DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE COVER SHEET PG 1

			T			
The DCE Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 00087061					2 Total pages fi	led: 9
3 FILER NAME	MS / MRS / MR	FIRST		MI	OFFICE I	USE ONLY
	NICKNAME	LAST Avow, Inc.		SUFFIX	Date Received ELECTRONICA 10/28/2024	ALLY FILED
4 FILER ADDRESS	ADDRESS / PO BOX; AF	PT / SUITE # CIT	ΓΥ; STATE;	ZIP CODE	1	
	1101 W 34th St #679	.,	· · · , · · · · · · · · · · · · · · · ·	0022	Date Hand-delivered o	r Date Postmarked
Change of Address	Austin, TX 78705				Receipt #	Amount
5 FILER PHONE	AREA CODE PHO	ONE NUMBER	EXTENSION		1	
	(512) 462-1661	THE HOMBER			Date Processed	•
6 REPORT TYPE	January 15	30	Oth day before election		Date Imaged	
	July 15	X 8t	h day before election			
		R	unoff			
7 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2024	TI	HROUGH	10/26/202	4	
8 ELECTION	ELECTION DATE			ELECTION T	YPE	
	Month Day Year	·	Primary	Runoff	Other	
	11/05/2024		General	Special		
			L			
9 FILER	1. Candidates	A. Supported				
ACTIVITY	(Identify by name or, if applicable, classify by party.)					
(Attach lists on plain paper to		B. Opposed A	ngie Chen Button	State Representa	ative	
complete this report if						
necessary.)	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
	,	B. Opposed				
	Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					
	•					
GO TO PAGE 2						

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE COVER SHEET PG 2

) FILER NAME			11 Filer ID	(Ethics Commission Filers)
Avow, Inc.			00087061	
2 EXPENDITURE TOTALS	1. TOTAL UNITEN	IIZED POLITICAL EXPENDITURES	\$	0.00
	2. TOTAL POLIT	FICAL EXPENDITURES	\$	145,067.1
AFFIDAVIT	•		•	
		I swear, or affirm, under p true and correct and inclu under Title 15, Election C	penalty of perjury, that the a des all information required ode.	ccompanying report is I to be reported by me
			Signature of Filer or	
		Signature of indivi	dual with authority to sign o (only if Filer is an entity)	n behalf of entity
AFFIX NOTARY STA	AMP / SEAL ABOVE			
		aid ertify which, witness my hand and seal of offic		day
Signature of office	er administering oath	Printed name of officer administering oa	ath Title of offic	er administering oath

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE ADDENDUM

Page 3 of 9

				1 ago o el o
10 FILER NAME Avow, Inc.				11 Filer ID (Ethics Commission Filers) 00087061
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)		Averie Bishop State Representa	I ative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (describe by date and location of election and nature of issue)	A. Supported		
		B. Opposed		
	Officeholders Assisted (identify by name or, if applicable, classify by party)			
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (describe by date and location of election and nature of issue)	A. Supported		
		B. Opposed	Ballot ID:null Election Date:2024 Proposition A	-11-05 Desc:Amarillo City Ballot
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)			
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)		Lauren Ashley Simmons State F	Representative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (describe by date and location of election and nature of issue)	A. Supported		
		B. Opposed		
	Officeholders Assisted (identify by name or, if applicable, classify by party)			

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE **ADDENDUM**

				Page 4 of 9
10 FILER NAME			11 Filer ID	(Ethics Commission Filers)
Avow, Inc.			00087061	
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)	A. Supported Molly Cook State Senator		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures	A. Supported		
	(describe by date and location of election and nature of issue)			
		B. Opposed		
	3. Officeholders Assisted			
	(identify by name or, if applicable, classify by party)			

SUBTOTALS - DCE				FORM DCE
			CC	OVER SHEET PG 3 5 of 9
	LER NA vow, Ind		15 Filer ID 00087061	(Ethics Commission Filers)
		E SUBTOTALS SCHEDULE	•	SUBTOTAL AMOUNT
1.	Х	SCHEDULE F1: POLITICAL EXPENDITURES		\$ 145,067.14
2.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
3.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	The Instruction Guide explains h	low to complete this form.	1
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
Sch: 1/4 Rpt: 6/9	Avow, Inc.		00087061
4 Date	5 Payee name		
10/25/2024	Ampersand Strategies		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
\$34,129.45	121 S Broad St		
	4th Fl		
Expenditure from corporate funds	Philadelphia, PA 19107		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this sche		
EXPENDITURE	Printing Expense	Check if travel	outside of Texas. Complete Schedule T.
		Printing and	Postage - Oppose Angie Chen Button
		Timang and	r cotago appeso / migro enem Batton
9 Complete ONLY if direct	Candidate/Officeholder name O	ffice sought	Office held
expenditure to benefit C/O		mee sought	Office field
Data			
Date	Payee name		
10/25/2024	Ampersand Strategies		
Amount (\$)	Payee address; City; State;	Zip Code	
\$42,482.58	121 S Broad St		
Expenditure from	4th Fl		
corporate funds	Philadelphia, PA 19107		
PURPOSE	(a) Category (See Categories listed at the top of this sche	(b) Description	
OF EXPENDITURE	Printing Expense		outside of Texas. Complete Schedule T.
EXI ENDITORE		District Co.	D
		Printing and	Postage to Oppose Amarillo Prop A
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ffice sought	Office held
Date	Payee name		
10/10/2024	Authentic Campaigns		
Amount (\$)	Payee address; City; State;	Zip Code	
\$34,500.00	1120 N 27th St		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Expenditure from corporate funds	Richmond, VA 23223		
PURPOSE	(a) Category (See Categories listed at the top of this sche	(b) Description	
OF	Advertising Expense	· · · · · · · · · · · · · · · ·	outside of Texas. Complete Schedule T.
EXPENDITURE	The state of the s		
		Digital Ad - C	Opposition to Angie Chen Button
Complete ONLY if direct Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OF	7		

POLITICAL EXPENDITURES

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 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		complete this form. That of the Distinct OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/4 Rpt: 7/9	Avow, Inc.	00087061
4 Date	5 Payee name	
10/10/2024	Authentic Campaigns	
6 Amount (\$)	7 Payee address; City; State; Zip C	Code
\$30,500.00	1120 N 27th St	
Expenditure from corporate funds	Richmond, VA 23223	
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.
		Digital Ad Opposing Amerilla Prop A
		Digital Ad Opposing Amarillo Prop A
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office so	ought Office held
Date	Payee name	
09/27/2024	J&N Enterprises	
Amount (\$)	Payee address; City; State; Zip (Code
\$326.26	2519 Fairway Park Dr	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ste 302	
Expenditure from		
corporate funds	Houston, TX 77092	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.
		Printing - Support Molly Cook
		- maning capport many cook
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/O		Senator Place Houston State Senator Place Houston
	T	
Date	Payee name	
09/27/2024	J&N Enterprises	
Amount (\$)	Payee address; City; State; Zip (Code
\$326.26	2519 Fairway Park Dr	
— Funcionalita una finanza	Ste 302	
Expenditure from corporate funds	Houston, TX 77092	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Printing Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		-
		Printing - Support Lauren Ashley Simmons
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	-
experiulture to benefit C/OI	H Simmons, Lauren Ashley State R	Representative Place
		

POLITICAL EXPENDITURES

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

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/4 Rpt: 8/9	Avow, Inc. 00087061
4 Date	5 Payee name
10/01/2024	Mail House
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$342.59	2276 Vantage St
Expenditure from	
corporate funds	Dallas, TX 75207
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	Printing - Support Averie Bishop
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	H Bishop, Averie State Representative Place State Representative Place
Date	Payee name
10/24/2024	Peerly
Amount (\$)	Payee address; City; State; Zip Code
\$600.00	2232 Dell Range Blvd
	#287
Expenditure from corporate funds	Cheyenne, WY 82009
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.
EXPENDITORL	
	Text Messaging - Support Averie Bishop
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
D-11-	
Date 10/24/2024	Payee name Peerly
	,
Amount (\$) \$600.00	Payee address; City; State; Zip Code 2232 Dell Range Blvd
φυυυ.υυ	#287
Expenditure from	
corporate funds	Cheyenne, WY 82009
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expanse (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense
	Text Messaging - Oppose Angie Chen Button
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) 00087061 Sch: 4/4 Rpt: 9/9 Avow, Inc. 4 Date Payee name 10/24/2024 Peerly 6 Amount (\$) Payee address; City; State; Zip Code \$1,260.00 2232 Dell Range Blvd #287 Expenditure from Cheyenne, WY 82009 corporate funds 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Text Messaging - Oppose Amarillo Prop A Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH