CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	Filer ID (Eth	ics Commission Filers)	2 Total pages filed:				OFFICE US	SE ONLY
	00085680		40				Date Received	
3	CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST David O.			MI	ELECTRONICAL 08/19/2024	LY FILED
		NICKNAME	LAST			SUFFIX	1	
			Lowe				Date Hand-delivered or D	ate Postmarked
4	ORIGINAL REPORT TYPE	January 15	Runoff		Other (sp	pecify)		
		July 15	Exceeded modified				Receipt #	Amount
		X 30th day before election	15th day after cam appointment (office	holder only)	ei		Date Processed	
L		8th day before election	Final Report (Attac					
5	ORIGINAL PERIOD COVERED	Month Day Yea 01/01/2024	r THROUGH	Month 01/	Day 25/2024	Year	Date Imaged	
6	EXPLANATION OF (CORRECTION					-	
7	AFFIDAVIT							
				correct.	m, under pe	enalty of perjury	, that this corrected r	eport is true
			Che	eck the box	next to any	and all applicat	ole statements:	
				was mad	e in good fa	ith and without	affirm that the origina an intent to mislead ned in the report.	
			X	report not that the re swear, or	t later than t eport as orig	he 14th busines ginally filed is in any error or or	that I am filing this c ss day after the date accurate or incomple hission in the report a	l learned ete. l
						Mr. David O.	Lowe	
					Signatu	re of Candidate	or Officeholder	
	AFFIX NOTARY ST	AMP / SEAL ABOVE						
		ribed before me, by the said					ne	day
	of	, 20, to cert	ify which, witness my	hand and s	eal of office			
L	Signature of offic	er administering oath	Printed name of c	fficer admir	istering oat	h1	Fitle of officer adminis	stering oath
		Remember To Att Nee	ach Any Part Of ded To Report A				ort Form	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this	form. 1 Filer ID (Ethics Commission 00085680		 Total pages file 40 	
3 CANDIDATE /	MS / MRS / MR FIRST		MI	OFFICE U	
OFFICEHOLDER	Mr. David	0.			
NAME				Date Received	
				ELECTRONICAL	LY FILED
	NICKNAME LAST		SUFFIX	08/19/2024	
	Lowe				
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE	#; CITY;	ZIP CODE	Date Hand-delivered or D	Date Postmarked
MAILING	7424 Park Place Dr				
ADDRESS				Receipt #	Amount
Change of Address	North Richland Hills, TX 76182				
				Date Processed	
				Date Imaged	
5 CAMPAIGN	MS/MRS/MR FIRST		MI		
TREASURER	Mr. David	О.			
NAME					
	NICKNAME LAST		SUFFIX		
	Lowe				
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PL	EASE); APT / S	SUITE #; CITY;	STAT	E; ZIP CODE
TREASURER	7424 Park Place Dr.				
ADDRESS					
(Residence or Business)					
	North Richland Hills, TX 76182				
7 CAMPAIGN	AREA CODE PHONE NUME	BER EXTENSION			
TREASURER		DER EATENSION			
PHONE	(469) 955-6710				
8 REPORT TYPE					
TIPE	January 15 X 30th d	day before election Ru	noff	15th day after camp appointment (office	
	July 15 Sth da	ay before election 🗌 Ex	ceeded modified	Final Report (Attacl	
			orting limit	Tindi Report (Adde	
	Marsh Davis Maar		Marth Davi	Maar	
9 PERIOD COVERED	Month Day Year	TUPOLICU	Month Day	Year	
OOVERED	01/01/2024	THROUGH	01/25/2024	ł	
10 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year	X Primary	Runoff	Other	
	03/05/2024	General	Special		
11 OFFICE	OFFICE HELD (if any)	1	2 OFFICE SOUGHT		
	None District HD 91 Tarrant		State Representa	tive District 91	
	1				
		GO TO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.ethics.state.tx.us		Versior	v4.1.0.d378aba0

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

Lowe, David O. (Mr.)

13 C / OH NAME

Forms

FORM C/OH **COVER SHEET PG 2** 3 of 40

(Ethics Commission Filers)

14 Filer ID

		00085680	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures made by political co These expenditures may have been made without the candidate's or office d officeholders are required to report this information only if they receive not	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
		COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, EES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 63,510.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITIC	CAL EXPENDITURES	\$ 59,783.32
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE ERIOD	\$ 8,424.92
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIE OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY RTING PERIOD	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under penalty of perjury, that the acc true and correct and includes all information required to under Title 15, Election Code.	
		Mr. David O. Lowe	dan.
		Signature of Candidate or Officehold	Jer
AFFIX NC	DTARY STAMP / SEAL AB	OVE	
Sworn to and subs	scribed before me, by the s	aid, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.	
Signature of off	icer administering	Printed name of officer administering Title of officer	administering oath
Forms provided by Te	exas Ethics Commission	n www.ethics.state.tx.us	/ersion V4.1.0.d378aba

S	UBT	OTALS - C/OH	(ORM C/OH SHEET PG 3 4 of 40
-	ER NAM we, Da	ΛΕ vid O. (Mr.)	19 Filer ID 00085680		ommission Filers)
		E SUBTOTALS SCHEDULE		SUB	TOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	63,510.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	59,783.32
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	0.19

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 1/25 Rpt: 5/40	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Lowe, David	i O. (Mr.)			00085680	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	01/09/2024	Albaugh, Thomas			-	\$15.00
		6 Contributor address; City; State; Zip Code				
		North Richland Hills, TX 76180				
8	Principal occl	upation / Job title (See Instructions)	9 Employer (See Instructions	ட 5)		
	Delivery driv		Mygrant Glass	,		
-	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	01/12/2024	Arenz, John	/			\$100.00
	U1/12/202-7					Φ100.00
		Contributor address; City; State; Zip Code				
		North Richland Hills, TX 76182				
⊢	Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ار</u>		
	retired		retired	ッ		
╞				—		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	±
	01/09/2024	Arnenz, John]		\$100.00
		Contributor address; City; State; Zip Code				
		North Richland Hills, TX 76182	1			
	•	upation / Job title (See Instructions)	Employer (See Instructions	;)		
L	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	01/09/2024	Arnold, Aimee				\$50.00
		Contributor address; City; State; Zip Code				
		North Richland Hills, TX 76182				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)		
	PT		Self			
F	Date	Full name of contributor Out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	01/09/2024	Arnold, Steven			• •	\$50.00
		Contributor address; City; State; Zip Code				
		North Richland Hills, TX 76182				
⊢	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Handyman		Self	<i>''</i>		
┡						

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/25 Rpt: 6/40	_
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Lowe, David	O. (Mr.)			00085680	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	01/01/2024	Ash, Ana				\$15.00
		6 Contributor address; City; State; Zip Code				
		Fort Worth, TX 76137				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/04/2024	Blount, Jennifer				\$150.00
		Contributor address; City; State; Zip Code		1		
		Fort Worth, TX 76109				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	01/04/2024	Bradley, Steve				\$50.00
		Contributor address; City; State; Zip Code				
		North Diplond Lillo, TV 76102				
	Deinsinglasse	North Richland Hills, TX 76182				
	CEO	pation / Job title (See Instructions)	Employer (See Instructions DrMastic Company	5)		
╘			Driviastic Company	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	#F0 00
	01/22/2024	Buckner, Rebecca				\$50.00
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76133				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> נו		
	Retired		Retired	"		
				<u> </u>	Amount of Constribution (ft)	
	Date 01/18/2024	Full name of contributor out-of-state PAC (ID#: Campbell, Teresa)		Amount of Contribution (\$)	\$50.00
	01/10/2024	· · · · · · · · · · · · · · · · · · ·				\$50.00
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76135				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	1 5)		
	retired	,	retired			
⊢			I			

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this	; form.	1	Total pages Schedule A1: Sch: 3/25 Rpt: 7/40	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Lowe, David	O. (Mr.)			00085680	
4	Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7	Amount of Contribution (\$)	
	01/11/2024	Campon, Marcelo				\$50.00
		6 Contributor address; City; State; Zip Code		1		
		Grapevine, TX 76051				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Owner		Marcelo M Campon Age	enc	y LL	
╞	Date	Full name of contributor out-of-state PAC (ID#	#:)	Γ	Amount of Contribution (\$)	
	01/05/2024	Canaker, Anne				\$100.00
		Contributor address; City; State; Zip Code		1		
		Arlington, TX 76012				
	-	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#	#:)	Γ	Amount of Contribution (\$)	
	01/03/2024	Cappelletti, Dana				\$50.00
		Contributor address; City; State; Zip Code		1		
		Mansfield, TX 76063				
		ipation / Job title (See Instructions)	Employer (See Instructions			
	Business De	velopment	Charter Communication	าร		
Γ	Date	Full name of contributor out-of-state PAC (ID#	#:)	Γ	Amount of Contribution (\$)	
	01/19/2024	Cappelletti, Dana				\$50.00
		Contributor address; City; State; Zip Code		1		
	- · · ·	Mansfield, TX 76063		Ĺ		
	-	ipation / Job title (See Instructions)	Employer (See Instructions			
	Sales		Charter Communication	IS		
	Date	Full name of contributor out-of-state PAC (ID#	#:)		Amount of Contribution (\$)	
	01/09/2024]		\$100.00
		Contributor address; City; State; Zip Code				
		Krim TV 76240				
	D i sizel eeu	Krum, TX 76249		Ĺ		
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Bus trainer/ (Krum ISD			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/25 Rpt: 8/40 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Lowe, David O. (Mr.) 00085680 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 01/05/2024 Chacko, Stephen \$100.00 6 Contributor address; City; State; Zip Code BEDFORD, TX 76021 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 **Real Estate** Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/03/2024 \$50.00 Clark, Bobby Contributor address; City; State; Zip Code Willow Park, TX 76087 Principal occupation / Job title (See Instructions) Employer (See Instructions) CFO Southern Packaging Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/04/2024 Conlee, Jim \$50.00 Contributor address; City; State; Zip Code Flint, TX 75762 Principal occupation / Job title (See Instructions) Employer (See Instructions) Insurance and Podcast Personality Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/24/2024 \$25.00 DeVine, Gaylyn Contributor address; City; State; Zip Code Pearland, TX 77581 Principal occupation / Job title (See Instructions) Employer (See Instructions) Owner **DeVine Promotions & Printing** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/03/2024 \$50.00 Dickinson, Cindy Contributor address; City; State; Zip Code North Richland Hills, TX 76180 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/25 Rpt: 9/40	
2	FILER NAME			2	Filer ID (Ethics Commission	n Filers)
Ĺ	Lowe, David	O. (Mr.)			00085680	in ners)
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	01/04/2024	Dickinson, Cindy Jo				\$25.00
		6 Contributor address; City; State; Zip Code		1		
		North Richland Hills, TX 76180				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	retired		retired			
Γ	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/04/2024	Dickinson, Thomas				\$25.00
		Contributor address; City; State; Zip Code		1		
		North Richland Hills, TX 76180				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/03/2024	Dickinson, Tom				\$50.00
		Contributor address; City; State; Zip Code		1		
		North Richland Hills, TX 76180				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/08/2024	Downs, Joanne				\$50.00
		Contributor address; City; State; Zip Code		1		
		Bedford, TX 76021				
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		retired			
	Date	Full name of contributor Dut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	01/22/2024	Downs, Joel				\$100.00
		Contributor address; City; State; Zip Code		1		
		Bedford, TX 76021				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		retired			
ĺ						

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 6/25 Rpt: 10/40
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Lowe, David	1 O. (Mr.)		00085680
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
01/08/2024	Downs, Joel		\$50
	6 Contributor address; City; State; Zip Code		
	Bedford, TX 76021	-	
-	upation / Job title (See Instructions)	9 Employer (See Instructions	;)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/08/2024			\$50
	Contributor address; City; State; Zip Code		
	Hurst, TX 76054		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
-	oftware Engineer	Collins Aerospace)
			Amount of Contribution (¢)
Date 01/06/2024	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$) \$30
01/00/2024			ψου
	Contributor address; City; State; Zip Code		
	Burleson, TX 76028		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 3)
Construction		Vaughn Construction	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/01/2024	Eitel, Betty		\$25
	Contributor address; City; State; Zip Code		
	North Richland Hills, TX 76182		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/02/2024	Feirtag, Beverly		\$50
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76137		
-	upation / Job title (See Instructions)	Employer (See Instructions	\$)
retired		retired	

MONETARY POLITICAL CONTRIBUTIONS **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 7/25 Rpt: 11/40 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Lowe, David O. (Mr.) 00085680 4 **5** Full name of contributor 7 Amount of Contribution (\$) Date out-of-state PAC (ID#: 01/11/2024 Feirtag, Beverly

		6 Contributor address; City; State; Zig	o Code			
		Fort Worth, TX 76137				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions))	
	retired			retired		
⊨	Date	Full name of contributor	t-of-state PAC (ID#:)	Amount of Contribution (\$)	
	01/25/2024	Feirtag, Beverly				\$75.00
		Contributor address; City; State; Zip	o Code			
		Fort Worth, TX 76137				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions))	
	retired			retired		
	Date	Full name of contributor	t-of-state PAC (ID#:)	Amount of Contribution (\$)	
	01/20/2024	Figg, Noah				\$100.00
		Contributor address; City; State; Zip	o Code			
		North Richland Hills, TX 76182				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions))	
	Software Dev	veloper		Decision Analyst Inc		
	Date	Full name of contributor	t-of-state PAC (ID#:)	Amount of Contribution (\$)	
	01/08/2024	Gallagher, Jennifer				\$50.00
		Contributor address; City; State; Zi	o Code			
		Fort Worth, TX 76244				
		pation / Job title (See Instructions)		Employer (See Instructions))	
	homemaker			homemaker		
	Date	Full name of contributor	t-of-state PAC (ID#:)	Amount of Contribution (\$)	
	01/08/2024	Gardner, Greg				\$50.00
		Contributor address; City; State; Zi	o Code			
		Grapevine, TX 76051	·			
		pation / Job title (See Instructions)		Employer (See Instructions)		
	Mechanical [Designer		Abbott Labs		

SCHEDULE A1

\$100.00

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/25 Rpt: 12/40	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Lowe, David				00085680	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/08/2024	Gardner, Linda				\$50.00
	1	6 Contributor address; City; State; Zip Code		1		
		Grapevine, TX 76051				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	homemaker		homemaker			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	01/20/2024	Gardner, Linda				\$200.00
	I	Contributor address; City; State; Zip Code		1		
		Grapevine, TX 76051				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired		retired			
F	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	01/09/2024	Genco, Frank				\$50.00
		Colleyville, TX 76034				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	retired		retired			
⊢	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/09/2024	Genco, Natalie	/		, and <u>and and and and and and and and and and </u>	\$50.00
		Contributor address; City; State; Zip Code		1		+ -
		Colleyville, TX 76034				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	retired		retired			
╞	Date	Full name of contributor Out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	01/04/2024	Gonzales, Carla	/		· · · · · · · · · · · · · · · · · · ·	\$50.00
		Contributor address; City; State; Zip Code		1		·
		Fort Worth, TX 76180				
⊢	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	retired		retired	.,		
⊢						

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 9/25 Rpt: 13/40 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Lowe, David O. (Mr.) 00085680 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 01/04/2024 Gould, Bernice \$50.00 6 Contributor address; City; State; Zip Code Fort Worth, TX 76244 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/25/2024 \$50.00 HUZENLAUB, RAND Contributor address; City; State; Zip Code North Richland Hills, TX 76182 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired 0 Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 01/22/2024 Han, Carol \$1,000.00 Contributor address; City; State; Zip Code Plano, TX 75024 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/09/2024 \$50.00 Han, Carol Contributor address; City; State; Zip Code Southlake, TX 76092 Principal occupation / Job title (See Instructions) Employer (See Instructions) Manger Biostone Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/06/2024 \$50.00 Hazelton, Leah Contributor address; City; State; Zip Code Dallas, TX 75219 Principal occupation / Job title (See Instructions) Employer (See Instructions) Sales American beverage marketers

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 10/25 Rpt: 14/40 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Lowe, David O. (Mr.) 00085680 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 01/19/2024 Hernandez, Stephanie \$5.00 6 Contributor address; City; State; Zip Code Fort Worth, TX 76137 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/01/2024 \$10.00 James, Aaron Contributor address; City; State; Zip Code White Settlement, TX 76108 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 01/11/2024 Jewell, Belinda \$100.00 Contributor address; City; State; Zip Code Houston, TX 77030 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/04/2024 \$50.00 Jones, Cynthia Contributor address; City; State; Zip Code North Richland Hills, TX 76182 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/04/2024 \$50.00 Kapp, Lois Contributor address; City; State; Zip Code Fort Worth, TX 76103 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

	The Instruc	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 11/25 Rpt: 15/40		
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Lowe, David				00085680	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/04/2024	Kloza, Natalie				\$50.00
		6 Contributor address; City; State; Zip Code		1		
		Arlington, TX 76013				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Educator		Arlington ISD			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/04/2024	Kloza, Tom				\$50.00
		Contributor address; City; State; Zip Code		1		
		Arlington, TX 76013				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Athletics Ma	nager	University of Texas Arlin	ngto	วท	
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/04/2024	Laughlin, Molly	/			\$75.00
				•		* -
		Bedford, TX 76021				
\vdash	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	retired		retired			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)	
	01/03/2024	Legvold, Sara	/		Allount of Continguistic (+)	\$300.00
	01/00/202	Contributor address; City; State; Zip Code		-		Ψ000.00
		Continuation address, City, State, Lip Code				
		Roanoke, TX 76262				
⊢	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Unemployed		Unemployed			
⊨	Date	Full name of contributor out-of-state PAC (ID#:		Т	Amount of Contribution (\$)	
	01/04/2024	Levitt, Charlie	/		Allount of Contribution (*)	\$100.00
	01/0 //202 /	Contributor address; City; State; Zip Code		-		Ψ 1 00.02
		Continuation address, City, State, Zip Code				
		Haltom City, TX 76137				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ج)		
	retired		retired	3)		
┝						

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 12/25 Rpt: 16/40 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Lowe, David O. (Mr.) 00085680 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 01/04/2024 Levitt, Rosie \$100.00 6 Contributor address; City; State; Zip Code Haltom City, TX 76137 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/06/2024 \$50.00 Linn, Denise Contributor address; City; State; Zip Code Keller, TX 76248 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 01/01/2024 Liu, Olivia \$5.00 Contributor address; City; State; Zip Code Plano, TX 75024 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/06/2024 \$50.00 Lopez, Ellen Contributor address; City; State; Zip Code North Richland Hills, TX 76180 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/19/2024 \$100.00 Lopez, Ellen Contributor address; City; State; Zip Code N. Richland Hills, TX 76180 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1:	
_					Sch: 13/25 Rpt: 17/40	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Lowe, David				00085680	
	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	01/19/2024	Lopez, Ramon				\$100.00
		6 Contributor address; City; State; Zip Code				
		N. Richland Hills, TX 76180				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Professor		University of Texas			
	Date	Full name of contributor Dut-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	01/05/2024	Lunski, Denise				\$50.00
		Contributor address; City; State; Zip Code		1		
		Arlington, TX 76001				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/04/2024	Lynam, Janet				\$100.00
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76179				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Owner		Texas Star Express car	Wa	ash	
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	01/19/2024	Lynam, Janet				\$500.00
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76179				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Owner		Texas Star Express car	Wa	ash	
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	01/04/2024	Main, Crystal				\$50.00
				1		
		North Richland Hills, TX 76182				
	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	1 5)		
	retired	· · · ·	retired	-		
\vdash						

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/25 Rpt: 18/40	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Lowe, David	O. (Mr.)			00085680	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	01/04/2024	Main, Crystal				\$50.00
		6 Contributor address; City; State; Zip Code				
		North Richland Hills, TX 76182				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	01/07/2024	Mann, Michael			(1)	\$50.00
		Contributor address; City; State; Zip Code		·		
		Contributor address, City, State, Zip Code				
		Southlake, TX 76092				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Physician		UCSF			
	Date	Full name of contributor out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/15/2024	Marleah, Marleah	/			\$40.00
	01,10,101					+ 10100
		Contributor address, City, State, Zip Code				
		North Richland Hills, TX 76180				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	retired		retired			
	Date	Full name of contributor Out-of-state PAC (ID#:)	Γ	Amount of Contribution (\$)	
	01/03/2024	Martin, Karran				\$50.00
		Contributor address; City; State; Zip Code		·		
		North Richland Hills, TX 76180				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:_)	Γ	Amount of Contribution (\$)	
	01/04/2024	McFadden, Gary				\$100.00
		Contributor address; City; State; Zip Code		·		
		Grapevine, TX 76051				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired		retired			
-						

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: Sch: 15/25 Rpt: 19/40	
2 FILER NAME 3 Filer ID (Ethics Commission	ion Filers)
Lowe, David O. (Mr.) 00085680	-
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$	
01/19/2024 McFadden, Gary	\$100.00
6 Contributor address; City; State; Zip Code	
Grapevine, TX 76051	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
retired retired	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$	¢150.00
01/24/2024 McFadden, Gary	\$150.00
Contributor address; City; State; Zip Code	
Grapevine, TX 76051	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
retired	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$	
01/19/2024 McNutt, Bob	\$1,000.00
Contributor address; City; State; Zip Code	
Corsicana, TX 75151	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
President Collin Street Bakery	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$	
01/09/2024 Micklin, Christine	\$50.00
Contributor address; City; State; Zip Code	
Joshua, TX 76058	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Principal occupation / Job title (See Instructions)Employer (See Instructions)Registered NurseTexas Health Huguley	
Registered Nurse Texas Health Huguley	
Registered Nurse Texas Health Huguley Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$	\$50.00
Registered Nurse Texas Health Huguley Date Full name of contributor out-of-state PAC (ID#:) 01/04/2024 Miller, Julia	\$50.00
Registered Nurse Texas Health Huguley Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$	\$50.00
Registered Nurse Texas Health Huguley Date Full name of contributor out-of-state PAC (ID#:) 01/04/2024 Miller, Julia	\$50.00
Registered Nurse Texas Health Huguley Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$ 01/04/2024 01/04/2024 Miller, Julia Contributor address; City; State; Zip Code Amount of Contribution (\$ 01/04/2024	\$50.00
Registered Nurse Texas Health Huguley Date Full name of contributor out-of-state PAC (ID#:) 01/04/2024 Miller, Julia Amount of Contribution (\$ Contributor address; City; State; Zip Code North Richland Hills, TX 76182	\$50.00
Registered Nurse Texas Health Huguley Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$ 01/04/2024 Miller, Julia	\$50.00
Registered Nurse Texas Health Huguley Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$ 01/04/2024 Miller, Julia	\$50.00

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 16/25 Rpt: 20/40 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Lowe, David O. (Mr.) 00085680 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 01/03/2024 Moore, Sherry \$50.00 6 Contributor address; City; State; Zip Code Benbrook, TX 76126 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/04/2024 \$50.00 Moore, Sherry Contributor address; City; State; Zip Code Benbrook, TX 76126 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 01/05/2024 O'CONNOR, DAVID \$50.00 Contributor address; City; State; Zip Code CEDAR PARK, TX 78613 Principal occupation / Job title (See Instructions) Employer (See Instructions) physician self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/09/2024 \$50.00 Ogden, Connie Contributor address; City; State; Zip Code Colleyville, TX 76034 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/09/2024 \$100.00 Ogden, Connie Contributor address; City; State; Zip Code Colleyville, TX 76034 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 17/25 Rpt: 21/40
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Lowe, David	l O. (Mr.)		00085680
4 Date 01/06/2024	5 Full name of contributor out-of-state PAC (ID#: Paul, Jeff)	 7 Amount of Contribution (\$) \$25
01,00,202	6 Contributor address; City; State; Zip Code		
	North Richland Hills, TX 76180		
	ipation / Job title (See Instructions)	9 Employer (See Instructions	3)
Police Office	۶r	City Of Southlake	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/05/2024	Paulsen, Kelly		\$50
	Contributor address; City; State; Zip Code		1
	Irving, TX 75062		
	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Booking age	ent/Freight Forwarder	First Intercontinental Co	orporation
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
01/06/2024	Perkins, Edward		\$25
	Contributor address; City; State; Zip Code		1
	Fort Worth, TX 76247		
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Animal Bree	der	Self	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/09/2024	Pilotti, Gina		\$50
	Contributor address; City; State; Zip Code		1
	Hurst, TX 76053		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	Σ)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
01/10/2024	Pipes, Devin		\$50
	Contributor address; City; State; Zip Code		1
	North Richland Hills, TX 76182		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	δ)
unemployed	1	unemployed	
-	pation / Job title (See Instructions)		\$)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 18/25 Rpt: 22/40 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Lowe, David O. (Mr.) 00085680 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 01/05/2024 Procter, Joe \$100.00 6 Contributor address; City; State; Zip Code North Richland Hills, TX 76182 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/03/2024 \$50.00 Puente, Mona Contributor address; City; State; Zip Code Fort Worth, TX 76112 Principal occupation / Job title (See Instructions) Employer (See Instructions) Southwest Office Systems Executive Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 01/03/2024 \$50.00 Puente, Mona Contributor address; City; State; Zip Code Fort Worth, TX 76112 Principal occupation / Job title (See Instructions) Employer (See Instructions) homemaker homemaker Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/03/2024 \$60.00 Quinten, Michael Contributor address; City; State; Zip Code North Richland Hills, TX 76182 Principal occupation / Job title (See Instructions) Employer (See Instructions) Area Manager, Central **Pinnacle Live** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/22/2024 \$100.00 Reed, Jason Contributor address; City; State; Zip Code Colleyville, TX 76034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 Total pages Schedule A1: 1 The Instruction Guide explains how to complete this form. Sch: 19/25 Rpt: 23/40 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Lowe, David O. (Mr.) 00085680 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 01/05/2024 Reichardt, Vincent \$150.00 6 Contributor address; City; State; Zip Code Fort Worth, TX 76244 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/04/2024 \$50.00 Salazar, April Contributor address; City; State; Zip Code Austin, TX 78759 Principal occupation / Job title (See Instructions) Employer (See Instructions) Owner Salazar Construction and Remodeling Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 01/06/2024 Schwengler, Ashley \$50.00 Contributor address; City; State; Zip Code Arlington, TX 76016 Principal occupation / Job title (See Instructions) Employer (See Instructions) Payroll and HR **Payroll Partners** Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/19/2024 \$100.00 Schwengler, Ashley Contributor address; City; State; Zip Code Arlington, TX 76016 Principal occupation / Job title (See Instructions) Employer (See Instructions) Payroll Payroll Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/03/2024 \$50.00 Simon, Russ Contributor address; City; State; Zip Code Arlington, TX 76013 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 20/25 Rpt: 24/40 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Lowe, David O. (Mr.) 00085680 Date 4 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 01/03/2024 Simon, Tracie \$50.00 6 Contributor address; City; State; Zip Code Arlington, TX 76013 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/07/2024 \$50.00 Sontag, Mark Contributor address; City; State; Zip Code North Richland Hills, TX 76182 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 01/04/2024 Spain, Kim \$200.00 Contributor address; City; State; Zip Code Fort Worth, TX 76137 Principal occupation / Job title (See Instructions) Employer (See Instructions) homemaker homemaker Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 01/25/2024 \$500.00 Spain, Kim Contributor address; City; State; Zip Code Fort Worth, TX 76137 Principal occupation / Job title (See Instructions) Employer (See Instructions) homemaker homemaker Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 01/22/2024 Stallings, Jamie & Kyle \$2,500.00 Contributor address; City; State; Zip Code Midland, TX 79702 Principal occupation / Job title (See Instructions) Employer (See Instructions) oil & gas investments self employed

т	The Instru	ction Guide explains how to complete this f	form.		otal pages Schedule A1: ch: 21/25 Rpt: 25/40	
2 F	ILER NAME			3 Fi	iler ID (Ethics Commissi	ion Filers)
	owe, David			1	0085680	
4 D	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 A	mount of Contribution (\$)	
0)1/07/2024	Stanley, Shelrae				\$50.00
		6 Contributor address; City; State; Zip Code		1		
		Fort Worth, TX 76244				
8 P	rincipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
C	Care Giver		Private Family			
D	Date	Full name of contributor out-of-state PAC (ID#:)	A	mount of Contribution (\$)	
0)1/04/2024	Sweeny, Lydia				\$200.00
		Contributor address; City; State; Zip Code		1		
		North Richland Hills, TX 76182				
Р	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
re	etired		retired			
D	Date	Full name of contributor Out-of-state PAC (ID#:_)	A	mount of Contribution (\$)	
)1/12/2024	Texans for a Conservative Majority PAC				\$50,000.00
	_, .	Contributor address; City; State; Zip Code		\mathbf{I}		*,-
		Victoria, TX 77901				
P	rincipal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	5)		
		· · · ·				
	Date	Full name of contributor Out-of-state PAC (ID#:)	A	mount of Contribution (\$)	
)1/07/2024	Thomasch, Nancy	/	-		\$75.00
	1,01,101	Contributor address; City; State; Zip Code		ł		Ŧ, e.e.
		Culturbutor audress, City, State, Zip Code				
		North Richland Hills, TX 76182-7826				
P	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> S)		
	etired		retired	,		
	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Ι _Δ	mount of Contribution (\$)	
)1/20/2024	Thomasch, Nancy	/			\$100.00
Ĩ	1/20/202 .	-		{		Ψ±00100
		Contributor address; City; State; Zip Code				
		North Richland Hills, TX 76182-7826				
	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	etired		retired	5)		
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SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 22/25 Rpt: 26/40	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Lowe, David	l O. (Mr.)			00085680	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	
	01/22/2024	Thompson, Susan				\$100.00
		6 Contributor address; City; State; Zip Code				,
		6 Contributor address, City, State, Zip Code				
		Highland Village, TX 75077				
8	Princinal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> ເ)		
ľ	Administratio		Siplast	<i>)</i>		
			Sipiasi	_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/06/2024	Thompson, Susan				\$50.00
		Contributor address; City; State; Zip Code				
		North Richland Hills, TX 76182				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Product mar	nager	Siplast			
	Date	Full name of contributor out-of-state PAC (ID#:_	·)		Amount of Contribution (\$)	
	01/03/2024	Tousignant, Marleah				\$50.00
		Contributor address; City; State; Zip Code				
		· · · · · · · · · · · · · · · · · · ·				
		N RichInd Hls, TX 76180				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	retired		retired			
	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Г	Amount of Contribution (\$)	
	01/03/2024	Tousignant, Marleah)			\$50.00
	01/00/2024	-				400.00
		Contributor address; City; State; Zip Code				
		N RichInd HIs, TX 76180				
	Drincinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	retired		retired	>)		
				_		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	01/14/2024	Underwood, Brad				\$50.00
		Contributor address; City; State; Zip Code				
		Mesquite, TX 75150				
	•	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Adjuster		Self			
			•			

	The Instruc	ction Guide explains how to complete this	form.		Total pages Schedule A1: Sch: 23/25 Rpt: 27/40	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Lowe, David	O. (Mr.)			00085680	
4	Date	5 Full name of contributor Out-of-state PAC (ID#	:)	7	Amount of Contribution (\$)	
	01/17/2024	VanderHorck, Judy				\$25.00
		6 Contributor address; City; State; Zip Code				
		North Richland Hills, TX 76182				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Realtor		Self			
F	Date	Full name of contributor out-of-state PAC (ID#	• *:)	Τ	Amount of Contribution (\$)	
	01/09/2024	Ventura, Lisa				\$50.00
		Contributor address; City; State; Zip Code				
		Arlington, TX 76012				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Firearms Ins	tructor	Self			
	Date	Full name of contributor out-of-state PAC (ID#)	Τ	Amount of Contribution (\$)	
	01/07/2024	Vermillion, James				\$80.00
		Contributor address; City; State; Zip Code		·		
		Fort Worth, TX 76137				
	Principal occupation / Job title (See Instructions) Employer (See Instru					
	student		student			
F	Date	Full name of contributor out-of-state PAC (ID#	• *)	Τ	Amount of Contribution (\$)	
	01/07/2024	Vermillion, Vivian				\$100.00
		Contributor address; City; State; Zip Code				
		Keller, TX 76244				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#	· :)	Τ	Amount of Contribution (\$)	
	01/09/2024	Villarreal, Joseph				\$50.00
		Contributor address; City; State; Zip Code				
		North Richland Hills, TX 76182				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Analyst		Bbb industries			

	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 24/25 Rpt: 28/40			
2	FILER NAME			3 Filer ID (Ethics Commission Filers)			
	Lowe, David			00085680			
4		5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of Contribution (\$)			
	01/02/2024	WILLIAMS, BRANDON	/	\$50.00			
	01,02,202.	6 Contributor address; City; State; Zip Code					
	l	6 Contributor address, City, State, Zip Code					
	I	1					
	I	Haslet, TX 76052					
8	Principal occu	I	9 Employer (See Instructions)	<u> </u>			
	Estate Speci		Charles Schwab				
⊢	Date)	Amount of Contribution (\$)			
	01/04/2024	Walls, Marshall	/	\$50.00			
	01/04/2024			φυυ.υυ			
	l	Contributor address; City; State; Zip Code					
	ļ	1					
	I						
		Azle, TX 76020					
		ipation / Job title (See Instructions)	Employer (See Instructions)	\$)			
	retired		retired				
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)			
	01/17/2024	Wesley, Phoebe		\$150.00			
	l	Contributor address; City; State; Zip Code		1			
	I	1					
	I	1					
		New Caney, TX 77357					
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	s)			
	Homeschool	l teacher and Homemaker	self				
F	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)			
	01/03/2024	Wilde, John		\$50.00			
	I	Contributor address; City; State; Zip Code		4			
	I						
	ļ	1					
	I	North Richland Hills, TX 76182					
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u>ا</u> ۶)			
	Retired	· · · · · · · · · · · · · · · · · · ·	Retired				
⊢	Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)			
	01/03/2024	Wiseman, Karen	/	\$100.00			
	0110012027			• • • • • • • • • • • • • • • • • • •			
	I	Contributor address; City; State; Zip Code					
	I	1					
	I	Fort Worth, TX 76109					
\vdash	Drinsipal acqu	I	Employer (Coo Instructions	-			
		ipation / Job title (See Instructions)	Employer (See Instructions)	3)			
	retired]	retired				

L						
	The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 25/25 Rpt: 29/40			
2	FILER NAME		3 Filer ID (Ethics Commission F	Filers)		
	Lowe, David			00085680		
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)		
	01/04/2024	Wood, Shannon			\$50.00	
		6 Contributor address; City; State; Zip Code				
	l					
		Keller, TX 76248				
8	Principal occu	I upation / Job title (See Instructions)	9 Employer (See Instructions	l ;)		
	Sales		Astrazeneca	,		
_	Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of Contribution (\$)		
	01/04/2024	Yan, Arnold	/		\$50.00	
		Contributor address; City; State; Zip Code				
	I					
	I					
	l	Southlake, TX 76092				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)		
	Engineer		U.S. Bank			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
	01/03/2024	Yuknavich, Anthony			\$100.00	
	I	Contributor address; City; State; Zip Code				
	I					
	l					
		Keller, TX 76248	1			
	-	ipation / Job title (See Instructions)	Employer (See Instructions	i)		
	instructor		American Airlines	· · · · · · · · · · · · · · · · · · ·		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
	01/03/2024	Yuknavich, Deidre			\$50.00	
	I	Contributor address; City; State; Zip Code				
	I					
		Keller, TX 76248				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)		
	01/12/2024	schwab, Kurt			\$50.00	
	I	Contributor address; City; State; Zip Code				
	I					
	I					
		Grand Prairie, TX 75050				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	i)		
	retired		retired			

Adverting Equities Considering Expense Considering Expe		POLITICAL EXE CONTRIBUTIO	PENDITURES FROM POLITICAL SCHEDULE F1
Accountingleaking Control of the sector	⊢		EXPENDITURE CATEGORIES FOR BOX 8(a)
Sch: 1/10 Rpt: 30/40 Lowe, David O. (Mr.) 00085680 4 Date 01/01/2024 5 Payee name Anedot Anedot 6 Amount (\$) \$3.40 7 Payee address; City; State; Zip Code 1920 McKinney Ave 7th floor Dallas, TX 75201 Image: Complete Schedule T. Creck I Ausin, TX, officionider Iwag expense Credit Card 8 PURPOSE EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Of Expenditure to benefit C/OF (b) Description Credit Card Fees 9 Complete DNLY if direct expenditure to benefit C/OF Candidate/Officeholder name 01/03/2024 Office held Amount (\$) Payee address; City; State; Zip Code 1920 McKinney Ave 7th floor Dallas, TX 75201 State; Zip Code PURPOSE EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Of Expenditure to benefit C/OF (b) Description Credit Card Fees PURPOSE EXPENDITURE (a) Category (See Categories listed at the top of this schedule) OF EXPENDITURE (b) Description Credit Card Fees Date 01/05/2024 Payee name Anedot Office held Date 01/05/2024 Category (See Categories listed at the top of this schedule) Credit Card Fees Office held Date 01/05/2024 Payee name Anedot Office held Complete Schedule T. Credit Card Fees Date 01/05/2024 Payee name Anedot Office held Credit Card Fees		Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
4 Date 01/01/2024 5 Payee name Anedot 6 Amount (\$) 7 Payee address; 1920 McKinney Ave 7h floor Dallas, TX 75201 8 PURPOSE EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Fees (b) Description Creck if Austin, TX, diffectodate living expense Credit Card Fees 9 Complete QNLY if direct expenditure to benefit C/OH Candidate/Officeholder name Anedot Office sought Office held Date 01/03/2024 Payee name Anedot Anedot Payee address; City: 1920 McKinney Ave 7th floor Dallas, TX 75201 State; Zip Code 1920 McKinney Ave 7th floor Dallas, TX 75201 Office sought Office held PURPOSE EXPENDITURE (a) Category (see Categories listed at the top of this schedule) 7th floor Dallas, TX 75201 Code 1920 McKinney Ave 7th floor Office sought Office held Complete QNLY if direct expenditure to benefit C/OH Category (see Categories listed at the top of this schedule) Fees (b) Description Creck if roword outlide of Texas. Complete Schedule T. Creck if austin, TX, difficeholder floor Dallas, TX 75201 Date 01/05/2024 Payee name Anedot Office sought Office held Amount (\$) \$87.10 Payee address; City; State; Zip Code 1920 McKinney Ave 7th floor Dallas, TX 75201 State; Zip Code 1920 McKinney Ave 7th floor Dallas, TX 75201	1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers
01/01/2024 Anedot 6 Amount (\$) 7 Payee address; City; State; Zip Code 1920 McKinney Ave 7th floor Dallas, TX 75201 (b) Description 8 PURPOSE Category Gae Categories issed at the top of this schedule) (b) Description 9 Complete QNLY if direct Candidate/Officeholder name Office sought Office held 9 Logitar Payee address; City; State; Zip Code 102032024 Anedot Anedot Office held Amount (\$) Payee address; City; State; Zip Code 1920 McKinney Ave 1920 McKinney Ave Th floor Dallas, TX 75201 PURPOSE Payee address; City; State; Zip Code 1920 McKinney Ave 1920 McKinney Ave Th floor Dallas, TX 75201 PURPOSE (a) Category (see Categories listed at the top of this schedule) (b) Circk if austin, Tx, officeholder Trace, Complete Schedule T. Expenditure to benefit C/OH Fees Condidate/Officeholder name Office sought Office held Date		Sch: 1/10 Rpt: 30/40	Lowe, David O. (Mr.) 00085680
6 Amount (\$) 7 Payee address; City; State; Zip Code 9 State; City; State; Zip Code 1920 McKinney Ave 7 PURPOSE (a) Category (see Categories listed at the top of this schedule) (b) Description 9 Complete QNLY if direct Candidate/Officeholder name Office sought Office held 9 Complete QNLY if direct Candidate/Officeholder name Office sought Office held 9 Complete QNLY if direct Candidate/Officeholder name Office sought Office held 9 Complete QNLY if direct Payee address; City; State; Zip Code 1920 McKinney Ave 7th floor 10/03/2024 Payee address; City; State; Zip Code 1920 McKinney Ave 7th floor Date Payee address; City; State; Zip Code 1920 McKinney Ave 7th floor Dalas, TX 75201 PurPOSE (a) Category (see Categories listed at the top of this schedule) (b) Description Fees Complete QNLY if direct Candidate/Officeholder name Office sought Office held Complete QNLY if direct Candidate/Officeholder name Office sought Office held 10/05/2024 Date QNLY if direct	4	Date	5 Payee name
\$3.40 1920 McKinney Ave 7th floor Dallas, TX 75201 8 PURPOSE EXPENDITURE 9 Complete ONLY if direct expenditure to benefit C/OH 9 Complete ONLY if direct expenditure to benefit C/OH 01/03/2024 Anedot Amount (\$) Payee address; City; State: Zip Code OF EXPENDITURE 9 Out category (see Categories listed at the top of this schedule) (1/03/2024 01/03/2024 Payee name Anedot 01/03/2024 Payee address; City; State: Zip Code 1920 McKinney Ave 7th floor Dallas, TX 75201 9 Complete ONLY if direct oF EXPENDITURE 01/05/2024 (a) Category (see Categories listed at the top of this schedule) PURPOSE expenditure to benefit C/OH 01/05/2024 Candidate/Officeholder name 01/05/2024 Office Categories listed at the top of this schedule) PURPOSE 01/05/2024 Candidate/Officeholder name 01/05/2024 Anedot 01/05/2024 Payee name 01/05/2024 Anedot Amount (\$) Payee name 01/05/2024 Anedot Amount (\$) Payee name 01/05/2024 Anedot Amount (\$) Payee address; City; State; Zip Code 1920 McKinney Ave 7th floor Payee address; City; State; Zip Code 1920 McKinney Ave 7th floor Payee address; City; State; Zip Code 01/05/2024 Anedot Amount (\$) \$87.10 1920 McKinney Ave 7th floor 1920 McKinney Ave 7th floor		01/01/2024	Anedot
OF EXPENDITURE Fees Consistent and a line of out additional of the additionadditionadditis of the additional of the additional of t	6		1920 McKinney Ave 7th floor
expenditure to benefit C/OH Payee name Date Payee name 01/03/2024 Anedot Amount (\$) Payee address; City; State; Zip Code \$45.80 1920 McKinney Ave 7th floor Dallas, TX 75201 PURPOSE (a) Category (see Categories listed at the top of this schedule) (b) Description FeeS FeeS Check if ravel outside of Texas. Complete Schedule T. Complete ONLLY if direct Candidate/Officeholder name Office sought Office held Date Payee name Office sought Office held Date Payee name Anedot Anedot Amount (\$) Payee address; City; State; Zip Code State; Zip Code \$87.10 Payee address; City; State; Zip Code Th floor J200 McKinney Ave 7th floor J200 McKinney Ave 7th floor J200 McKinney Ave Th floor J200 McKinney Ave 7th floor J200 McKinney Ave	8	OF	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
01/03/2024 Anedot Amount (\$) Payee address; City; State; Zip Code \$45.80 1920 McKinney Ave 7th floor Dallas, TX 75201 PURPOSE GF OF Expenditure PURPOSE (a) Category (see Categories listed at the top of this schedule) Fees Check if Austin, TX, officeholder T. Check if Austin, TX, officeholder name Office sought Office held Payee name 01/05/2024 Anedot Amount (\$) Payee address; City; State; Zip Code \$87.10 1920 McKinney Ave 7th floor 1920 McKinney Ave 7th floor Dallas, TX 75201	9		
Amount (\$) Payee address; City; State; Zip Code \$45.80 1920 McKinney Ave 7th floor Dallas, TX 75201 PURPOSE OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Fees (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Fees Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held Date 01/05/2024 Payee name Anedot Anedot Office held Amount (\$) Payee address; City; State; Zip Code 1920 McKinney Ave 7th floor Dallas, TX 75201 State; Zip Code		Date	Payee name
\$45.80 1920 McKinney Ave 7th floor Dallas, TX 75201 PURPOSE OF OF See Categories listed at the top of this schedule) Fees Category (see Categories listed at the top of this schedule) Fees Check if austin, TX, officeholder Iving expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held Date 01/05/2024 Anedot Anedot Amount (\$) Payee address; City; State; Zip Code \$87.10 1920 McKinney Ave 7th floor Dallas, TX 75201		01/03/2024	Anedot
OF EXPENDITURE Fees Image: Construction of the analysis of the assessment of the assessessment of the assessment of the assessment		.,	1920 McKinney Ave 7th floor
EXPENDITURE Fees Expenditure for the astronomy of the astronomy			(a) Category (See Categories listed at the top of this schedule) (b) Description
expenditure to benefit C/OH Payee name Date Payee name 01/05/2024 Anedot Amount (\$) Payee address; City; State; Zip Code \$87.10 1920 McKinney Ave 7th floor Th floor Dallas, TX 75201 Dallas, TX 75201			Check if Austin, TX, officeholder living expense
01/05/2024 Anedot Amount (\$) Payee address; City; State; Zip Code \$87.10 1920 McKinney Ave 7th floor 7th floor Dallas, TX 75201 Dallas			6
Amount (\$) Payee address; City; State; Zip Code \$87.10 1920 McKinney Ave 7th floor Dallas, TX 75201		Date	Payee name
\$87.10 1920 McKinney Ave 7th floor Dallas, TX 75201		01/05/2024	Anedot
			1920 McKinney Ave 7th floor
	-	PURPOSE	

Fees

Candidate/Officeholder name

OF

EXPENDITURE

Complete <u>ONLY</u> if direct expenditure to benefit C/OH

Office sought

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

Credit Card Fees

	POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1							
	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)					
1	Total pages Schedule F1: Sch: 2/10 Rpt: 31/40	2 FILER NAME Lowe, David O. (Mr.)	3 Filer ID (Ethics Commission Filers) 00085680					
4	Date 01/06/2024	5 Payee name Anedot						
6	Amount (\$) \$33.60	 7 Payee address; City; State; Zip Code 1920 McKinney Ave 7th floor Dallas, TX 75201 						
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense - ees					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date 01/09/2024	Payee name Anedot						
	Amount (\$) \$46.30	Payee address; City; State; Zip Code 1920 McKinney Ave 7th floor Dallas, TX 75201						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense =GES					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date 01/11/2024	Payee name Anedot						
	Amount (\$) \$8.90	Payee address; City; State; Zip Code 1920 McKinney Ave 7th floor Dallas, TX 75201						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. h, TX, officeholder living expense - GES					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	POLITICAL EXI CONTRIBUTIO	PENDITURES FROM POLITICAL SCHEDULE F1
		EXPENDITURE CATEGORIES FOR BOX 8(a)
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District GitfuAwards/Memorials Expense Printing Expense Travel out of District
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/10 Rpt: 32/40	Lowe, David O. (Mr.) 00085680
4	Date	5 Payee name
	01/12/2024	Anedot
6	Amount (\$) \$6.60	7 Payee address; City; State; Zip Code 1920 McKinney Ave 7th floor Dallas, TX 75201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Fees
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/15/2024	Anedot
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$4.20	1920 McKinney Ave
		7th floor
		Dallas, TX 75201
⊢	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Credit Card Fees
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/17/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.60	1920 McKinney Ave
I		7th floor
		Dallas, TX 75201
⊢	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Credit Card Fees

			Cleur Caru Fees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name	Office sou	ght Office held	1

	POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1							
		EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Labor OTHER (enter a category not listed above)					
1	Total pages Schedule F1: Sch: 4/10 Rpt: 33/40	2 FILER NAME Lowe, David O. (Mr.)	3 Filer ID (Ethics Commission Filers) 00085680					
4	Date 01/19/2024	5 Payee name Anedot						
6	Amount (\$) \$82.90	7 Payee address; City; State; Zip Code 1920 McKinney Ave 7th floor Dallas, TX 75201						
8	PURPOSE OF EXPENDITURE		iption ack if travel outside of Texas. Complete Schedule T. ack if Austin, TX, officeholder living expense t Card Fees					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	01/20/2024	Anedot						
	Amount (\$) \$16.90	Payee address; City; State; Zip Code 1920 McKinney Ave 7th floor Dallas, TX 75201						
	PURPOSE OF EXPENDITURE		iption eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense t Card Fees					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date 01/25/2024	Payee name Anedot						
	Amount (\$) \$31.20	Payee address; City; State; Zip Code 1920 McKinney Ave 7th floor Dallas, TX 75201						
	PURPOSE OF EXPENDITURE		iption eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense t Card Fees					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

			EXPEN	DITURE CATEGOR	RIES FOR	BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nittee Legal Service	je Expense Iemorials Expense	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor	ר ר ר	Fransportation E Fravel in District Fravel Out of Dis		
1	Total pages Schedule F1:	2 6					3 F	-iler ID	(Ethics Commiss	sion Filers)
-	Sch: 5/10 Rpt: 34/40		owe, David O. (Mr.)				1	00085680		
4	Date	5 F	Payee name							
	01/05/2024		Anedot							
6	Amount (\$)	7 F	Payee address; Cit	; State;	; Zip Cod	e				
	\$50.00	1	1920 McKinney Ave							
		7	th floor							
		[Dallas, TX 75201							
8	PURPOSE					b) Description				
ľ	OF		Category _{(See Categories} Refunds	listed at the top of this sch	edule)		outside	e of Texas. Com	plete Schedule T.	
	EXPENDITURE	'	Velulius					fficeholder living		
						Contribution	Refu	nds		
9	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder n	ame C	Dffice soug	ht		Office he	eld	
	Date	F	Payee name							
	01/22/2024	E	English, Susan							
	Amount (\$)		Payee address; Cit	State:	Zip Cod	ρ				
	\$900.00		3435 Ruthette Dr	y, Oluic,	, 210 000	0				
	\$900.00		435 Ruinelle Di							
		1	North Richland Hills,	TX 76182						
	PURPOSE	(a) (Category (See Categories	listed at the top of this sch	edule) (b) Description				
	OF EXPENDITURE		Salaries/Wages/Cont	ract Labor					plete Schedule T.	
								fficeholder living		
						Block walking	g & Ii	terature dro	ops	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder n	ame C	Office soug	ht		Office he	eld	
	Date	F	Payee name							
	01/17/2024	L	owes							
	Amount (\$)	F	Payee address; Cit	/: State:	; Zip Cod	e				
	\$671.82		301 Jefferson St NE			-				
	\$011.0L									
			Albuquerque, NM 87	109						
	PURPOSE	(a) (Category (See Categories	listed at the top of this sch	edule) (b) Description				
	OF EXPENDITURE	(Office Overhead/Ren	tal Expense					plete Schedule T.	
								fficeholder living	expense	
						Office Suppli	es			
	Complete ONLY if direct		andidate/Officeholder n	ame C	Office soug	ht		Office he	eld	
	expenditure to benefit C/OI	r1								

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel out of District I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_					
	Sch: 6/10 Rpt: 35/40	Lowe, David O. (Mr.) 00085680						
4	Date 01/12/2024	5 Payee name McShane LLC						
6	Amount (\$) \$859.04	7 Payee address; City; State; Zip Code 6950 O'Bannon Dr # 100 Las Vegas, NV 89117						
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting 						
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	01/15/2024	McShane LLC						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$100.00	6950 O'Bannon Dr						
		# 100						
		Las Vegas, NV 89117						
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting 						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	01/22/2024	McShane LLC						
	Amount (\$) \$3,483.87	Payee address; City; State; Zip Code 6950 O'Bannon Dr # 100 Las Vegas, NV 89117						
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting 						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held						

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 7/10 Rpt: 36/40	Lowe, David O. (Mr.) 00085680					
4	Date 01/22/2024	5 Payee name McShane LLC					
6	Amount (\$)	7 Pavee address: Citu: State: Zin Code					
Ŭ	\$42,305.00	7 Payee address; City; State; Zip Code 42,305.00 6950 O'Bannon Dr					
	φ42,303.00						
		# 100					
		Las Vegas, NV 89117					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense					
		Consulting					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	01/02/2024	McShane LLC					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$870.97	6950 O'Bannon Dr					
	+010101	# 100					
		# 100 Las Vegas, NV 89117					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF	Consulting Expense Categories listed at the top of this schedule)					
	EXPENDITURE	Check if Austin, TX, officeholder living expense					
	General Consulting						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	4					
	Date	Payee name					
	01/08/2024	McShane LLC					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$4,201.47	6950 O'Bannon Dr					
	φ+,201.+1						
	# 100						
	Las Vegas, NV 89117						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.					
	-	Concret Concutting					
		General Consulting					
	0						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 8/10 Rpt: 37/40	Lowe, David O. (Mr.)	00085680				
4	Date 01/07/2024	5 Payee name Network Solutions					
6	Amount (\$) \$55.41	7 Payee address; City; State; Zip Code 1311 Scharpe St Houston, TX 77023					
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	01/23/2024	Trimm, James					
	Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 8440 Stephanie Dr					
		North Richland Hills, TX 76182					
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Consulting						
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held						
	Date	Payee name					
	01/23/2024	USAA					
	Amount (\$) Payee address; City; State; Zip Code \$20.00 \$800 Fredericksburg Road						
	San Antonio, TX 78240						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1	Total pages Schedule F1:					
T	Sch: 9/10 Rpt: 38/40	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Lowe, David O. (Mr.) 00085680				
4	Date	5 Payee name				
	01/12/2024	Urban Fire House				
6	Amount (\$) \$185.85	 7 Payee address; City; State; Zip Code 8300 Starnes Rd North Richland Hills, TX 76182 				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Fees				
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	01/25/2024	Vistaprint				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$550.97	275 Wyman St Waltham, MA 02451				
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Printing 				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held				
	Date	Payee name				
	01/16/2024	Walmart				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$126.93	608 SW 8th St				
		Bentonville, AR 72712				
	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 				
		Office Supplies				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

undraising Expense n Equipment & Related Expense ict District r a category not listed above) (Ethics Commission Filers)
omplete Schedule T. ing expense
held
1

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The instruction (Suide explains how to complete this form				ages Schedule K: L/1 Rpt: 40/40		
2						D (Ethics Commission Filers)	
	Lowe, David				(00085	
	Date	5	Name of person from whom amount is received				8 Amount (\$)
	01/23/2024		USAA				\$0.19
		6	Address of person from whom amount is received; City; State; Zip Code	e			
			San Antonio, TX 78288				
		7	Purpose for which amount is received	Check if po	litica	al cont	ribution returned to filer
			Interest				
		•					