office sought			Office held	
	expenditure to benefit C/OH									
	Data									
	Date 07/01/2023		Payee name American A	irlinge						
		_			7: 0	1 -				
	Amount (\$) \$468.55		Payee addres 3200 E. Airf	•	ate; Zip C	ode				
			3200 E. AIII	ieid Drive						
	X Reimbursement from political contributions intended		DFW Airpor	t, TX 75261						
	PURPOSE		Category (Se	ee Categories listed at the top of this	s schedule)	Description	CI	heck if travel	outside of Texas. Complete	Schedule T.
	OF EXPENDITURE		Turnaround	Airfare			_		, TX, officeholder living expe	
						Turnaround Airfa Robe	re 1	to Roano	ke, Virginia, for Jud	dicial
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officeh	nolder name		Office sought			Office held	
	C/OH									

#### 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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Expense s/Wages/Contract Labor complete this form.	Travel Out of District OTHER (enter a category not listed above)
_	Tatal manage Calcadala C	_		•	2 Filando (Fabina Commission Ell.)
	, -		FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/14 Rpt: 6/18		Lowe III, Thomas W. (The Honorable)		00026841
4	Date	5	Payee name		
	08/28/2023		Costco		
6	Amount (\$)	7	Payee address; City; State; Zip (	Code	
	\$80.37		5300 Overton Ridge Blvd		
	Reimbursement from				
	X 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	(۳)	Food/Beverage Expense	Conputer	Check if Austin, TX, officeholder living expense
	EXPENDITURE		1 Ood, Develage Expense	Office Snacks	_
9	Complete ONLY if direct	L Car	ndidate/Officeholder name	Office sought	Office held
	expenditure to benefit	Jui		Smoo sought	Silioo Hola
	C/OH				
	Date		Payee name		
	07/19/2023		Costco		
	Amount (\$)	$\vdash$	Payee address; City; State; Zip (	Code	
	\$43.20		5300 Overton Ridge Blvd		
	Reimbursement from		-		
	x political contributions intended		Fort Woth, TX 79132		
	PURPOSE		Category (See Categories listed at the top of this schedule)	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 .
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officeholder name	Office sought	Office held
	C/OH				
H	Date		Davies name		
	Date 12/01/2023		Payee name Costco		
_		_	Costco		
	Amount (\$)		Payee address; City; State; Zip (	Jode	
	\$64.74		5300 Overton Ridge Blvd		
	Reimbursement from political contributions				
L	intended	L	Fort Woth, TX 79132		
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Beverage Expense		Check if Austin, TX, officeholder living expense
	<del></del>			Soft drinks/snack	KS .
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officeholder name	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 Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wagner/Control Lib

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	_				
	Sch: 3/14 Rpt: 7/18	Lowe III, Thomas W. (The Honorable)	00026841					
4	Date	5 Payee name						
	09/26/2023	Cousin's BBQ						
6	Amount (\$)	7 Payee address; City; State; Zip C	code	-				
	\$400.00	5125 Bryant Irvin Road						
	Reimbursement from political contributions intended	Fort Worth, TX 76132						
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	Food/Beverage Expense	Check if Austin, TX, officeholder living expense					
	EXPENDITURE		Judges' Luncheon					
9		Candidate/Officeholder name	Office sought Office held	-				
	expenditure to benefit C/OH							
				=				
	Date	Payee name						
	07/10/2023	Dallas Morning News						
	Amount (\$)	Payee address; City; State; Zip C	code					
	\$28.10	1954 Commerce Street						
	X Reimbursement from political contributions	D. H TV 75004						
	intended	Dallas, TX 75201		_				
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense					
			Newspaper					
				_				
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought Office held					
	C/OH							
	Date	Payee name		=				
	08/10/2023	Dallas Morning News						
_	Amount (\$)	Payee address; City; State; Zip C	rode	_				
	\$28.10	1954 Commerce Street						
		1554 Gommerce Guest						
	X 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					
			Newspaper					
		Candidate/Officeholder 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 Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Overhead/Rental Exper Polling Expense Polling Expense Polling Expense Polling Expense Printing Expense Printing Expense Salaries/Wages/Contract Laborate The Instruction Guide explains how to complete this form		xpense Expense Wages/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 G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)	
	Sch: 4/14 Rpt: 8/18		Lowe III, Thomas W. (The Honorable)				00026841	
4	Date	5	Payee name					
	09/10/2023		Dallas Morning News					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode			
	\$28.10		1954 Commerce Street					
	Reimbursement from							
	X political contributions intended		Dallas, TX 75201					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	7 c	heck if travel outside of Texas. Complete Schedule T.	
	OF	l` <i>`</i>	Office Overhead/Rental Expense	,	Ĭ .	c	heck if Austin, TX, officeholder living expense	
	EXPENDITURE		р		Newspaper			
9	Complete ONLY if direct	Cai	ndidate/Officeholder name		Office sought		Office held	
	expenditure to benefit C/OH							
	Date		Payee name					
	10/10/2023		Dallas Morning News					
	Amount (\$)	H	Payee address; City; State;	Zip Co	ode			
	\$28.10	1954 Commerce Street						
	Reimbursement from							
	political contributions intended		Dallas, TX 75201					
	PURPOSE		Category (See Categories listed at the top of this sche	edule)	Description	=	heck if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE		Office Overhead/Rental Expense			С	heck if Austin, TX, officeholder living expense	
					Newspaper			
		Cai	ndidate/Officeholder name		Office sought		Office held	
	expenditure to benefit C/OH							
		_						
	Date		Payee name					
	11/10/2023	L	Dallas Morning News					
	Amount (\$)		Payee address; City; State;	Zip Co	ode			
	\$28.10		1954 Commerce Street					
	Reimbursement from							
	X political contributions intended		Dallas, TX 75201					
	PURPOSE	Η	Category (See Categories listed at the top of this sche	edule)	Description	С	heck if travel outside of Texas. Complete Schedule T.	
	OF		Office Overhead/Rental Expense			<b>]</b> c	heck if Austin, TX, officeholder living expense	
	EXPENDITURE		·		Newspaper			
	expenditure to benefit	Cai	ndidate/Officeholder name		Office sought		Office held	
	C/OH							

# SCHEDULE G

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

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

Event Expense Fees 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)		
	Great Gara F ayment		The Instruction Guide explains how to c	complete this form.				
1	Total pages Schedule G:	2	FILER NAME		3	Filer ID (Ethics Commission Filers)		
	Sch: 5/14 Rpt: 9/18		Lowe III, Thomas W. (The Honorable)			00026841		
4	Date	5	Payee name					
	12/10/2023		Dallas Morning News					
6	Amount (\$)	7	Payee address; City; State; Zip C	code				
	\$28.10		1954 Commerce Street					
	Reimbursement from							
	X political contributions intended		Dallas, TX 75201					
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	<b>1</b> c	heck if travel outside of Texas. Complete Schedule T.		
٠	OF	("	Office Overhead/Rental Expense	(b) Bescription	₹ .	heck if Austin, TX, officeholder living expense		
	EXPENDITURE Newspaper							
				''				
9	Complete ONLY if direct	L Cai	ndidate/Officeholder name	Office sought		Office held		
	expenditure to benefit			, and the second				
	C/OH							
	Date		Payee name					
	08/08/2023		Hertz (Roanoke)					
	Amount (\$)		Payee address; City; State; Zip C	ode				
	\$78.33		8501 Williams Road					
	Reimbursement from							
	X political contributions intended		Estero, FL 33928					
	PURPOSE	H	Category (See Categories listed at the top of this schedule)	Description	<b>1</b> c	theck if travel outside of Texas. Complete Schedule T.		
	OF		Car Rental		jc	heck if Austin, TX, officeholder living expense		
	EXPENDITURE			Transportation to	ar	nd from Salem, Virginia		
		Ca	ndidate/Officeholder name	Office sought		Office held		
	expenditure to benefit C/OH							
		_						
	Date		Payee name					
	07/24/2023		Lilium Floral Design					
	Amount (\$)		Payee address; City; State; Zip C	code				
	\$531.46		4800 Colleyville Blvd.					
	X Reimbursement from political contributions							
	intended		Colleyville, TX 76034					
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	₹ .	heck if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE		Flowers		C	heck if Austin, TX, officeholder living expense		
				Funeral Flowers				
	Complete ONLY if direct expenditure to benefit	Cai	ndidate/Officeholder name	Office sought		Office held		
	C/OH							

# SCHEDULE G

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica					Travel Travel	in District Out of District R (enter a category not listed above)			
	Credit Card Payment		The Instruction Guide explain	s how to co	omplete this form.				
1	Total pages Schedule G: Sch: 6/14 Rpt: 10/18	2 FILER NAME	enomas W. (The Honorable)	)		3 Filer I	ID (Ethics Commission Filers)		
4	Date		·	,		0002			
4	08/03/2023	5 Payee name Local Food							
6	Amount (\$)	7 Payee addre	ss; City; State	e; Zip Co	ode				
	\$55.21	4548 Hartw	ood Drive						
	Reimbursement from political contributions intended	Fort Worth,	Fort Worth, TX 76109						
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this so	chedule)	(b) Description	Check if tr	avel outside of Texas. Complete Schedule	: T.	
	OF EXPENDITURE	Food/Beve	rage Expense			Check if A	ustin, TX, officeholder living expense		
					Staff Lunch				
9	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought		Office held		
	C/OH								
	Date	Payee name							
	08/18/2023	Local Food	s Kitchen						
Amount (\$) Payee address; City; State; Zip Code									
\$113.60 4548 Hartwood Drive									
	Reimbursement from political contributions intended	Fort Worth,	TX 76109						
	PURPOSE		ee Categories listed at the top of this so	ahadula)	Description	Check if tr	avel outside of Texas. Complete Schedule	т	
	OF	1	rhead/Rental Expense	criedule)	Description	_	ustin, TX, officeholder living expense	١.	
	EXPENDITURE	onice over	nead/Nemai Expense		Staff Lunch	_			
	expenditure to benefit	Candidate/Office	holder name		Office sought		Office held		
	C/OH								
	Date	Payee name							
	08/28/2023	Local Food	s Kitchen						
	Amount (\$)	Payee addre	•	e; Zip Co	ode				
	\$73.08	4548 Hartw	ood Drive						
	Reimbursement from political contributions intended	Fort Worth,	TX 76109						
	PURPOSE	Category (S	ee Categories listed at the top of this so	chedule)	Description	=	avel outside of Texas. Complete Schedule	Т.	
	OF EXPENDITURE	Food/Beve	rage Expense		L	Check if A	ustin, TX, officeholder living expense		
					Staff lunch				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	holder 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/Political Committee

Event Expense
Fees
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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Gift/Awards/Memorials Expense Legal Services		Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
		i	The Instruction Guide explains	S HOW to C	omplete this form.	
1	Total pages Schedule G:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)
	Sch: 7/14 Rpt: 11/18		omas W. (The Honorable)			00026841
4	Date	<b>5</b> Payee name				
	09/09/2023	Mother Jone	es			
6	Amount (\$)	7 Payee addres	ss; City; State	e; Zip C	ode	
	\$20.00	P.O. Box 85		•		
		1				
	Reimbursement from political contributions intended	Dia Condu	TV 75755			
		Big Sandy,	17 12122		_	
8	PURPOSE OF	(a) Category (Se	ee Categories listed at the top of this sc	hedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Over	head/Rental Expense		L	Check if Austin, TX, officeholder living expense
					Subscription Mag	gazine
9	Complete ONLY if direct	Candidate/Officel	nolder name		Office sought	Office held
	expenditure to benefit					
	C/OH					
	Date	Payee name				
	07/06/2023	New York T	imes			
	Amount (\$)	Payee addres	ss; City; State	e; Zip C	ohe	
	\$21.28	620 Eighth		, <u> </u>	ouc	
		OZO LIGITATI	Avenue			
	Reimbursement from political contributions					
	intended	New York, N	NY 10018			
	PURPOSE	Category (Se	ee Categories listed at the top of this sc	hedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Over	head/Rental Expense			Check if Austin, TX, officeholder living expense
	LXI LINDITORL				Newspaper	
	Complete ONLY if direct	Candidate/Officel	nolder name		Office sought	Office held
	expenditure to benefit					
	C/OH					
	Date	Payee name				
	08/03/2023	New York T	imes			
	Amount (\$)	Payee addres	ss; City; State	e; Zip C	ode	
	\$21.28	620 Eighth		, _,		
		ozo zigitari				
	X Reimbursement from political contributions					
	intended	New York, N	NY 10018			
	PURPOSE	1 ,	ee Categories listed at the top of this sc	hedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Over	head/Rental Expense		L	Check if Austin, TX, officeholder living expense
					Newspaper	
		Candidate/Officel	nolder name		Office sought	Office held
	expenditure to benefit C/OH					
	ООП					

## 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/Political Comm Credit Card Payment			Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E		-	Transportation Equipment & Related Expens Travel in District Travel Out of District OTHER (enter a category not listed above)		
	Orean Cara Fayinem		The Instruction Guide explains	how to co	omplete this form.				
1	Total pages Schedule G:	2 FILER NAME				3 F	iler ID (Ethics	Commission Filers)	
	Sch: 8/14 Rpt: 12/18	Lowe III, Th	nomas W. (The Honorable)				00026841		
4	Date	<b>5</b> Payee name							
	08/31/2023	New York 1							
6	Amount (\$)	7 Payee addre	ss; City; State	; Zip Co	ode				
	\$21.28	620 Eighth	Avenue						
	Reimbursement from								
	x political contributions intended	New York,	NY 10018						
8	PURPOSE OF	(a) Category (s	ee Categories listed at the top of this sci	hedule)	(b) Description	=		Texas. Complete Schedule T.	
	EXPENDITURE	Office Over	head/Rental Expense		L	Che	eck if Austin, TX, office	cholder living expense	
					Newspaper				
		Candidate/Office	holder name		Office sought		Office	e held	
	expenditure to benefit C/OH								
	Data								
	Date	Payee name							
	10/26/2023	New York 1							
	Amount (\$)	Payee addre		e; Zip Co	ode				
	\$21.28	620 Eighth	Avenue						
	Reimbursement from political contributions								
	y political contributions intended	New York,	NY 10018						
	PURPOSE	Category (S	ee Categories listed at the top of this so	hedule)	Description	Che	ck if travel outside of	Texas. Complete Schedule T.	
	OF EXPENDITURE	Office Over	head/Rental Expense			Che	eck if Austin, TX, office	cholder living expense	
					Newspaper				
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office	held	
	expenditure to benefit C/OH								
L									
	Date	Payee name							
L	09/28/2023	New York 1	imes						
	Amount (\$)	Payee addre	ss; City; State	e; Zip Co	ode				
	\$21.28	620 Eighth	Avenue						
	Reimbursement from								
	X political contributions intended	New York,	NY 10018						
	PURPOSE	Category (s	ee Categories listed at the top of this sc	hedule)	Description	Che	ck if travel outside of	Texas. Complete Schedule T.	
	OF EXPENDITURE	Office Over	head/Rental Expense			Che	eck if Austin, TX, office	cholder living expense	
					Newspaper				
		Candidate/Office	holder name		Office sought		Office	held	
	expenditure to benefit C/OH								

# SCHEDULE G

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

Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain:		Expense Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAM	IE			3 Filer ID (Ethics Commission Filers)
	Sch: 9/14 Rpt: 13/18	Lowe III, T	homas W. (The Honorable)	)		00026841
4	Date	<b>5</b> Payee name	<u> </u>			
	11/23/2023	New York				
6	Amount (\$)	7 Payee addr	ess; City; State	e; Zip C	ode	
	\$21.28	620 Eighth		•		
	Reimbursement from political contributions intended	New York,	NY 10018			
8	PURPOSE	(a) Category (	See Categories listed at the top of this so	chedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Ove	rhead/Rental Expense		L	Check if Austin, TX, officeholder living expense
					Newspaper	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought	Office held
	Date	Payee nam	e			
	12/21/2023	New York	Times			
	Amount (\$)	Payee addr	ess; City; State	e; Zip C	ode	
	\$21.28	620 Eighth	n Avenue			
	Reimbursement from					
	X political contributions intended	New York,	NY 10018			
	PURPOSE	Category (	See Categories listed at the top of this so	chedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Ove	rhead/Rental Expense			Check if Austin, TX, officeholder living expense
	ZA ZIISII ONZ				Newspaper	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought	Office held
	Date	Payee name	e			
	08/08/2023	Oak Hall C	Cap @ Gown			
	Amount (\$)	Payee addr	ess; City; State	e; Zip C	ode	
	\$599.66	840 Union	Street			
	Reimbursement from political contributions intended	Salem, VA	24153			
	PURPOSE	Category (	See Categories listed at the top of this so	chedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	New Judic	ial Robe			Check if Austin, TX, officeholder living expense
	_, _, _, _, _, _, _, _, _, _, _, _, _, _				New Judicial Rol	be
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	eholder 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	-		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 complete this form.							
1	Total pages Schedule G:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)					
	Sch: 10/14 Rpt: 14/18	Lowe III, Thomas W. (The Honorable)		00026841					
4	Date	5 Payee name							
	07/03/2023	Public Storage							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
Ŭ	\$187.00	1015 Henderson Street							
	Reimbursement from	1010 110114010011 041001							
	political contributions intended	Fort Worth, TX 76102							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		eck if travel outside of Texas. Complete Schedule T.					
OF EXPENDITURE		Office Overhead/Rental Expense	Che	eck if Austin, TX, officeholder living expense					
		Storage							
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sough	nt	Office held					
	Date	Payee name							
	08/03/2023	Public Storage							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$187.00								
	Reimbursement from								
	political contributions intended								
	PURPOSE	Category (See Categories listed at the top of this schedule)  Description	=	eck if travel outside of Texas. Complete Schedule T.					
OF EXPENDITURE		Office Overhead/Rental Expense							
		Storage							
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sough	nt	Office held					
	Date	Payee name							
	09/03/2023	Public Storage							
Amount (\$)		Payee address; City; State; Zip Code							
	\$187.00	1015 Henderson Street							
	,	1010 Heliacison Street							
	X Reimbursement from political contributions intended	Fort Worth, TX 76102							
	PURPOSE	Category (See Categories listed at the top of this schedule) Description		eck if travel outside of Texas. Complete Schedule T.					
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense						
		Storage							
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sough	nt	Office held					

## SCHEDULE G

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

Advertising Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - Food/Beverage Expense Pollin y - Gift/Awards/Memorials Expense Print al Committee Legal Services Sala	e Overhead/Rental Expense ng Expense ing Expense ries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
	ordan dara r aymon	The Instruction Guide explains how t	to complete this form.						
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)					
	Sch: 11/14 Rpt: 15/18	Lowe III, Thomas W. (The Honorable)		00026841					
4	Date	5 Payee name	5 Pavee name						
	10/03/2023	Public Storage							
6	Amount (\$)								
٠	\$187.00	7 Payee address; City; State; Zip Code							
		1015 Henderson Street							
	Reimbursement from political contributions								
	intended	Fort Worth, TX 76102	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					
	LAFENDITORE		Storage						
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held					
	expenditure to benefit								
	C/OH								
	Date	Payee name							
	12/03/2023	Public Storage							
	Amount (\$)	Payee address; City; State; Zip	Code						
	\$187.00	1015 Henderson Street							
		1010 Henderson Gueet							
	X Reimbursement from political contributions	F							
	intended	Fort Worth, TX 76102	_						
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.					
EXPENDITURE		Office Overhead/Rental Expense	L	Check if Austin, TX, officeholder living expense					
			Storage						
	•	Candidate/Officeholder name	Office sought	Office held					
	expenditure to benefit C/OH								
	Date	Payee name							
	11/07/2023	Staples							
	Amount (\$)	Payee address; City; State; Zip	Code						
	\$10.81	1660 South University Drive							
	Reimbursement from								
	X political contributions intended	Fort Worth, TX 76107							
	PURPOSE		Description	Check if travel outside of Texas. Complete Schedule T.					
	OF	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description	Check if Austin, TX, officeholder living expense					
EXPENDITURE		Office Overhead/Rental Expense	Supplies	_					
			Опринез						
	Complete ONE V if direct	Condidate/Officeholder ners	Office country	Office held					
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought	Office held					
	C/OH								

# SCHEDULE G

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

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			-		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 G:	2 FILER NAM	E			3 File	er ID (Ethics Comm	nission Filers)
	Sch: 12/14 Rpt: 16/18	Lowe III, TI	nomas W. (The Honorable)			00	026841	
4	Date	5 Payee name	1			<u> </u>		
	12/25/2023	Star-Telegram						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$103.91							
	Reimbursement from							
	X political contributions intended	Fort Worth, TX 76133						
8	PURPOSE	SE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete					omplete Schedule T.	
	OF	I DITICE DIVERNEAU/RENTAL HYDENSE I I DICERTIFICATION				if Austin, TX, officeholder livi	ng expense	
	EXPENDITORE	Newspaper						
9	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held	
	expenditure to benefit				Ū			
	C/OH							
	Date	Payee name	)					
	12/29/2023	State Bar o	of Texas Bar College					
	Amount (\$)	Payee address; City; State; Zip Code						
	\$75.00 1414 Colorado Street							
		1414 0001	ado Sireet					
	Reimbursement from political contributions							
intended Austin, TX 78701								
	PURPOSE	Category (s	See Categories listed at the top of this so	hedule)	Description	=	if travel outside of Texas. Co	
OF EXPENDITURE		Dues			l L	Check	if Austin, TX, officeholder livi	ng expense
		Dues						
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held	
expenditure to benefit C/OH								
	Date	Payee name						
	12/01/2023	Szechuan	Restaurant					
	Amount (\$)	Payee addre	ess; City; State	e; Zip Co	ode			
	\$34.92	5712 Locke Avenue						
	Reimbursement from							
	X political contributions intended	Fort Worth	TX 76116					
	PURPOSE	Category (s	See Categories listed at the top of this so	hedule)	Description	Check	if travel outside of Texas. Co	omplete Schedule T.
	OF	Food/Beve	rage Expense			Check	if Austin, TX, officeholder livi	ng expense
	EXPENDITURE				Staff Lunch			
	Complete ONLY if direct	L Candidate/Office	holder name		Office sought		Office held	
	expenditure to benefit				<del> 9</del> - · · ·			
	C/OH							

# SCHEDULE G

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

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Food/Beverage Expense Polling Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Eggl Services Salaries/Wages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)				
	Credit Card Payment  The Instruction Guide explains how to complete this form.								
1	Total pages Schedule G:	2 FILER NAM	Ē			3 Fi	iler ID (E	Ethics Commission Filers)	
	Sch: 13/14 Rpt: 17/18	Lowe III, Th	nomas W. (The Honorable)			0	0026841		
4	Date	5 Payee name	)						
	07/03/2023	Szechuan Restaurant							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$52.00								
	Reimbursement from								
	X political contributions intended	Fort Worth,	, TX 76116						
8	PURPOSE OF	(a) Category (s	See Categories listed at the top of this sche	edule)	(b) Description	=		side of Texas. Complete Schedule T.	
	EXPENDITURE	Food/Beve	rage Expense		L	Chec	k if Austin, TX	X, officeholder living expense	
					Staff Lunch				
Ļ			<del></del>						
9	Complete <u>ONLY</u> if direct expenditure to benefit	Candidate/Office	holder name		Office sought		(	Office held	
	C/OH								
H	Date	Payee name							
	10/05/2023	U. S. Posta							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$194.00 3101 West 6th Street								
	Reimbursement from	Olol West	our outest						
	x political contributions intended	Fort Worth,	TY 76147						
		_			Description F	7 01	1. 26 4	ide of Tours Consulate Cabadala T	
	PURPOSE OF		See Categories listed at the top of this scho	edule)	Description	=		side of Texas. Complete Schedule T. C, officeholder living expense	
	EXPENDITURE	Office Over	rhead/Rental Expense		Box Rental				
					20% 11011101				
	Complete ONLY if direct	L Candidate/Office	holder name		Office sought		(	Office held	
	expenditure to benefit								
	C/OH								
	Date	Payee name	;						
	08/08/2023	Uber Techi	nologies						
	Amount (\$)	Payee addre	ess; City; State;	Zip Co	de				
	\$33.00	1455 Mark	et Street, Ste. 400						
	Reimbursement from								
	X political contributions intended	San Franso	cisco, CA 94103						
	PURPOSE	Category (S	See Categories listed at the top of this sch	edule)	Description	Chec	k if travel outs	side of Texas. Complete Schedule T.	
	OF EXPENDITURE	Transporat	ion			Chec	k if Austin, TX	X, officeholder living expense	
	_/				Transportation to	DFW	V Airport		
L									
		Candidate/Office	holder name		Office sought			Office held	
	expenditure to benefit C/OH								
$\vdash$									

#### 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: 14/14 Rpt: 18/18 Lowe III, Thomas W. (The Honorable) 00026841 Date Payee name 08/08/2023 **Uber Technologies** 6 Amount (\$) Payee address; City; State; Zip Code \$33.00 1455 Market Street, Ste. 400 Reimbursement from political contributions intended Х San Franscisco, CA 94103 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense **Transporation EXPENDITURE** Transporation from DFW to home Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/15/2023 Walker, Jacci (Mrs.) Amount (\$) Payee address; City; State; Zip Code \$48.71 945E Ridge Ct Reimbursement from political contributions Χ Grapevine, TX 76051 intended **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Reimbursement for birthday pie Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH