CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 2 Total pages filed: 19								
3 CANDIDATE / OFFICEHOLDER NAME	` '					OFFICE U	SE ONLY	
OFFICIENCLER NAME NICKNAME LAST SUFFIX Date literid-delivered or Date Posterheided ARPORT TYPE April July 15 Som day before election Final Report Namic CIDH-Fix OS/19/2024 THROUGH O6/30/2024 THR		00085680		19			Date Received	
NAME NICKNAME LAST SUFFIX Determined	3		MS / MRS / MR	FIRST		MI	ELECTRONICAI	LLY FILED
A ORIGINAL REPORT TYPE			Mr.				08/19/2024	
A ORIGINAL National State Security Secur			NICKNAME			SUFFIX	1	
A PRICINAL PERIOD Substitute Substitute				Lowe			Date Hand-delivered or F	Date Postmarked
Seminanual reports:	4		January 15	Runoff	Other (s	specify)	Card delivered of L	ocanamou
Solit day before election		REPORT TYPE	X July 15	Exceeded modified	reporting limit		Receipt #	Amount
Semignature								
5 ORIGINAL PERIOD COVERED Noth Day Year O6/19/2024 THROUGH O6/30/2024 This report is being amended to correct payees' names on June 17 and 18, 2024. The records have been corrected. I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semianual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 24th business day after the date I learned that the report as originally lifed is inaccurated or incomplete. I swear, or affirm, that any error or or orisision in the report as originally lifed in succurate or incomplete. AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, to certify which, witness my hand and seal of office.			Sth day before election	— ··	• •		Date Processed	-
COVERED O5/19/2024 THROUGH O6/30/2024 EXPLANATION OF CORRECTION This report is being amended to correct payees' names on June 17 and 18, 2024. The records have been corrected. I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm any error or omission in the report as originally filed was made in good faith. Mr. David O. Lowe Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said	_	ODICINIAL DEDICE		<u> </u>	<u> </u>	Vac		
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was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. X				<u> </u>			ee a saara	
Mr. David O. Lowe Signature of Candidate or Officeholder Sworn to and subscribed before me, by the said, to certify which, witness my hand and seal of office.				X				
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Mr. David O. Lowe Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said, this the day of, 20, to certify which, witness my hand and seal of office.							nission in the report a	as originally
Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said					oa wao maac in ge	.cu raitti		
Signature of Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said								
Sworn to and subscribed before me, by the said, this the day of, 20, to certify which, witness my hand and seal of office.						Mr. David O.	Lowe	
Sworn to and subscribed before me, by the said, this the day of, 20, to certify which, witness my hand and seal of office.					Signatu	ire of Candidate	or Officeholder	
of, 20, to certify which, witness my hand and seal of office.		AFFIX NOTARY ST	AMP / SEAL ABOVE					
of, 20, to certify which, witness my hand and seal of office.								
		Sworn to and subsc	ribed before me, by the sai	d		, this th	ne	day
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath		of	, 20, to cer	tify which, witness my	hand and seal of office	е.		
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath								
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		Signature of Office	o. administering batti	i inited name of the	oci administerniy da	1	or officer aurilli	Storing Oddi

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 19 00085680 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. David O. NAME Date Received **ELECTRONICALLY FILED** 08/19/2024 NICKNAME LAST **SUFFIX** Lowe CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 9017 Cedar Breaks Drive MAILING Amount Receipt # **ADDRESS** Change of Address North Richland Hills, TX 76182 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. David O. NAME NICKNAME LAST **SUFFIX** Lowe STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 9017 Cedar Breaks Drive **ADDRESS** (Residence or Business) North Richland Hills, TX 76182 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (469) 955-6710 **PHONE** REPORT **TYPE** January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR) July 15 8th day before election Exceeded modified Х reporting limit

Month

Month

Day

Day

OFFICE HELD (if any)

ELECTION DATE

05/19/2024

Year

Year

PERIOD

10 ELECTION

11 OFFICE

COVERED

THROUGH

Primary

General

Month

ELECTION TYPE

Runoff

Special

Day

06/30/2024

12 OFFICE SOUGHT (if known)

State Representative District 91

Year

Other

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

3 of 19

13 C / OH NAME	Lowe, David O. (Mr.)		14 Filer ID (00085680	(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	ROM candidate / officeholder. These expenditures may have been made without the candidate's or officeholder consent. Candidates and officeholders are required to report this information only if they receive notice of					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS			
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 47,030.00		
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 1,700.14		
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 113,829.71		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 13,110.51		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00		
17 AFFIDAVIT						
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.				
		Mr.	David O. Lowe			
		Signature of	Candidate or Officehol	der		
AFFIX NO	TARY STAMP / SEAL ABO	DVE				
Sworn to and subs	cribed before me, by the s	aid	, this the	day		
		ertify which, witness my hand and seal of office.				
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

CO	OVER SHEET PG 3 4 of 19
18 FILER NAME 19 Filer ID Lowe, David O. (Mr.) 00085680	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 47,030.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 113,829.71
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
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 CONTRIBUTIONS	\$
12. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 13,131.72

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 1/3 Rpt: 5/19	
2	FILER NAME Lowe, David	O. (Mr.)			3	Filer ID (Ethics Commission 00085680	on Filers)
4	Date 05/22/2024			7	Amount of Contribution (\$)	\$20.00	
•	Dringing conu	Fort Worth, TX 76244 pation / Job title (See Instructions		9 Employer (See Instructions	<u></u>		
0	Principal occu		·)	Vistitude Computer Solu		ns	
	Date 05/28/2024	Full name of contributor Arrieta, Alejandro Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Dringing conu	Carrollton, TX 75006 pation / Job title (See Instructions		Employer (See Instructions	<u></u>		
	Ideation Deli)	Bank of America	5)		
	Date 05/28/2024	Full name of contributor Bruce, Robert Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5,000.00
	5	Boerne, TX 78006	` I		Ţ		
	Business Ow	pation / Job title (See Instructions vner	5)	Employer (See Instructions Self	S)		
Date Full name of contributor Campon, Marcelo Contributor address; City; State Grapevine, TX 76051		out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00	
	Principal occu Owner	pation / Job title (See Instructions	5)	Employer (See Instructions Marcelo M Campon Age		y LL	
	Date 05/24/2024	Full name of contributor DeVine, Gaylyn Contributor address; City; St Pearland, TX 77581	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Owner	pation / Job title (See Instructions	s)	Employer (See Instructions DeVine Promotions & P		ing	

MONETARY POLITICAL CONTRIBUTIONS						SCHEDUL	E A1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 2/3 Rpt: 6/19	
2	FILER NAME Lowe, David	O. (Mr.)			3	Filer ID (Ethics Commissio 00085680	n Filers)
4	Date 05/24/2024	L \		7	Amount of Contribution (\$)	\$25.00	
_		Alvarado, TX 76009					
8	retired	pation / Job title (See Instructions)		Employer (See Instructions retired)		
	Date 05/19/2024	Mueller, Jeff Contributor address; City; State; Zi	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu	Fort Worth, TX 76244 pation / Job title (See Instructions)		Employer (See Instructions)		
	retired			retired			
	Date 06/09/2024	Full name of contributor ou Spain, Kim Contributor address; City; State; Zi	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	5	Fort Worth, TX 76137					
	homemaker	pation / Job title (See Instructions)		Employer (See Instructions homemaker)		
	Date 05/28/2024	Full name of contributor out of the contributor and out of the contributor address; City; State; Zing Victoria, TX 77901)		Amount of Contribution (\$)	640,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 05/26/2024	Full name of contributor out thomas, Allan Contributor address; City; State; Zither Contributor, TX 77083	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$10.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired)		
			1				

	MONETARY POLITIC		SCHEDUL	E A1		
	The Instruction Guide explain	The Instruction Guide explains how to complete this form.				
2	FILER NAME Lowe, David O. (Mr.)			3	Filer ID (Ethics Commission 00085680	n Filers)
4	05/22/2024 Wood, Shannon	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$750.00
	Keller, TX 76248					
8	Principal occupation / Job title (See Inst Retired	ructions)	9 Employer (See Instructions Retired	s)		
	Date Full name of contribution 05/19/2024 laughlin, molly Contributor address;)	•	Amount of Contribution (\$)	\$50.00
	Bedford, TX 76021 Principal occupation / Job title (See Instretired		Employer (See Instructions retired	S)		
	Date Full name of contribution medlin, kathy Contributor address; Richardson, TX 75	City; State; Zip Code		•	Amount of Contribution (\$)	\$50.00
_	Principal occupation / Job title (See Inst		Employer (See Instructions retired	<u>I</u> S)		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/11 Rpt: 8/19	Lowe, David O. (Mr.) 00085680
4	Date	5 Payee name
	06/12/2024	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$54.20	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	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Bank Fees
		Banki ees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	06/13/2024	Arbuckle, Spencer
	Amount (\$)	Payee address; City; State; Zip Code
	\$800.00	4204 Bar Harbor Ct
		Granbury, TX 76049
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Canvassing
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H end of the control
	Date	Payee name
	05/28/2024	Bobs Steak & Chop House
	Amount (\$)	Payee address; City; State; Zip Code
	\$397.63	1255 S Main St
		Grapevine, TX 76051
	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 Meal
		Everit Medi
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1: Sch: 2/11 Rpt: 9/19	2 FILER NAME Lowe, David O. (Mr.) 3 Filer ID (Ethics Commission Filers) 00085680			
4	Date 05/20/2024	5 Payee name Caliber Contact			
6	Amount (\$) \$9,886.22	7 Payee address; City; State; Zip Code 300 S Washington Sts Floor 3 Alexandria, VA 22314			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Mailer			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H			
	Date 05/24/2024	Payee name Caliber Contact			
	Amount (\$) \$20,177.13	Payee address; City; State; Zip Code 300 S Washington Sts Floor 3 Alexandria, VA 22314			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Mailer			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H			
	Date 05/31/2024	Payee name Caliber Contact			
	Amount (\$) \$5,484.50	Payee address; City; State; Zip Code 300 S Washington Sts Floor 3 Alexandria, VA 22314			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Mailer			
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

Printing Expense Salaries/Wages/Contract Labor

l	Credit Card Payment	The Instruction Guide explains how to cor	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 3/11 Rpt: 10/19	Lowe, David O. (Mr.)		00085680
4	Date	5 Payee name		,
	06/07/2024	Criswell, Nate		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
l	\$1,000.00	903 E White Tail Dr		
		Granbury, TX 76049		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
				Canvassing
				Carvassing
9	Complete ONLY if direct	Candidate/Officeholder name Office souc	thr	Office held
ľ	expenditure to benefit C/O		giit	Office field
H	Date	Payee name		
	06/17/2024	Davison, Rene		
┝	Amount (\$)	Payee address; City; State; Zip Coo	da	
l	\$700.00	925 Miller Rd	ue	
	Ψ100.00	323 Willet IVu		
		Azlo TV 76020		
L		Azle, TX 76020	<i>a</i> >	
l	PURPOSE OF	,	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Salaries/Wages/Contract Labor		Check if Austin, TX, officeholder living expense
l				Canvassing
L				
l	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office souç	ght	Office held
L	experialitate to beliefit C/O	1		
l	Date	Payee name		
	06/18/2024	English, Susan		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
l	\$500.00	8435 Ruthette Dr		
l				
l		North Richland Hills, TX 76182		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor		Check if travel outside of Texas. Complete Schedule T.
l				Canvassing
				Carryassing
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	٠.	22
\vdash				

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 4/11 Rpt: 11/19	Lowe, David O. (Mr.)		00085680
4	Date	5 Payee name		·
	05/20/2024	Facebook		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$900.00	5 Hacker Way		
		Menlo Park, CA 74029		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Digital Advertising
				2.g.ca. / ta. 6.t.6.t.g
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/O		,	
_	Date	Payee name		
	05/21/2024	Facebook		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$900.00	5 Hacker Way		
	4000.00	o naono. may		
		Menlo Park, CA 74029		
	PURPOSE		(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(~)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	haverasing Expense		Check if Austin, TX, officeholder living expense
				Digital Advertising
			_	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ght	Office held
	<u>'</u>			
	Date	Payee name		
	05/22/2024	Facebook		
	Amount (\$)	Payee address; City; State; Zip Cod	de	
	\$900.00	5 Hacker Way		
		Menlo Park, CA 74029		
	PURPOSE OF	, ,	(b)	Description
	EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Digital Advertising
	Complete ONLY if direct	Candidate/Officeholder name Office sout	ght	Office held
	expenditure to benefit C/O			
_				

SCHEDULE F1

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/11 Rpt: 12/19	Lowe, David O. (Mr.) 00085680
4 Date	<u> </u>
	5 Payee name
05/23/2024	Facebook
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$900.00	5 Hacker Way
	Menlo Park, CA 74029
8 PURPOSE	1
OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Digital Advertising
	3
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
05/24/2024	Facebook
Amount (\$)	Payee address; City; State; Zip Code
\$900.00	5 Hacker Way
	Menlo Park, CA 74029
DUDDOOF	1
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Digital Advertising
	2.g.ta. / tal oldon.g
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/28/2024	Facebook
Amount (\$)	Payee address; City; State; Zip Code
\$1,800.00	5 Hacker Way
	Menlo Park, CA 74029
PURPOSE	
OF	
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Digital Advertising
	3 ··· · · · · · · · · · · · · · · · · ·
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

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				
	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 6/11 Rpt: 13/19	Lowe, David O. (Mr.) 00085680			
4	Date	5 Payee name			
	05/31/2024	Facebook			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$664.55	5 Hacker Way			
		Menlo Park, CA 74029			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Digital Advertising			
		Digital Navertising			
_	0 1: 01:17:7:1				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	05/20/2024	Google			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$500.00	600 Amphitheatre Parkway			
		Mountain View, CA 94043			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		Digital Advertising			
_	Operation ONLY if alice at	One districts (Office healths grown and the control of the control			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	05/21/2024	Google			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$500.00	600 Amphitheatre Parkway			
		Mountain View, CA 94043			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Digital Advertising			
		Digital Advertising			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held			
	onponditure to benefit 6/01	•			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_				
	Sch: 7/11 Rpt: 14/19	Lowe, David O. (Mr.) 00085680					
4	Date	5 Payee name	-				
	05/22/2024	Google					
_		-	_				
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$1,000.00	600 Amphitheatre Parkway					
		Mountain View, CA 94043					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Digital Advertising					
		Digital / tavolusing					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_				
9	expenditure to benefit C/O						
\vdash	Data		_				
	Date	Payee name Coogle					
	05/23/2024	Google	_				
	Amount (\$)	Payee address; City; State; Zip Code					
	\$500.00	600 Amphitheatre Parkway					
L		Mountain View, CA 94043					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense Digital Advertising					
		Digital Advertising					
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_				
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH							
\vdash	Data		=				
	Date 05/24/2024	Payee name Google					
		-	_				
	Amount (\$)	Payee address; City; State; Zip Code					
	\$500.00	600 Amphitheatre Parkway					
		Mountain View, CA 94043					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		Digital Advertising	ĺ				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-				
	expenditure to benefit C/O						
			-				

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 Travel in District

	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: 8/11 Rpt: 15/19	Lowe, David O. (Mr.) 00085680			
4	Date				
4		1			
L	05/28/2024	Google			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$2,000.00	600 Amphitheatre Parkway			
		Mountain View, CA 94043			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Advertising Expense			
	LAFLINDITORE	Check if Austin, TX, officeholder living expense			
		Digital Advertising			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	experiorare to benefit C/OI	п			
	Date	Payee name			
	05/31/2024	Google			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$300.04	600 Amphitheatre Parkway			
		Mountain View, CA 94043			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Digital Advertising			
		Digital / devertising			
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH					
┝	Date	Davido nama			
	Date 05/20/2024	Payee name Hazlitt Industries			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$25,000.00	8000 Haskell Ave.			
		Boerne, TX 78015			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor			
		Check if Austin, TX, officeholder living expense			
		Canvassing			
	Complete CNUV'S	Condidate/Officeholder name			
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					

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 Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee Legal	wards/Memorials Expe Services Instruction Guide	Salarie	s/Wage	es/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed abo	ove)
1	Total pages Schedule F1:	2				•		3	Filer ID	(Ethics Commissi	on Filere)
•		[(Mr.)						(=0.000 COHIIII050)	01.1 11013)
L	Sch: 9/11 Rpt: 16/19	$ldsymbol{ld}}}}}}$	Lowe, David O.	(1111.)					00085680		
4	Date	5	Payee name								
	06/04/2024		Hazlitt Industries	6							
6	Amount (\$)	7	Payee address;	City;	State; Zip	Code					
	\$19,951.79		8000 Haskell Av	-	, 12						
	\$10,001.10										
			B	4.5							
L		L	Boerne, TX 780	15							
8	PURPOSE	(a)	Category (See Cate	egories listed at the to	p of this schedule)	(b)) Description				
	OF EXPENDITURE		Advertising Exp						ide of Texas. Com		
	LAFLINDITURE						ш		, officeholder living	j expense	
							Voter Outrea	ch			
9	Complete ONLY if direct		Candidate/Officeho	lder name	Office s	ought	t		Office he	eld	
	expenditure to benefit C/OI	Н									
_	Date	Г	Payoo nama								
	05/20/2024		Payee name								
		L	Lowes								
	Amount (\$)		Payee address;	City;	State; Zip	Code					
	\$328.77		6301 Jefferson	St NE							
			Albuquerque, N	M 87109							
\vdash	PURPOSE	(2)				(h)) Description				
	OF	^(a)	Category (See Cate		p of this schedule)	(0)	Description Check if travel	Outei	ide of Texas. Com	nlete Schedule T	
	EXPENDITURE		Advertising Exp	ense			=		, officeholder living		
							Sign Material		,	, - ,	
							3.ga.oa.				
	Complete ONLY if direct	<u> </u>	Candidata/Office!	ldor nomo	O#:	oualet	<u> </u>		O#6 !-	old.	
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH										
L	experiment to benefit O/O/I										
	Date		Payee name								
	05/28/2024		Neel & Partners								
	Amount (\$)		Payee address;	City;	State; Zip	Code					
	\$12,000.00		8601 Ice House	-	-, [
	Ψ±2,000.00										
			Unit 7108								
			North Richland	Hills, TX 76180)						
	PURPOSE	(a)	Category (See Cate	egories listed at the to	p of this schedule)	(b)) Description				
	OF EXPENDITURE		Advertising Exp						ide of Texas. Com		
	TVI FIADITORE						—		, officeholder living	j expense	
							Voter Outrea	ch			
	Complete ONLY if direct		Candidate/Officeho	lder name	Office s	ought	t		Office he	eld	
	expenditure to benefit C/OI	Н									

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Printing Expense Travel in D Printing Expense Travel Out Salaries/Wages/Contract Labor OTHER (e

	Credit Card Payment	The Instruction Guide explains how to complete this form	•				
1	Total pages Schedule F1: Sch: 10/11 Rpt: 17/19	2 FILER NAME Lowe, David O. (Mr.)	3 Filer ID (Ethics Commission Filers) 00085680				
4	Date 06/12/2024	5 Payee name PAC Management Services LLC					
6	Amount (\$) \$1,400.00	7 Payee address; City; State; Zip Code 441 N Lee St Ste 100 Alexandria, VA 22314					
8	PURPOSE OF EXPENDITURE	/ tooodriting/ Dariting	ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held				
	Date 06/24/2024	Payee name Planer, Lauren					
	Amount (\$) \$400.00	Payee address; City; State; Zip Code 1929 Shady Oaks Circle Glen Rose, TX 76043					
PURPOSE OF EXPENDITURE		Salaries/Wages/Cortifact Labor	ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
	Date 06/06/2024	Payee name Ryan, Zoe					
	Amount (\$) \$400.00	Payee address; City; State; Zip Code 220 E Broadway Ave Apt 1307 Fort Worth, TX 76104					
	PURPOSE OF EXPENDITURE	Salaries/Wages/Contract Eabor	ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held				

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
l	Sch: 11/11 Rpt: 18/19	Lowe, David O. (Mr.)	00085680				
4	Date	5 Payee name	-				
l	05/29/2024	Sonesta					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
l	\$259.74	5801 Sandshell Dr					
l							
		Fort Worth, TX 76137					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	intion				
ľ	OF		eck if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Che	eck if Austin, TX, officeholder living expense				
		Lodgi	ng				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held				
L	experialture to beliefft C/O	'					
Г	Date	Payee name					
	06/17/2024	Tarrant Chamber of Commerce					
Г	Amount (\$)	Payee address; City; State; Zip Code					
l	\$225.00	5001 Denton Hwy					
		Haltom City, TX 76117					
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	iption				
	OF EXPENDITURE	Event Expense	eck if travel outside of Texas. Complete Schedule T.				
			eck if Austin, TX, officeholder living expense t Ticket				
		Eveni	Ticket				
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
⊨	D-1-	_					
l	Date 06/12/2024	Payee name Wilkerson, Steven					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$900.00	220 E Broadway					
l		Apt 1307					
		Fort Worth, TX 76104					
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descri					
	EXPENDITURE	Salaries/Wages/Contract Labor	eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense				
l			assing				
			-				
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/O						
\vdash							
ı							

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 19/19 2 FILER NAME Filer ID (Ethics Commission Filers) Lowe, David O. (Mr.) 00085680 8 Amount (\$) Date 5 Name of person from whom amount is received 06/13/2024 Cornelius, Robert \$13,131.00 6 Address of person from whom amount is received; City; State; Zip Code Taylor, TX 76574 Purpose for which amount is received Check if political contribution returned to filer Canvassing Invoice Refund Name of person from whom amount is received Amount (\$) Date 06/21/2024 **USAA** \$0.11 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78288 Purpose for which amount is received Check if political contribution returned to filer Interest Date Name of person from whom amount is received Amount (\$) 05/23/2024 **USAA** \$0.61 Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78288 Purpose for which amount is received Check if political contribution returned to filer Interest