

**DIRECT CAMPAIGN EXPENDITURES
CAMPAIGN FINANCE REPORT**

**FORM DCE
COVER SHEET PG 1**

The DCE Instruction Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00087061	2 Total pages filed: 9
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3 FILER NAME	MS / MRS / MR FIRST MI <hr/> NICKNAME LAST SUFFIX Avow, Inc.	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/28/2024 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged																	
4 FILER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1101 W 34th St #679 <input type="checkbox"/> Change of Address Austin, TX 78705																		
5 FILER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 462-1661																		
6 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff																		
7 PERIOD COVERED	Month Day Year Month Day Year 07/01/2024 THROUGH 10/26/2024																		
8 ELECTION	<table border="0" style="width:100%;"> <tr> <td align="center" colspan="3">ELECTION DATE</td> <td align="center" colspan="3">ELECTION TYPE</td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td></td> <td></td> <td>11/05/2024</td> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>		ELECTION DATE			ELECTION TYPE			Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other			11/05/2024	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
ELECTION DATE			ELECTION TYPE																
Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other														
		11/05/2024	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special															
9 FILER ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed Angie Chen Button State Representative																	
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed																	
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)																		

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DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE
COVER SHEET PG 2

10 FILER NAME Avow, Inc.		11 Filer ID (Ethics Commission Filers) 00087061
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	2. TOTAL POLITICAL EXPENDITURES	\$ 145,067.14

13 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Filer
or
Signature of individual with authority to sign on behalf of entity
(only if Filer is an entity)

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.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM **DCE**
ADDENDUM

Page 3 of 9

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

SUBTOTALS - DCE

FORM DCE
COVER SHEET PG 3
5 of 9

14 FILER NAME Avow, Inc.		15 Filer ID (Ethics Commission Filers) 00087061
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ 145,067.14
2.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
3.	<input type="checkbox"/> 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/Political Committee
Credit Card Payment

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

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 how to complete this form.

1 Total pages Schedule F1: Sch: 1/4 Rpt: 6/9	2 FILER NAME Avow, Inc.	3 Filer ID (Ethics Commission Filers) 00087061
4 Date 10/25/2024	5 Payee name Ampersand Strategies	
6 Amount (\$) \$34,129.45 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 121 S Broad St 4th Fl Philadelphia, PA 19107	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Printing and Postage - Oppose Angie Chen Button
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/25/2024	Payee name Ampersand Strategies	
Amount (\$) \$42,482.58 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 121 S Broad St 4th Fl Philadelphia, PA 19107	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Printing and Postage to Oppose Amarillo Prop A
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/10/2024	Payee name Authentic Campaigns	
Amount (\$) \$34,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1120 N 27th St Richmond, VA 23223	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Digital Ad - Opposition to Angie Chen Button
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 how to complete this form.

1 Total pages Schedule F1: Sch: 2/4 Rpt: 7/9	2 FILER NAME Avow, Inc.	3 Filer ID (Ethics Commission Filers) 00087061
4 Date 10/10/2024	5 Payee name Authentic Campaigns	
6 Amount (\$) \$30,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1120 N 27th St Richmond, VA 23223	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Digital Ad Opposing Amarillo Prop A
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator Place Houston
		Office held State Senator Place Houston
Date 09/27/2024	Payee name J&N Enterprises	
Amount (\$) \$326.26 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2519 Fairway Park Dr Ste 302 Houston, TX 77092	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Printing - Support Molly Cook
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, Molly	Office sought State Senator Place Houston
		Office held State Senator Place Houston
Date 09/27/2024	Payee name J&N Enterprises	
Amount (\$) \$326.26 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2519 Fairway Park Dr Ste 302 Houston, TX 77092	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Printing - Support Lauren Ashley Simmons
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Simmons, Lauren Ashley	Office sought State Representative Place
		Office held

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 how to complete this form.

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

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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 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 how to complete this form.

1 Total pages Schedule F1: Sch: 4/4 Rpt: 9/9	2 FILER NAME Avow, Inc.	3 Filer ID (Ethics Commission Filers) 00087061	
4 Date 10/24/2024	5 Payee name Peerly		
6 Amount (\$) \$1,260.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2232 Dell Range Blvd #287 Cheyenne, WY 82009		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Text Messaging - Oppose Amarillo Prop A	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held