CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete th	his form.	Filer ID (Ethics Commission 00085680		2 Total pages file 27	
3 CANDIDATE /	MS / MRS / MR FIR	RST		MI	OFFICE U	SF ONLY
OFFICEHOLDER NAME	Mr. Da	avid O.			Date Received	
		•••••			ELECTRONICAI	LY FILED
	NICKNAME LAS	ST		SUFFIX	01/15/2025	
	Lov	we				
4 CANDIDATE /	ADDRESS / PO BOX; APT / SU	ITE#; CITY;		ZIP CODE	Date Hand-delivered or D	Date Postmarked
OFFICEHOLDER MAILING ADDRESS	9017 Cedar Breaks Drive				Receipt #	Amount
Change of Address	North Richland Hills, TX 76182	2			Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR FIRS	ST		MI		
TREASURER NAME	Mr. Dav	vid O.				
	NICKNAME LAS	 ST		SUFFIX		
	Low	ve				
6 CAMPAIGN	STREET ADDRESS (NO PO BOX	<pre>C PLEASE);</pre>	APT / S	UITE#; CITY;	STAT	E; ZIP CODE
TREASURER ADDRESS	9017 Cedar Breaks Drive	,				_,
(Residence or Business)	North Richland Hills, TX 76182	2				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NU (469) 955-6710	JMBER EXTE	ENSION			
8 REPORT TYPE	X January 15 3	30th day before elec	ction Run	off	15th day after cam appointment (office	
	July 15 8	8th day before electi		eeded modified orting limit	Final Report (Attac	h C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2024	THRO	UGH 	12/31/2024		
10 ELECTION	ELECTION DATE			LECTION TYPE		
	Month Day Year	Primar	ry	Runoff	Other	
		Gener	al	Special		
11 OFFICE	OFFICE HELD (if any)	1	12	OFFICE SOUGHT (if known)	
	State Representative District 9)1			•	
	.1					
		GO TO I	PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 27

13 C / OH NAME	Lowe, David O. (Mr.)		14 Filer ID (00085680	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditur These expenditures may have been made without the d officeholders are required to report this information	he candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS	S	
16 CONTRIBUTION	1. TOTAL UNITEM	IZED POLITICAL CONTRIBUTIONS (OTHER THAN	JPLEDGES LOANS	1
TOTALS	CTRONICALLY)	\$ 2,346.72		
)	\$ 78,809.85		
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 5,109.39	
	4. TOTAL POLITION		\$ 35,750.51	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA ERIOD	AST DAY OF THE	\$ 56,169.85
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS (RTING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.		
		Mr	David O. Lowe	
			Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	OVE		
		aid	, this the	day
of	, 20, to c	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath
Signature or office	co. daminocoming		The of officer	adg oddi

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 27 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00085680 Lowe, David O. (Mr.) **20 SCHEDULE SUBTOTALS** SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 78,809.85 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 3. SCHEDULE E: LOANS \$ 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 35,750.51 \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 1/11 Rpt: 4/27	
2	FILER NAME Lowe, David	O. (Mr.)				3	Filer ID (Ethics Commission 00085680	n Filers)
4	Date 09/20/2024	5 Full name of contributor Arenz, John6 Contributor address; City; St	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$200.00
8	Principal occu Retired	NRH, TX 78182 pation / Job title (See Instructions	s)	9	Employer (See Instructions Retired	<u> </u> s)		
	Date 09/17/2024	Full name of contributor Beer Alliance of Texas PA Contributor address; City; S: Austin, TX 78701	-)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u>		
	Date 09/17/2024	Full name of contributor Bresnen, Steven Contributor address; City; S	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$250.00
		Austin, TX 78701						
	Principal occu Attorney	pation / Job title (See Instructions	;) 		Employer (See Instructions Bresnen Associats Inc.	5)		
	Date 12/11/2024	Full name of contributor Campon, Marcelo Contributor address; City; Si Grapevine, TX 76051				•	Amount of Contribution (\$)	\$50.00
	Principal occu Owner	pation / Job title (See Instructions	s)		Employer (See Instructions Marcelo M Campon Age	•	y LL	
	Date 11/11/2024	Full name of contributor Campon, Marcelo Contributor address; City; S Grapevine, TX 76051	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$50.00
	Principal occu Owner	pation / Job title (See Instructions	s)		Employer (See Instructions Marcelo M Campon Age		y LL	
			•					

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E A1	
	The Instruc	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 2/11 Rpt: 5/27		
2	FILER NAME Lowe, David	O. (Mr.)			3	Filer ID (Ethics Commission 00085680	n Filers)	
4	Date 10/11/2024	5 Full name of contributor [Campon, Marcelo6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$50.00	
		Grapevine, TX 76051	1					
8	Principal occu Owner	pation / Job title (See Instructions)	9	Employer (See Instructions Marcelo M Campon Age		y LL		
	Date 09/11/2024	Full name of contributor Campon, Marcelo Contributor address; City; Sta)		Amount of Contribution (\$)	\$50.00	
	Principal occu	Grapevine, TX 76051 pation / Job title (See Instructions)	1	Employer (See Instructions	<u> </u> ;)			
	Owner	,		Marcelo M Campon Age		y LL		
	Date 08/11/2024	Full name of contributor [Campon, Marcelo Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$50.00	
		Grapevine, TX 76051						
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Marcelo M Campon Age	•	y LL		
	Date 07/11/2024	Full name of contributor Campon, Marcelo Contributor address; City; Sta Grapevine, TX 76051	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$50.00	
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Marcelo M Campon Age	Employer (See Instructions) Marcelo M Campon Agency LL			
	Date 10/01/2024	Full name of contributor Carden, Darrell Contributor address; City; Sta Haltom City, TX 76117	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$200.00	
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	. (s)			

	MONET	ARY POLITICAL CONTRI	IBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to compl	ete this forr	n.	1	Total pages Schedule A1: Sch: 3/11 Rpt: 6/27	
2	FILER NAME Lowe, David	O. (Mr.)			3	Filer ID (Ethics Commission 00085680	on Filers)
4	Date 10/11/2024	 Full name of contributor out-of-state Out-o			7	Amount of Contribution (\$)	\$500.00
_	Deinainal accu	Bulverde, TX 78183	lo.	Francis or (Con Instructions	<u></u>		
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions retired	5)		
	Date 12/11/2024	Charter Schools Now PAC Contributor address; City; State; Zip Code	te PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Date 12/10/2024	Full name of contributor out-of-stat Congress Ventures LLC Contributor address; City; State; Zip Code	te PAC (ID#:			Amount of Contribution (\$)	\$750.00
	Principal occu	Austin, TX 78703 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	· ····o.pa. occa				,		
	Date 09/03/2024	Full name of contributor out-of-state Conservative Republicans of Texas P Contributor address; City; State; Zip Code Houston, TX 77234				Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 09/20/2024	Drewry, CV	te PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu Candidate	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/11 Rpt: 7/27		
2	FILER NAME Lowe, David			3	Filer ID (Ethics Commission 00085680	on Filers)	
4	Date 10/31/2024	Full name of contributor		7	Amount of Contribution (\$)	\$500.00	
_		Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 08/14/2024	Full name of contributor out-of-state PAC (ID#:_ FW Firefighters Committee for Responsible Gov Contributor address; City; State; Zip Code Fort Worth, TX 76107			Amount of Contribution (\$)	\$5,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 09/20/2024	Full name of contributor out-of-state PAC (ID#:_ Gary Gates for Texas Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,500.00	
	Principal occu	Rosenberg, TX 77471 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 10/11/2024	Full name of contributor out-of-state PAC (ID#:_ Gore, Rex Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,200.00	
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired)			
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Gray, Brady Contributor address; City; State; Zip Code Brock, TX 76087)		Amount of Contribution (\$)	\$250.00	
	Principal occu President	pation / Job title (See Instructions)	Employer (See Instructions Texas Family Project)			

	MONET	ARY POLITICAL CONT	S	SCHEDULE A1			
	The Instru	ction Guide explains how to com	plete this for	n.	1	Total pages Schedule A1: Sch: 5/11 Rpt: 8/27	
2	FILER NAME Lowe, David	O. (Mr.)			3	Filer ID (Ethics Commission 00085680	on Filers)
4	Date 09/17/2024	 Full name of contributor out-of- Hillco PAC Contributor address; City; State; Zip Contributor address; City; State; Zip Contributor 			7	Amount of Contribution (\$)	\$1,000.00
_	Dringing	Austin, TX 78701	- lo	Francis or (Coo Instructions			
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 12/11/2024	Full name of contributor out-of-Houston Police Retired Officers As Contributor address; City; State; Zip Co				Amount of Contribution (\$)	\$250.00
	Principal occu	Houston, TX 77219 pation / Job title (See Instructions)		Employer (See Instructions			
	Fillicipal occu	oation / Job title (See Instructions)		Employer (See Instructions)		
	Date 12/10/2024	Full name of contributor out-of- K&L Gates LLC Committee for God Contributor address; City; State; Zip Co)		Amount of Contribution (\$)	\$500.00
		Dallas, TX 75201					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 12/11/2024	Full name of contributor out-of- Linbarger Goggan Blair & Sampsol Contributor address; City; State; Zip Co				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 10/04/2024	Full name of contributor out-of-McCormick, Elizabeth Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu Real Estate	pation / Job title (See Instructions)		Employer (See Instructions Self Employed)		
			,				

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to	o complete this form	1.	1	Total pages Schedule A1: Sch: 6/11 Rpt: 9/27	
2	FILER NAME Lowe, David	O. (Mr.)			3	Filer ID (Ethics Commission 00085680	on Filers)
4	Date 12/11/2024	5 Full name of contributor McFadden, Gary6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$250.00
•	Principal occu	Grapevine, TX 76051	lo	Employer (See Instructions			
8	retired	pation / Job title (See Instructions)		Employer (See Instructions retired)		
	Date 12/11/2024	Full name of contributor McFadden, Gary Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$500.00
		Grapevine, TX 76051	1				
	retired	pation / Job title (See Instructions)		Employer (See Instructions) retired)		
	Date 07/12/2024	Full name of contributor Moak Casey PAC Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 12/10/2024	Full name of contributor ONCOR Texas State PAC of Contributor address; City; State Dallas, TX 75202				Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 07/25/2024	Full name of contributor Rostami, Matt Contributor address; City; State McKinney, TX 75070	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$1,041.98
	Principal occu Eye Surgeor	pation / Job title (See Instructions)		Employer (See Instructions Lone Star Eye Specialis			
	, 3-10			,			

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/11 Rpt: 10/27		
2	FILER NAME Lowe, David			3	Filer ID (Ethics Commission 00085680	on Filers)	
4	Date 12/10/2024	5 Full name of contributor out-of-state PAC (ID#:_ Rural Friends Electric Cooperatives 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$500.00	
_	<u> </u>	Austin, TX 78701					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))			
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Stickland, Jonathan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00	
	Principal occu	Willow Park, TX 76087 pation / Job title (See Instructions)	Employer (See Instructions)			
	Self Employe		Self Employed	,			
	Date 10/04/2024	Full name of contributor out-of-state PAC (ID#: TSAPAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$750.00	
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 08/14/2024	Full name of contributor out-of-state PAC (ID#:_TSAPAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$750.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 10/10/2024	Full name of contributor out-of-state PAC (ID#:_ Texans United for a Conservative Majority Contributor address; City; State; Zip Code Victoria, TX 77901			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/11 Rpt: 11/27
2	FILER NAME Lowe, David			3	Filer ID (Ethics Commission Filers) 00085680
4	Date 09/03/2024	Full name of contributor		7	Amount of Contribution (\$) \$1,000.00
		Victoria, TX 77901			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	
	Date 12/09/2024	Full name of contributor out-of-state PAC (ID#:_ Texans United for a Conservative Majority PAC Contributor address; City; State; Zip Code Victoria, TX 77901)		Amount of Contribution (\$) \$7,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$10,000.00
	Principal occu	Houston, TX 77027 pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:_ Texans for Lawsuit Reform PAC Contributor address; City; State; Zip Code Houston, TX 77027)		Amount of Contribution (\$) \$15,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Texans for Reasonable Solutions PAC Contributor address; City; State; Zip Code Austin, TX 78741			Amount of Contribution (\$) \$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/11 Rpt: 12/27		
2	FILER NAME Lowe, David			3	Filer ID (Ethics Commission 00085680	on Filers)	
4	Date 07/01/2024	5 Full name of contributor out-of-state PAC (ID#:_ Texas Dental Association PAC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00	
_		Austin, TX 78704					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))			
	Date 11/01/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Food & Fuel Association PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Medical Assocation PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00	
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Medical Association PAC Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$250.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 10/31/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Optometric PAC Contributor address; City; State; Zip Code Austin, TX 78705			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 10/11 Rpt: 13/27		
2	FILER NAME Lowe, David	O. (Mr.)		3	Filer ID (Ethics Commission 00085680	on Filers)	
4	Date 11/15/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$4,000.00	
_	Deinsinal	Austin, TX 78701	O Frankrije (Ozakrativation)				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))			
	Date 12/10/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,500.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)	Employer (See Instructions)			
				,			
	Date 10/31/2024	Full name of contributor out-of-state PAC (ID#:_ Texas and Southwestern Cattle Raisers Associa Contributor address; City; State; Zip Code Fort Worth, TX 78185			Amount of Contribution (\$)	\$2,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 12/11/2024	Full name of contributor X out-of-state PAC (ID#: CUPSPAC Contributor address; City; State; Zip Code Washington, DC 20003	C00064766)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 11/11 Rpt: 14/27		
2	FILER NAME Lowe, David			3	Filer ID (Ethics Commission 00085680	n Filers)
4	Date 09/25/2024 5 Full name of contributor out-of-state PAC (ID#:) Wanghan, Carol 6 Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$521.15
_		Southlake, TX 76092	T			
8	Principal occupation / Job title (See Instructions) Manger 9 Employer (See Instruction Biostone					
	Date Full name of contributor out-of-state PAC (ID#:) 10/18/2024 Weekley, Richard Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,500.00
		Houston, TX 77027	Employer (See Instructions			
	Frincipal occu Founder	pation / Job title (See Instructions))			
	Date Full name of contributor out-of-state PAC (ID#:) 12/11/2024 Wine & Spirits Wholesalers of Texas PAC Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$2,000.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:_ Wood, Shannon Contributor address; City; State; Zip Code Keller, TX 78248			Amount of Contribution (\$)	\$1,000.00
	Principal occu Board Memb	pation / Job title (See Instructions) per	Employer (See Instructions Tarrant County College		of Trustees	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 1/13 Rpt: 15/27	Lowe, David O. (Mr.) 00085680
4	Date	5 Payee name
	09/13/2024	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$556.25	410 Terry Avenue North
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/07/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.80	410 Terry Avenue North
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
	Date	Payee name
	10/07/2024	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.29	410 Terry Avenue North
	¥ .0.20	120 101.97 1101100 110101
		Seattle, WA 98109
	PURPOSE	In.
	OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Office Supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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 con	nple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/13 Rpt: 16/27	Lowe, David O. (Mr.)		00085680
4	Date	5 Payee name		·
	10/07/2024	Amazon		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$7.56	410 Terry Avenue North		
		Seattle, WA 98109		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORE			Check if Austin, TX, officeholder living expense
				Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office soud	ıb+	Office held
9	Complete ONLY if direct expenditure to benefit C/Ol		JIIL	Office field
	Date	Payee name		
	12/31/2024	Amazon		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$786.14	410 Terry Avenue North		
		Seattle, WA 98109		
	PURPOSE OF	,	(b)	Description
	EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Office Supplies/Equipment
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	10/25/2024	Amazon		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$10.84	410 Terry Avenue North		
		Seattle, WA 98109		
	PURPOSE		(b)	Description
	OF	Office Overhead/Rental Expense	,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	·		Check if Austin, TX, officeholder living expense
				Office Supplies
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	jht	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense Travel in District Travel Out of District

Solicitation/Fundraising Expense

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/13 Rpt: 17/27 Lowe, David O. (Mr.) 00085680 4 Date Payee name 10/29/2024 Amazon 6 Amount (\$) Payee address; City; State; Zip Code \$215.42 410 Terry Avenue North Seattle, WA 98109 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. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office Supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/11/2024 Anedot Amount (\$) Payee address; City; State; Zip Code \$220.11 1340 Poydras St Ste 1770 New Orleans, LA 70112 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Accounting/Banking **EXPENDITURE** Check if Austin, TX, officeholder living expense Credit Card Processing Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/10/2024 Blueground US Inc. Amount (\$) Payee address; City; State; Zip Code \$3,715.20 801 Barton Springs Rd Suite 9-103 Austin, TX 78704 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Lodging **EXPENDITURE** Check if Austin, TX, officeholder living expense Lodging Complete ONLY 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
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 c	omplete this form.			
1 Total pages Schedule F1	: 2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 4/13 Rpt: 18/27	Lowe, David O. (Mr.)	00085680			
4 Date	5 Payee name	-			
12/10/2024	Blueground US Inc.				
6 Amount (\$)	7 Payee address; City; State; Zip C	ode			
\$1,713.12	801 Barton Springs Rd Suite 9-103				
	Austin, TX 78704				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF	Lodging	Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE		X Check if Austin, TX, officeholder living expense			
		Lodging			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate/Officeholder name Office so OH	ught Office held			
Date	Payee name				
11/18/2024	CWS Research LLC				
Amount (\$)	Payee address; City; State; Zip C	ode			
\$3,000.00	8313 Mimi Ln				
	Austin, TX 78724				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Polling Expense	Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Polling/Research			
		- Chinigh (Cook of the Cook of			
Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held			
expenditure to benefit C/					
 Date	Payee name				
12/09/2024	Constant Contact				
Amount (\$)	Payee address; City; State; Zip C	nde			
\$234.52					
,					
	Loveland, CO 80538				
PURPOSE		(b) Description			
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Office Overhead/Nertial Expense	Check if Austin, TX, officeholder living expense			
		Email Sending Fees			
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate/Officeholder name Office so	ught Office held			
experialitie to belieff C/	O11				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guid	Salaries/\	Wages	s/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME	<u> </u>				3	Filer ID	(Ethics Commission F	ilers)
	Sch: 5/13 Rpt: 19/27	Lowe, Davi	d O. (Mr.)					00085680		
4	Date	5 Payee name								
	09/24/2024	Expedia								
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode					
	\$247.64	1111 Expe	dia Group Way W							
		Seattle, WA	A 98119							
8	PURPOSE	(a) Category (S	ee Categories listed at the t	top of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel In D	strict					de of Texas. Comp		
						_	, TX,	officeholder living	expense	
						Lodging				
_					<u> </u>					
9	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office sou	ught			Office he	ld	
_										
	Date	Payee name								
	12/03/2024	Express Sp	orts Apparel							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$985.94	1659 Hicko	ry Dr							
		Haltom City	, TX 76117							
	PURPOSE	(a) Category (S	ee Categories listed at the t	top of this schedule)	(b)	Description				
	OF EXPENDITURE	T-Shirts				=		de of Texas. Comp		
						T-Shirts	, IX,	officeholder living	expense	
						1-311113				
_	Complete ONLY if direct	Candidate/Off	ceholder name	Office sou	ıaht			Office he	ıld	
	expenditure to benefit C/OI		centiquei name	Office soc	agrit			Office fie	iu	
		Г								
	Date	Payee name								
	08/27/2024	Keep Tarra	nt Red PAC							
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
	\$312.81	309 E. Broa	ad Stree							
		Mansfield,	TX 76063							
	PURPOSE	(a) Category (S	ee Categories listed at the t	top of this schedule)	(b)	Description				
	OF EXPENDITURE		ns/Donations Made					de of Texas. Comp		
	ZA ZHOHOKZ	Candidate/	Officeholder/Politic	al Committee		ш	, TX,	officeholder living	expense	
						Contribution				
_	Complete ONU V if allow	Condition 10"		O#:				Off: 1	l al	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	Office sou	ugnt			Office he	ıu	
	- Firming to solione of of									

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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
	Sch: 6/13 Rpt: 20/27	Lowe, David O. (Mr.)		00085680	
4	Date	5 Payee name			
	08/27/2024	Law Office of Emily Cook			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$275.00	1203 Trinity St			
		-			
		Liberty, TX 77575			
8	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,) Description	(= 0	
	EXPENDITURE	Legal Services		outside of Texas. Cor	
			Legal Service		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	t	Office h	neld
	expenditure to benefit C/Ol	1			
	Date	Payee name			
	09/12/2024	Law Office of Emily Cook			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$492.50	1203 Trinity St			
		Liberty, TX 77575			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) Description		
	OF EXPENDITURE	Legal Services	ш	outside of Texas. Cor ı, TX, officeholder livin	
			Legal Fees	i, TX, officeriolder livin	ig expense
			9		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	t	Office h	neld
	expenditure to benefit C/O	4			
	Date	Payee name			
	08/27/2024	Legislative Solutions			
	Amount (\$)	Payee address; City; State; Zip Code	!		
	\$875.00	807 Brazos St #714			
		Austin, TX 78701			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Description		
	OF EXPENDITURE	Legal Services		outside of Texas. Cor	mplete Schedule T.
	EXPENDITURE		ш	ı, TX, officeholder livin	ng expense
			Legal Service	es	
	Complete ONII V if direct	Condidate/Officeholder name	+	Office la	vold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	ι	Office h	leiu

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica			Legal Services	iais Expense	Salaries/V		se s/Contract Labor		OTHER (enter	a category not listed	above)
	Credit Card Payment			The Instruction	Guide explai	ins how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 7/13 Rpt: 21/27		Lowe, David	l O. (Mr.)						00085680		
4	Date	5	Payee name						·			
	12/10/2024	ı	Legislative S	Solutions								
6	Amount (\$)	7	Payee addres	ss; City;	Sta	ate; Zip Co	nde					
ľ	\$925.00	ı	807 Brazos	-	O.	ato, 21p 00	uc					
	+0_0.00		50. <u>2</u> .a.255									
			Auctin TV 7	0701								
Ļ		⊢	Austin, TX 7									
8	PURPOSE OF			e Categories listed	at the top of this	schedule)	(b)	Description		d4.T O-	mandata Cabandula T	
	EXPENDITURE		Legal Service	es						officeholder livi	mplete Schedule T.	
								Legal Fees			3 - 1	
9	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	ght			Office I	neld	
	expenditure to benefit C/OI	Н										
H	Date		Payee name									
	08/26/2024	ı	NRH Centre									
_	Amount (\$)	┢	Payee addres	ss; City;	Sta	ate; Zip Co	de					
	\$612.43	ı	6000 Hawk									
	70220											
			North Richla	and Hills, TX	76180							
_	PURPOSE	⊢					(h)	Description				
	OF			e Categories listed	at the top of this	schedule)	(D)	Description Check if travel of	outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITURE		Event Exper	150						officeholder livi		
								Event Venue	Со	st		
	Complete ONLY if direct		Candidate/Offic	eholder name		Office sou	ght			Office I	neld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	09/19/2024		NRH Centre									
	Amount (\$)		Payee addres	ss; City;	Sta	ate; Zip Co	de					
	\$454.65		6000 Hawk	Ave								
			North Richla	and Hills, TX	76180							
	PURPOSE	(a)	Category (Se	e Categories listed	at the top of this	schedule)	(b)	Description				
	OF EXPENDITURE		Event Exper						outsi	de of Texas. Co	mplete Schedule T.	
	EXPENDITORE									officeholder livi	ng expense	
								Event Venue	Re	entai		
_	Operation ONE V. C. F.	L	2			04.				O	1 - 1	
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	eholder name		Office sou	ght			Office I	nela	

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

	Candidate/Officeholder/Politica Credit Card Payment	Il 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: 8/13 Rpt: 22/27	Lowe, David O. (Mr.) 00085680
4	Date	5 Payee name
	10/01/2024	PAC Management Services LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$600.00	441 N Lee St
		Ste 100
		Alexandria, VA 22314
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 Compliance Reporting
		Compliance Reporting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/04/2024	PAC Management Services LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,050.00	441 N Lee St
		Ste 100
		Alexandria, VA 22314
Н	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.
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Compliance Services
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	09/19/2024	Rosa's Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,103.41	5000 Overton Ridge Blvd
		Fort Worth, TX 76132
1	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event Meal Expense
		Event Medi Expense
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	
H		
l		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services		Salaries/W		e /Contract Labor		OTHER (enter	a category not listed ab	ove)
	Credit Card F dyment			The Instruction G	uide explains ho	ow to con	nple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 9/13 Rpt: 23/27		Lowe, David	O. (Mr.)						00085680		
4	Date	5	Payee name									
	07/10/2024		Scheef & Sto	one								
6	Amount (\$)	7	Payee addres	s; City;	State:	Zip Cod	de					
	\$1,001.00		500 N Akard		,							
			Dallas, TX 7	5201								
Ļ	DUDDOOF	(-)				-	/I- \					
8	PURPOSE OF	(a)		e Categories listed at t	the top of this sched	ule)	(b)	Description	outoi	do of Toyon Cor	nplete Schedule T.	
	EXPENDITURE		Legal Service	es				브		officeholder livin	•	
								Legal Fees			- '	
9	Complete ONLY if direct		Candidate/Offic	eholder name	Off	fice soug	ght			Office h	eld	
	expenditure to benefit C/OI	Η										
\vdash	Date	Г	Payee name									
	09/04/2024		SignsOnThe	Cheap								
	Amount (\$)	_	Payee addres	·	State:	Zip Cod	de.					
	\$213.18		,	nehollow Dr#	•	p	40					
	Ψ213.10		11020 D 010	micronow Di #	220							
			Augtin TV 7	0750								
		<u> </u>	Austin, TX 7									
	PURPOSE OF	(a) 		e Categories listed at t	the top of this sched	ule)	(b)	Description	outoi	do of Toyon Cor	anlata Sahadula T	
	EXPENDITURE		Printing Exp	ense				=		officeholder livin	nplete Schedule T. g expense	
								Signs				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Off	fice soug	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
_	Date		Payee name									
	10/30/2024		Steve Kinard	d Campaign								
	Amount (\$)		Payee addres		State:	Zip Cod	de					
	\$251.00		P.O. Box 26	-	Oldic,	Zip 000	uc					
	Ψ201.00		1 .O. BOX 20	0-10-1								
			Plano, TX 7	5026								
	DUDD 005	_					<i>a</i> >					
	PURPOSE OF	(a)		e Categories listed at t		ule)	(b)	Description Check if travel (outei	de of Teyes Cor	nplete Schedule T.	
	EXPENDITURE			s/Donations Ma Officeholder/Pol		tee		므		officeholder livin		
								Contribution				
	Complete ONLY if direct		Candidate/Offic	eholder name	Off	fice soug	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
l												

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	e this form.		
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 10/13 Rpt: 24/27	Lowe, David O. (Mr.)	00085680		
4	Date	5 Payee name	·		
	09/25/2024	Strategic Political Management LLC			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$3,250.00	2355 Thomas Ave #1711			
		Dallas, TX 75021			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description		
	OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		L	Strategic Consulting		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/O	1			
	Date	Payee name			
	12/23/2024	Strategic Political Management LLC			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$650.00	2355 Thomas Ave #1711			
		Dallas, TX 75021			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description		
	OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		L S	Crieck if Adstin, 17, difficended living expense Strategic Management Consulting		
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/O	1			
	Date	Payee name			
	11/18/2024	Strategic Political Management LLC			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,050.00	2355 Thomas Ave #1711			
		Dallas, TX 75021			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description		
	OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		L S	Check if Austin, 17, officeriolider living expense Strategic Management Consulting		
			- · · · · · · · · · · · · · · · · · · ·		
	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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total marca Cabadula F1.	,
1	Total pages Schedule F1:	
	Sch: 11/13 Rpt: 25/27	Lowe, David O. (Mr.) 00085680
4	Date	5 Payee name
	12/02/2024	Trimm, James
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	8440 Stephanie Dr
	,-,	
		North Diabland Lilla TV 70100
		North Richland Hills, TX 76182
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
		Campaign Management
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to benefit C/Oi	
	Date	Payee name
	11/18/2024	Trimm, James
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	8440 Stephanie Dr
	Ψ2,000.00	o440 Stephanic Di
		North Richland Hills, TX 76182
	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
		Campaign Management
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to beliefit C/Oi	1
	Date	Payee name
	07/02/2024	UPS Store
	Amount (\$)	Payee address; City; State; Zip Code
	\$310.00	8528 Davis Blvd
	*******	Ste 134
		North Richland Hills, TX 76182
	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.
	-	Check if Austin, TX, officeholder living expense
		Printing
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefft C/OI	•

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 co	mple	ete this form.
1	Total pages Schedule F1: Sch: 12/13 Rpt: 26/27	2	FILER NAME Lowe, David O. (Mr.)		3 Filer ID (Ethics Commission Filers) 00085680
4	Date 07/10/2024	5	Payee name Vermillion		·
6	Amount (\$) \$500.00	7	Payee address; City; State; Zip Co 8145 Keechi Creet Ct Fort Worth, TX 76137	ode	
8	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 Website Redesign
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sou	ght	Office held
	Date 12/02/2024		Payee name Vistaprint		
	Amount (\$) \$153.71		Payee address; City; State; Zip Co 275 Wyman St Waltham, MA 02451	ode	
	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 ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sou	ght	Office held
	Date 11/12/2024		Payee name Vistaprint		
	Amount (\$) \$51.33		Payee address; City; State; Zip Co 275 Wyman St Waltham, MA 02451	ode	
	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/Ol		Candidate/Officeholder name Office sou	ght	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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	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: 13/13 Rpt: 27/27	Lowe, David O. (Mr.) 00085680	
4	Date	5 Payee name	
	10/25/2024	Vistaprint	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$49.03	275 Wyman St	
		Waltham, MA 02451	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Printing	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
3	expenditure to benefit C/O		
_			
	Date	Payee name	
	09/26/2024	Walmart	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$233.60	608 SW 8th St	
		Bentonville, AR 72712	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Office Supplies	
		отпос одржав	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH		
Date 2			
	Date	Payee name	
	09/16/2024	Wix.com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$467.64	500 Terry A Francois Boulevard	
		Sixth Floor	
		San Francisco, CA 94158	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Office Overhead/Rental Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Domain Services	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH			