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 17 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Thomas W. NAME Date Received **ELECTRONICALLY FILED** 07/08/2024 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 January 15 30th day before election 15th day after campaign treasurer Runoff appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Day Month Day Year Year **COVERED THROUGH** 01/01/2024 06/30/2024 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 17

13 C / OH NAME	Lowe III, Thomas W.	(The Honorable)	14 Filer ID 00026841	(Ethics Comn	nission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expend These expenditures may have been made withou I officeholders are required to report this informat	it the candidate's or offic	ceholder's kno	wledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDR	ESS				
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS(OTHER TH. ES OF LOANS, OR CONTRIBUTIONS MADE EL		\$	0.00		
		ICAL CONTRIBUTIONS	NS)	\$	0.00		
EXPENDITURE TOTALS							
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	19,441.75		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$	28,516.55		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$	0.00		
17 AFFIDAVIT		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required				
		The Hono	rable Thomas W. Lov	we III			
		Signature	of Candidate or Officeho	older			
AFFIX NO	TARY STAMP / SEAL AB	OVE					
		aid	, this the		_ day		
of	, 20, to co	ertify which, witness my hand and seal of office.					
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	er administerin	ig oath		
-	Ç	Ç .			-		

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

				3 of 17						
	8 FILER NAME Lowe III, Thomas W. (The Honorable) 19 Filer ID (Ethics Commission Filers) 00026841									
	E SUBTOTALS SCHEDULE		SUBTOTAL AI	MOUNT						
1. X SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)										
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00						
3. X	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	0.00						
4. X	SCHEDULE E(J): LOANS (JUDICIAL)		\$	0.00						
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	16,423.11						
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00						
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00						
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00						
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	3,018.64						
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$							
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$							
12.	\$									
			•							

PLEDG	ED CONTRIBUTIONS (JUDICI	AL)		SCHED	ULE B(J)
The I	nstruction Guide explains how to comple	te this form.	1 Total pages Sc Sch: 1/1 Rpt:		
2 FILER NAME Lowe III, The	omas W. (The Honorable)	3 Filer ID (00026841	Ethics Commissio	n Filers)	
4 TOTAL OF	UNITEMIZED PLEDGES			\$	0.00
5 Date	6 Full name of pledgor out-of-state PAC (ID#:_ 7 Pledgor Address; City; State; Zip (8 Amount of pledge (\$)	9 In-kind (If ap	description plicable)
			Check if travel	outside of Texas.	Complete Schedule T.
10 Pledgor's prin	cipal occupation	11 Pledgor's job title			
12 Pledgor's em	oloyer/law firm	13 Law firm of pledgor	's spouse (if any)		
14 If pledgor is a	child, law firm of parent(s) (if any)	1			

	LOANS (J	UDICIAL)				SCHED	ULE E(J)
	The Instructio	on Guide explains how to complete this	form.	1		ges Schedule L Rpt: 5/17	E(J):	
2	FILER NAME Lowe III, Thomas	s W. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00026841				
4	TOTAL OF UN	IITEMIZED LOANS		<u>. </u>		\$		0.00
5	Date of loan	7 Name of lender out-of-state Pa	AC (ID#:)	9 Loan Amo	ount (\$)	
6	Is lender a financial institution?		10 Interest R					
						11 Maturity D	ate	
12	2 Lender's Principal	Occupation	13 Lender's Job Title					
14	1 Lender's Employer	r/Law Firm	15 Law Firm of lender's spous	se (if a	any)			
16	If lender is child, la	aw firm of parent(s) (if any)	ı					
17	7 Description of Coll	ateral	18 Check if personal funds we	ere de	posited	into political a (See Instr		
19	GUARANTOR INFORMATION	20 Name of guarantor	•			22 Amount G	uaranteed	(\$)
23	not applicable not applicable	21 Guarantor address; City; State; pal Occupation	Zip Code 24 Guarantor's Job Title					
25	5 Guarantor's Emplo	over/Low Eirm	26 Law Firm of guarantor's sp	NOLICO NOLICO	(if any)			
	· 		20 Law I IIII of guarantor 3 Sp	,ousc	(ii diriy)			
27	' If guarantor is child	d, law firm of parent(s) (if any)						

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	-	norials Expense on Guide explains		ges/Contract Labor	Travel Out of Di OTHER (enter a	istrict a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3 Filer ID	(Ethics Commission Filers)
	Sch: 1/1 Rpt: 6/17		Lowe III, Thomas W. (1	he Honorable)			00026841	
4	Date	5	Payee name					
	03/15/2024		Lowe III, Thomas Wilso	on (Judge)				
6	Amount (\$)	7	Payee address; City;	State;	; Zip Code	9		
	\$16,423.11		P. O. Box 472025					
			Fort Worth, TX 76147					
8	PURPOSE	(a)	Category (See Categories list	ed at the top of this sch	ledule) (I	Description		
	OF EXPENDITURE		Reimbursement			ш	outside of Texas. Con	
							n, TX, officeholder livin	le G expenses from
						1/1/23 - 12/3		іс о ехрепзез пош
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder nar		Office sough	nt .	Office h	old
	expenditure to benefit C/OI	Η (andidate/Officerolder flat	ie C	Jilice Sougi	ıı	Office fi	Ciu
l								

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Advertising Expense Event Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Over Polling Ex Printing E Salaries/V	xpense Nages/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: 1/11 Rpt: 7/17		Lowe III, Thomas W. (The Honorable)				00026841
4	Date	5	Payee name				
	02/05/2024		Costco				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode		
	\$38.42		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 sche	dule)	(b) Description	Cl	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Beverage Expense			Cl	neck if Austin, TX, officeholder living expense
	LAFENDITORE				Soft drinks/snack	S	
9	Complete ONLY if direct expenditure to benefit C/OH	Car	didate/Officeholder name		Office sought		Office held
	Date		Payee name				
	03/10/2024		Costco				
	Amount (\$)	\vdash	Payee address; City; State;	Zip Co	ode		
	\$81.24		5300 Overton Ridge Blvd	p 00	540		
	, -		3000 Overton Mage Biva				
	X Reimbursement from political contributions intended		Fort Woth, TX 79132				
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	CI	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Beverage Expense			Cl	neck if Austin, TX, officeholder living expense
	EXI ENDITORE				Soft drinks/snack	S	
	Complete ONLY if direct expenditure to benefit C/OH	Car	didate/Officeholder name		Office sought		Office held
m	Date	Τ	Payee name		 _		
	04/01/2024		Costco				
_	Amount (\$)	\vdash	Payee address; City; State;	Zip Co	nde		
	\$45.17		5300 Overton Ridge Blvd	p 00			
	, -		3000 Overton Mage Biva				
	X Reimbursement from political contributions intended		Fort Woth, TX 79132				
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	╛	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Beverage Expense		L L	_	neck if Austin, TX, officeholder living expense
					Soft drinks/snack	S	
	Complete ONLY if direct expenditure to benefit C/OH	Car	didate/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 Expen Gift/Awards/Memorials Legal Services The Instruction G	Expense		xpense Nages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not liste	d above)
1	Total pages Schedule G:	2	FILER NAME					3	Filer ID (Ethics Commis	ssion Filers)
L	Sch: 2/11 Rpt: 8/17		Lowe III, Th	omas W. (The I	Honorable)			\perp	00026841	
4	Date	5	Payee name							
	06/18/2024		Costco							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode			
	\$52.99		5300 Overt	on Ridge Blvd						
	Reimbursement from political contributions intended		Fort Woth,	TX 79132						
8	PURPOSE	(a)	Category (s	ee Categories listed at t	the top of this sche	edule)	(b) Description	=	neck if travel outside of Texas. Con	
	OF EXPENDITURE		Food/Bever	age Expense			L	_	neck if Austin, TX, officeholder living	g expense
							Soft drinks/snack	ks		
Ļ		Ļ								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought		Office held	
	Date		Payee name							
	01/10/2024		Dallas Morr	ning News						
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode			
	\$28.10		1954 Comn	nerce Street						
	Reimbursement from political contributions intended		Dallas, TX	75201						
	PURPOSE		Category (s	ee Categories listed at t	he top of this sche	edule)	Description	=	neck if travel outside of Texas. Con	
	OF EXPENDITURE		Newspaper				l	Ch	neck if Austin, TX, officeholder living	g expense
							Newspaper			
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought		Office held	
H	Data	_	Davis							
	Date 02/16/2024		Payee name Dallas Morr	ning News						
_		\vdash			C+-+-	7: 0	ada.			
	Amount (\$) \$28.10		Payee addre	ss; City; nerce Street	State;	Zip Co	oue			
			1304 COIIII	16166 311661						
	Reimbursement from political contributions intended		Dallas, TX	75201						
	PURPOSE OF	_	Category (S	ee Categories listed at t	he top of this sche	edule)	Description	=	neck if travel outside of Texas. Con	
	EXPENDITURE		Newspaper				L	Ch	neck if Austin, TX, officeholder living	y expense
							Newspaper			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Office	holder name			Office sought		Office held	

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			Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E		T T	ravel in District ravel Out of District	egory not listed above)
	Credit Card Payment		The Instruction Guide explains	how to co	emplete this form.			
1 T	otal pages Schedule G:	2 FILER NAMI				3 F	iler ID (Ethic	s Commission Filers)
S	Sch: 3/11 Rpt: 9/17	Lowe III, Th	nomas W. (The Honorable)			0	0026841	
4 D	Date	5 Payee name				<u> </u>		
	3/10/2024	Dallas Mori						
6 A	mount (\$)	7 Payee addre	ss; City; State	; Zip Co	ode			
	\$28.10	1954 Comr	nerce Street					
_	Reimbursement from							
	x political contributions intended	Dallas, TX	75201					
8	PURPOSE OF	(a) Category (s	ee Categories listed at the top of this sch	nedule)	(b) Description	_		f Texas. Complete Schedule T.
	EXPENDITURE	Newspapeı			L	Che	ck if Austin, TX, offic	ceholder living expense
					Newspaper			
	• —	Candidate/Office	holder name		Office sought		Offic	e held
	expenditure to benefit C/OH							
<u> </u>	\							
	Oate	Payee name						
)4/10/2024	Dallas Mor						
Α	mount (\$)	Payee addre		; Zip Co	ode			
	\$28.10	1954 Comr	nerce Street					
	Reimbursement from political contributions							
Ľ	political contributions intended	Dallas, TX	75201					
	PURPOSE	Category (s	ee Categories listed at the top of this sch	nedule)	Description	Che	ck if travel outside o	f Texas. Complete Schedule T.
	OF EXPENDITURE	Newspapeı				Che	ck if Austin, TX, offic	ceholder living expense
	EXI ENDITORE				Newspaper			
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Offic	e held
	expenditure to benefit							
	Date	Payee name						
0	05/10/2024	Dallas Mor	ning News					
Α	mount (\$)	Payee addre	ss; City; State	; Zip Co	ode			
	\$32.51	1954 Comr	nerce Street					
_	Reimbursement from							
	x political contributions intended	Dallas, TX	75201					
	PURPOSE	Category (S	ee Categories listed at the top of this sch	nedule)	Description	Che	ck if travel outside o	f Texas. Complete Schedule T.
	OF EXPENDITURE	Newspape				Che	ck if Austin, TX, offic	ceholder living expense
					Newspaper			
L								
		Candidate/Office	holder name		Office sought		Offic	e held
	xpenditure to benefit C/OH							
\vdash								

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 Expen Gift/Awards/Memorials Legal Services The Instruction G	Expense		xpense Vages/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule G:	2	FILER NAME	≣				3	Filer ID (E	thics Commission Filer	s)
	Sch: 4/11 Rpt: 10/17		Lowe III, Th	nomas W. (The I	Honorable)				00026841		
4	Date	5	Payee name								
	06/10/2024		Dallas Mori	ning News							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode				
	\$32.51		1954 Comr	nerce Street							
	Reimbursement from political contributions intended		Dallas, TX	75201							
8	PURPOSE	(a)	Category (S	ee Categories listed at t	he top of this sche	edule)	(b) Description	_		de of Texas. Complete Schedu	ule T.
	OF EXPENDITURE		Newspaper				l L	Ch	neck if Austin, TX,	officeholder living expense	
							Newspaper				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Office	holder name			Office sought		0	ffice held	
	Date		Payee name								
	01/08/2024		Local Food	s Kitchen							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode				
	\$27.05		4548 Hartw	ood Drive							
	Reimbursement from										
	X political contributions intended		Fort Worth,	TX 76109							
	PURPOSE		Category (S	ee Categories listed at t	the top of this sche	edule)	Description	Ch	neck if travel outsid	de of Texas. Complete Schedu	ule T.
	OF EXPENDITURE		Food/Beve	rage Expense			[Ch	neck if Austin, TX,	officeholder living expense	
							Staff treats				
		Ļ	11.1.10.00								
	Complete ONLY if direct expenditure to benefit	Cai	ndidate/Office	noider name			Office sought		0	office held	
	C/OH										
	Date		Payee name								
	05/13/2024		Local Food	s Kitchen							
	Amount (\$)	Т	Payee addre	ss; City;	State;	Zip Co	ode				
	\$21.11		4548 Hartw	ood Drive							
	Reimbursement from										
	X political contributions intended		Fort Worth,	TX 76109							
	PURPOSE	\vdash	Category (S	ee Categories listed at t	the top of this sche	edule)	Description	Ch	neck if travel outsic	de of Texas. Complete Schedu	ule T.
	OF EXPENDITURE		Food/Beve	rage Expense			[Ch	neck if Austin, TX,	officeholder living expense	
							Staff treats				
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Office	holder name			Office sought		Ο	iffice held	

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment				Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Over Polling Ex Printing E		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	Credit Card Fayment			The Instruction Guide explains	how to co	omplete this form.	
1	Total pages Schedule G:	2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Sch: 5/11 Rpt: 11/17		Lowe III, Th	omas W. (The Honorable)			00026841
4	Date	5	Payee name				
	04/23/2024		Local Foods	s Kitchen			
6	Amount (\$)	7	Payee addres	ss; City; State;	Zip Co	ode	
	\$21.11		4548 Hartwe		•		
	Reimbursement from						
	X political contributions intended		Fort Worth,	TX 76109			
8	PURPOSE	(a)	Category (Se	ee Categories listed at the top of this sch	edule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Bever	age Expense			Check if Austin, TX, officeholder living expense
	EXI ENDITORE					Staff treats	
9	Complete ONLY if direct	Ca	ndidate/Officeh	nolder name		Office sought	Office held
	expenditure to benefit C/OH						
	Date		Payee name				
	01/18/2024		New York T	ïmes			
_	Amount (\$)	⊢	Payee addres		Zip Co	nde	
	\$21.28		620 Eighth		Zip Cc	oue	
			020 Lightin /	Avenue			
	X Reimbursement from political contributions intended		New York, N	NY 10018			
	PURPOSE		Category (Se	ee Categories listed at the top of this sch	edule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Newspaper			L	Check if Austin, TX, officeholder living expense
						Newspaper	
		Ca	ndidate/Officeh	nolder name		Office sought	Office held
	expenditure to benefit C/OH						
	_	_					
	Date		Payee name				
	02/15/2024	L	New York T	imes			
	Amount (\$)		Payee addres	ss; City; State;	Zip Co	ode	
	\$21.28		620 Eighth	Avenue			
	Reimbursement from						
	X political contributions intended		New York, N	NY 10018			
	PURPOSE	Τ	Category (Se	ee Categories listed at the top of this sche	edule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Newspaper			[Check if Austin, TX, officeholder living expense
	EXPENDITORE					Newspaper	
		Ca	ndidate/Officeh	nolder name		Office sought	Office held
	expenditure to benefit C/OH						
	С/ОП						

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		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		kpense /ages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAM				3 Filer ID (Ethics Commission Filers)
	Sch: 6/11 Rpt: 12/17		nomas W. (The Honorable)			00026841
4	Date	5 Payee name				
	03/14/2024	New York				
6	Amount (\$)	7 Payee addre	. , , , , , , , , , , , , , , , , , , ,	Zip Co	de	
	\$21.28	620 Eighth	Avenue			
	X Reimbursement from political contributions intended	New York,	NY 10018			
8	PURPOSE	(a) Category (s	See Categories listed at the top of this sch	edule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Newspape	r		L	Check if Austin, TX, officeholder living expense
					Newspaper	
Ļ	0 1: 0 1: 0 1: 0	0 111 105			0.00	000
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought	Office held
	Date	Payee name	?			
	05/09/2024	New York ⁻	Times			
	Amount (\$)	Payee addre	ess; City; State;	Zip Co	de	
	\$21.28	620 Eighth	Avenue			
	X Reimbursement from political contributions intended	New York,	NY 10018			
	PURPOSE OF	Category (S	See Categories listed at the top of this sch	edule)	Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Newspape	r		L	Check if Austin, TX, officeholder living expense
					Newspaper	
	Complete ONLY if direct	Candidate/Office	sholder name		Office sought	Office held
	expenditure to benefit	Candidate/Office	noidei name		Office sought	Office field
	C/OH					
	Date	Payee name)			
	06/06/2024	New York ⁻	Times			
	Amount (\$)	Payee addre	ess; City; State;	Zip Co	de	
	\$21.28	620 Eighth	Avenue			
	Reimbursement from political contributions intended	New York,	NY 10018			
	PURPOSE		See Categories listed at the top of this sch	edule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Newspape		,		Check if Austin, TX, officeholder living expense
	EXPENDITURE				Newspaper	
	Complete ONLY 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

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

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

	Candidate/Officeholder/Politica Credit Card Payment				Wages/Contract Labor		OTHER (enter a category not listed above)
			The Instruction Guide explain	s now to c	omplete this form.	_	
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 7/11 Rpt: 13/17		Lowe III, Thomas W. (The Honorable)			00026841
4	Date	5	Payee name			•	
	04/11/2024		New York Times				
6	Amount (\$)	7	Payee address; City; Stat	e; Zip C	ode		
	\$21.28		620 Eighth Avenue				
	Reimbursement from						
	X political contributions intended		New York, NY 10018				
8	PURPOSE	(a)	Category (See Categories listed at the top of this s	rhedule)	(b) Description	7 Ct	heck if travel outside of Texas. Complete Schedule T.
Ū	OF	"	Newspaper	oricuaic)		=	neck if Austin, TX, officeholder living expense
	EXPENDITURE		Νονοραροί		Newspaper		
9	Complete ONLY if direct	Car	ndidate/Officeholder name		Office sought		Office held
	expenditure to benefit				3		
	C/OH						
	Date		Payee name				
	06/25/2024		Office Depot				
	Amount (\$)	T	Payee address; City; Stat	e; Zip C	ode		
	\$113.10		4613 S. Hulen Street				
	Reimbursement from						
	X political contributions intended		Fort Worth, TX 76132				
	PURPOSE		Category (See Categories listed at the top of this s	chedule)	Description	Cr	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense			Cł	heck if Austin, TX, officeholder living expense
					Supplies		
		Car	ndidate/Officeholder name		Office sought		Office held
	expenditure to benefit C/OH						
	Date	Ε	Davis a series				
	02/03/2024		Payee name Public Storage				
		┡		-: 7:- 0	1 -		
	Amount (\$)		, ,,	e; Zip C	ode		
	\$285.00		1015 Henderson Street				
	Reimbursement from political contributions						
	intended	L	Fort Worth, TX 76102		_		
	PURPOSE OF		Category (See Categories listed at the top of this s	chedule)	Description	_	heck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Office Overhead/Rental Expense		L		heck if Austin, TX, officeholder living expense
					Storage		
	Occupation Chilly III	<u>_</u>	alidate (Office Inc.)				0# 1.11
	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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica						Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
	Credit Card Payment		The Instruction Guide explains	how to co	omplete this form.						
1	Total pages Schedule G:	2 FILER NAMI				3 F	iler ID (Ethic	s Commission Filers)			
	Sch: 8/11 Rpt: 14/17	Lowe III, Th	nomas W. (The Honorable)				00026841				
4	Date	5 Payee name				1					
	01/03/2024	Public Stor									
6	Amount (\$)	7 Payee address; City; State; Zip Code									
	\$285.00	1015 Hend	1015 Henderson Street								
	Reimbursement from										
	X political contributions intended	Fort Worth, TX 76102									
8	PURPOSE						f Texas. Complete Schedule T.				
	OF EXPENDITURE	Office Over	head/Rental Expense			Che	eck if Austin, TX, offic	eholder living expense			
					Storage						
9		Candidate/Office	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OH										
H		<u> </u>									
	Date	Payee name									
	03/03/2024	Public Stor									
	Amount (\$)	Payee address; City; State; Zip Code									
\$285.00 1015 Henderson Street											
	Reimbursement from political contributions										
	intended	Fort Worth,	TX 76102								
PURPOSE		Category (S	ee Categories listed at the top of this sc	hedule)	Description	=		f Texas. Complete Schedule T.			
OF EXPENDITURE		Office Over	head/Rental Expense		[Che	eck if Austin, TX, offic	eholder living expense			
					Storage						
Complete <u>ONLY</u> if direct expenditure to benefit		Candidate/Officeholder name Office sought					Offic	e held			
	C/OH										
H	Data										
	Date	Payee name									
	04/03/2024	Public Stor									
	Amount (\$)	Payee addre	•	e; Zip Co	ode						
	\$285.00	1015 Hend	erson Street								
	Reimbursement from political contributions										
L	intended	Fort Worth,	TX 76102								
	PURPOSE	Category (S	ee Categories listed at the top of this sc	hedule)	Description	=		f Texas. Complete Schedule T.			
OF EXPENDITURE		Office Over	head/Rental Expense		[Che	eck if Austin, TX, offic	eholder living expense			
	- -				Storage						
	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought		Offic	e held			
	C/OH										

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ov Polling Ex Printing E Salaries/A	Expense Wages/Contract Labor	Solicitation/Fundratising 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: 9/11 Rpt: 15/17		Lowe III, Thomas W. (The Honorable)			00026841			
4	Date	5	Payee name						
	05/03/2024		Public Storage						
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$285.00								
	Reimbursement from political contributions intended	Fort Worth, TX 76102							
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.			
	OF	l` <i>`</i>	Office Overhead/Rental Expense	,	l`´	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						
	06/03/2024		Public Storage						
Amount (\$) Payee addres			Payee address; City; State;	ss; City; State; Zip Code					
	\$285.00	\$285.00 1015 Henderson Street							
	Reimbursement from political contributions intended		Fort Worth, TX 76102						
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held			
	Date		Payee name						
	01/18/2024		Staples						
	Amount (\$) \$12.44		Payee address; City; State; 1660 South University Drive	Zip Co	ode				
	Reimbursement from political contributions intended		Fort Worth, TX 76107						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Office Overhead/Rental Expense	dule)	Description Supplies	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment		Gift/Awards/Memorials Expense Prin		pense ages/Contract Labor	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: 10/11 Rpt: 16/17		Lowe III, Thomas W. (The Honorable)			00026841			
4	Date	5	Payee name						
	05/03/2024		Texas Board of Legal Specialization						
6	Amount (\$)	7	Payee address; City; State; Zip	р Со	de				
	\$200.00		P. O. Box 12487						
	Reimbursement from political contributions intended		Austin, TX 78711						
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		Dues			Check if Austin, TX, officeholder living expense			
					Dues				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate/Officeholder name		Office sought	Office held			
	Date		Payee name						
	05/28/2024		The Atlantic Magazine						
	Amount (\$)		yee address; City; State; Zip Code						
	\$89.99 600 New Hampton Avenue, N.W.								
	Reimbursement from								
	X political contributions intended		Washington, DC 20037						
	PURPOSE		Category (See Categories listed at the top of this schedule)))	Description	Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE			Magazine		L	Check if Austin, TX, officeholder living expense			
					Magazine				
		<u> </u>							
	Complete ONLY if direct expenditure to benefit	Can	didate/Officeholder name		Office sought	Office held			
	C/OH								
	Date		Payee name						
	05/02/2024		U.S. POSTAL SERVICE						
	Amount (\$)	╙	Payee address; City; State; Zip	n Co	de				
	\$200.00	ı	3101 West 6th Street	p 00	u0				
	Reimbursement from		0_0_ 0000 000 000						
	political contributions intended		Fort Worth, TX 76147						
	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		_ L	Check if Austin, TX, officeholder living expense			
					Box rental				
	Complete ONLY if direct expenditure to benefit C/OH	Can	didate/Officeholder name		Office sought	Office held			
l									

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 NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 11/11 Rpt: 17/17 Lowe III, Thomas W. (The Honorable) 00026841 Date Payee name 06/03/2024 Uncle Julio's 6 Amount (\$) Payee address; City; State; Zip Code \$100.92 5301 Camp Bowie Reimbursement from political contributions intended Х Fort Worth, TX 76107 **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 Food/Beverage Expense **EXPENDITURE** Staff luncheon Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH