CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commis 00085680	sion Filers)	2 Total pages fi	led: 53
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	David O.			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	07/14/2025	
	MCKNAWL	Lowe		30111X		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; AP1		Υ;	ZIP CODE	Date Hand-delivered of	or Date Postmarked
MAILING	9017 Cedar Breaks Drive				Receipt #	Amount
ADDRESS						
Change of Address	North Richland Hills, TX 7	76182			Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME	Mr.	David O.				
	NICKNAME	LAST		SUFFIX		
		Lowe				
C CAMPAICN	CTDEET ADDDESS (NO DO	DOV DI FACE):	ADT	LOUITE # OITY	. CT	ATE: 710 CODE
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO 9017 Cedar Breaks Drive		API	/ SUITE #; CITY	; 51,	ATE; ZIP CODE
ADDRESS	9017 Cedal Bleaks Dilve					
(Residence or Business)	Namb Diabland Hills TV	70400				
	North Richland Hills, TX 7	76182				
7 CAMPAIGN	AREA CODE PHO	NE NUMBER E	EXTENSION			
TREASURER PHONE	(469) 955-6710					
THORE						
8 REPORT TYPE		_		_	_	
I TIPE	January 15	30th day before	election	Runoff	15th day after ca appointment (offi	mpaign treasurer ceholder only)
	X July 15	8th day before	election	Exceeded modified	Final Report (Att	
		_		reporting limit	_	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	IROUGH	06/30/202	25	
10 ELECTION	ELECTION DATE	_		ELECTION TYPE		
	Month Day Year	l ∐P	rimary	Runoff	Other	
		□G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	•		12 OFFICE SOUGH	Γ (if known)	
	State Representative Dist	trict 91				
	•			•		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 53

13 C / OH NAME	Lowe, David O. (The	Honorable)	14 Filer ID (00085680	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without I officeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		L ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 44,386.48
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 1,923.03
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 43,495.43
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 56,946.64
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 penalt true and correct and includes a under Title 15, Election Code.		
		The Hor	orable David O. Low	e
		Signature o	f Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	eer administering	Printed name of officer administering	Title of office	r administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

)VE	ER SHEET PG 3 3 of 53
	ER NAN		19 Filer ID	(Eth	nics Commission Filers)
		vid O. (The Honorable)	00085680	т -	
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	44,386.48
2.		\$			
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	43,495.43
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	500.00

	MONEI	NETARY POLITICAL CONTRIBUTIONS					SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this fo	orı	n.	1	Total pages Schedule A1: Sch: 1/19 Rpt: 4/53	
2	FILER NAME Lowe, David	O. (The Honorable)				3	Filer ID (Ethics Commission 00085680	on Filers)
4	Date 06/30/2025	5 Full name of contributor Abusaad, Nazeh6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			7	Amount of Contribution (\$)	\$200.00
8	Principal occu Attorney	Richardson, TX 76002 pation / Job title (See Instructions	s)	9	Employer (See Instructions Self	<u> </u> s)		
	Date 06/27/2025	Full name of contributor Arenz, John Contributor address; City; St North Richland Hills, TX 7	·)		Amount of Contribution (\$)	\$250.00
	Principal occu retired	pation / Job title (See Instructions	5)		Employer (See Instructions retired	5)		
	Date 06/27/2025	Full name of contributor Bell, Michael Contributor address; City; Si	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$250.00
	Principal occu	Henderson, TX 75653 pation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u> s)		
	Vice Preside	ent			Management & Training	j C	orporation	
	Date 06/30/2025	Full name of contributor Bennett, Montgomery Contributor address; City; Si	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$2,000.00
	Principal occu CEO	pation / Job title (See Instructions	s)		Employer (See Instructions Ashford Inc	5)		
	Date 06/30/2025	Full name of contributor Bergh, Steve Contributor address; City; Si North Richland Hills, TX 7	•			•	Amount of Contribution (\$)	\$100.00
	Principal occu retired	pation / Job title (See Instructions	5)		Employer (See Instructions retired	s)		

	MONET	ARY POLITICAL CONTRIE	S		SCHEDUI	E A1	
	The Instru	ction Guide explains how to complet	te this forr	n.	1	Total pages Schedule A1: Sch: 2/19 Rpt: 5/53	
2	FILER NAME Lowe, David	O. (The Honorable)			3	Filer ID (Ethics Commission 00085680	on Filers)
4	Date 06/27/2025	 Full name of contributor out-of-state in Boyett, Mark Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$150.00
_	Deinainal accu	Bedford, TX 76021	اما	Frankston (Cookstants and			
8		pation / Job title (See Instructions) ance Sales Consultant	9	Employer (See Instructions GuideStone Financial)		
	Date 06/23/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
	Principal occu	Norman, OK 73072 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Office Manag	ger		Abolitionists Rising			
	Date 06/23/2025	Full name of contributor out-of-state I Burklund, Susan Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		Renton, WA 98055					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	<u> </u>		
	Date 06/23/2025	Full name of contributor out-of-state Carden, Darrell Contributor address; City; State; Zip Code Haltom City, TX 76117)		Amount of Contribution (\$)	\$50.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	()		
	Date 06/30/2025	Full name of contributor out-of-state of Carroll, Tracey Contributor address; City; State; Zip Code Port Aransas, TX 78373)		Amount of Contribution (\$)	\$1,000.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	()		
			•				

	MONET	ARY POLITICAL C	CONTRIBUTIO	N	S		SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this fo	rn	1.	1	Total pages Schedule A1: Sch: 3/19 Rpt: 6/53		
2	FILER NAME Lowe, David	O. (The Honorable)				3	Filer ID (Ethics Commission 00085680	n Filers)	
4	Date 06/24/2025	5 Full name of contributor Carter, Jeffrey6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$500.00	
_	Daine in a la casa	Streetman, TX 75859	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Faralana (One la desartica				
8	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	i) 			
	Date 06/23/2025	Full name of contributor Castilla, Cindi Contributor address; City; St					Amount of Contribution (\$)	\$500.00	
	Deire sin al access	Dallas, TX 75229	, 1		Faralassa (Ossalassas dise	Ĺ			
		pation / Job title (See Instructions R State Leader			Employer (See Instructions Self	5)			
	Date 06/30/2025	Full name of contributor Chalaki, Shahen Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$100.00	
		Carrollton, TX 75006							
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Chalaki Law)			
	Date 06/23/2025	Full name of contributor Chambers, Ruth Contributor address; City; St Bulverde, TX 78163	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$500.00	
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired)			
	Date 06/23/2025	Full name of contributor Cheshire, Cary Contributor address; City; St Beenbrook, TX 76116	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00	
	Principal occu Self-Employe	pation / Job title (See Instructions ed)		Employer (See Instructions Cheshire Industries	5)			
			1						

	MONET	ARY POLITICAL CONTRIB	IS		SCHEDULE	■ A1	
	The Instruc	ction Guide explains how to complet	te this for	m.	1	Total pages Schedule A1: Sch: 4/19 Rpt: 7/53	
2	FILER NAME Lowe, David	O. (The Honorable)			3	Filer ID (Ethics Commission 00085680	Filers)
4	Date 06/24/2025	 Full name of contributor out-of-state F Cook, David Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$10.00
_	Deignaignal	Fort Worth, TX 76148	lo.	Franksian (Cookastu etiene			
8	retired	pation / Job title (See Instructions)	9	Employer (See Instructions retired	5)		
	Date 06/24/2025	Contributor address; City; State; Zip Code	-)		Amount of Contribution (\$)	\$20.00
	Principal occu	White Cloud, MI 49349 pation / Job title (See Instructions)		Employer (See Instructions retired	<u> </u>		
	Date 06/30/2025	Full name of contributor out-of-state FDavison, John Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$5.00
	Principal occu	Azle, TX 76020 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 06/30/2025	Full name of contributor out-of-state FD out-o	-)		Amount of Contribution (\$)	\$5.00
	Principal occu homemaker	Azle, TX 76020 pation / Job title (See Instructions)		Employer (See Instructions homemaker	<u> </u> s)		
	Date 06/26/2025	Full name of contributor out-of-state FDay, Elisabeth Contributor address; City; State; Zip Code Weatherford, TX 76086)		Amount of Contribution (\$)	\$5.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
			,				

	MONET	ARY POLITICAL CO	S		SCHEDUI	E A1	
	The Instruc	ction Guide explains how to	o complete this form	n.	1	Total pages Schedule A1: Sch: 5/19 Rpt: 8/53	
2	FILER NAME Lowe, David	O. (The Honorable)			3	Filer ID (Ethics Commission 00085680	on Filers)
4	Date 06/26/2025	5 Full name of contributorDay, Isaac6 Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code)	7	Amount of Contribution (\$)	\$5.00
8	Principal occu	Weatherford, TX 76086 pation / Job title (See Instructions)	9	Employer (See Instructions	()		
	retired	,		retired	,		
	Date 06/29/2025	Full name of contributor Drewry, Chris Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$250.00
	Deinsinal assu	Flint, TX 75762		Franks or (Cas Instructions	_		
	Construction	pation / Job title (See Instructions) Manager		Employer (See Instructions Frontier Integrity	5)		
	Date 06/26/2025	Full name of contributor Ead, Justin Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Hurst, TX 76054					
	Principal occu unemployed	pation / Job title (See Instructions)		Employer (See Instructions unemployed	5)		
	Date 06/30/2025	Full name of contributor Ellis, Jacob Contributor address; City; State Hayward, CA 94544)		Amount of Contribution (\$)	\$25.00
	Principal occu Heath and sa	pation / Job title (See Instructions) afety		Employer (See Instructions LLNL)		
	Date 06/29/2025	Full name of contributor Elswick, Roger Contributor address; City; State Houston, TX 77068	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$2,000.00
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Elswick Auutomotive	5)		

	MONET	ARY POLITICAL C	S		SCHEDUL	E A1	
	The Instruc	ction Guide explains how t	to complete this form	n.	1	Total pages Schedule A1: Sch: 6/19 Rpt: 9/53	
2	FILER NAME Lowe, David	O. (The Honorable)			3	Filer ID (Ethics Commission 00085680	n Filers)
4	Date 06/23/2025	Full name of contributor Erwin, Jen Contributor address; City; State	out-of-state PAC (ID#:te; Zip Code		7	Amount of Contribution (\$)	\$25.00
_		Gastonia, NC 28054	-				
8	retired	pation / Job title (See Instructions)	9	Employer (See Instructions retired	5)		
	Date 06/29/2025	Full name of contributor Escobedo, Jerri Contributor address; City; Stat				Amount of Contribution (\$)	\$100.00
	Principal occu	Euless, TX 76040 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	retired	pation / oob title (oce motivations)		retired	')		
	Date 06/23/2025	Full name of contributor Escobedo, Rosalie Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$100.00
		Euless, TX 76039					
		pation / Job title (See Instructions) larketing/Chief of Staff		Employer (See Instructions MTG/House of Represe		ıtives	
	Date 06/23/2025	Full name of contributor Feirtag, Beverly Contributor address; City; State Fort Worth, TX 76137	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
	Date 06/26/2025	Full name of contributor Foster, Michelle Contributor address; City; Stat North Richland Hills, TX 76				Amount of Contribution (\$)	\$100.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
			•				

	MONET	ARY POLITICAL (IS		SCHEDUI	E A1		
	The Instru	ction Guide explains hov	v to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 7/19 Rpt: 10/53	
2	FILER NAME Lowe, David	O. (The Honorable)				3	Filer ID (Ethics Commission 00085680	on Filers)
4	Date 06/23/2025	5 Full name of contributor Fountain, Susan6 Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Dallas, TX 75238 pation / Job title (See Instruction:	5)	9	Employer (See Instructions	<u> </u>		
•	retired	panon, our and (our mondons	-,	•	retired	-,		
	Date 06/26/2025	Full name of contributor George, Phillip Contributor address; City; S)		Amount of Contribution (\$)	\$50.00
		celeste, TX 75423						
	Principal occu CPA	pation / Job title (See Instruction	5)		Employer (See Instructions Self	s)		
	Date 06/24/2025	Full name of contributor Gore, Rex Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code				Amount of Contribution (\$)	\$2,000.00
		Austin, TX 78704				<u> </u>		
	Principal occu President	pation / Job title (See Instruction	5)		Employer (See Instructions PJs of Texas Inc	5)		
	Date 06/24/2025	Full name of contributor Gravely, Marc Contributor address; City; S Frisco, TX 78023	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$2,500.00
	Principal occu Attorney	pation / Job title (See Instruction:	5)		Employer (See Instructions Gravely Law	5)		
	Date 06/27/2025	Full name of contributor Hale, Rachel Contributor address; City; S Henderson, TX 75654	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$200.00
	Principal occu Sales	pation / Job title (See Instruction	5)		Employer (See Instructions Boatcycle	s)		

	MONET	ARY POLITICAL C	IS		SCHEDULE	■ A1	
	The Instruc	ction Guide explains how t	to complete this for	m.	1	Total pages Schedule A1: Sch: 8/19 Rpt: 11/53	
2	FILER NAME Lowe, David	O. (The Honorable)			3	Filer ID (Ethics Commission 00085680	Filers)
4	Date 06/30/2025	5 Full name of contributor Hall, Clay6 Contributor address; City; Stat	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$5.00
		Paducah, KY 42003					
8	Principal occu Pastor	pation / Job title (See Instructions)	9	Employer (See Instructions Oak Grove Baptist Chur			
	Date 06/23/2025	Full name of contributor [Hammond, Tom Contributor address; City; Stat				Amount of Contribution (\$)	\$50.00
	Principal occu	Seneca, SC 29678 pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions	i)		
	retired	(retired	,		
	Date 06/29/2025	Full name of contributor Hanks, Leslie Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Monument, CO 80132					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
	Date 06/29/2025	Full name of contributor Kalbfleisch, Carl Contributor address; City; Stat Denison, TX 75020	out-of-state PAC (ID#: ie; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 06/25/2025	Full name of contributor Kubin, Earl Contributor address; City; Stat Atlanta, TX 75551	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
			·				

	MONET	ARY POLITICAL CON	S		SCHEDUI	E A1	
	The Instruc	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 9/19 Rpt: 12/53	
2	FILER NAME Lowe, David	O. (The Honorable)			3	Filer ID (Ethics Commission 00085680	on Filers)
4	Date 06/29/2025	Kubinski, Erik	ut-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Blanco, TX 78606 pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Manager	,		Undisclosed	,		
	Date 06/30/2025	Full name of contributor	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		Van Alstyne, TX 75495					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired)		
	Date 06/30/2025	Full name of contributor on Levitt, Charlie Contributor address; City; State; Z	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Haltom City, TX 76137					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired)		
	Date 06/24/2025	Full name of contributor on the contributor of contributor address; City; State; Zontributor, TX 78731	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$2,500.00
	Principal occu Law	pation / Job title (See Instructions)		Employer (See Instructions Loewy Law Firm)		
	Date 06/30/2025	Full name of contributor on Lowe, Ross Contributor address; City; State; Z Carrollton, TX 75006	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu Sales	pation / Job title (See Instructions)		Employer (See Instructions Office Resource Group)		
			I				

	MONET	ARY POLITICAL (CONTRIBUTIO	N	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains hov	v to complete this f	orı	n.	1	Total pages Schedule A1: Sch: 10/19 Rpt: 13/53	
2	FILER NAME Lowe, David	O. (The Honorable)				3	Filer ID (Ethics Commission 00085680	n Filers)
4	Date 06/30/2025	5 Full name of contributor Maddux, Mary6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$25.00
_		Euless, TX 76040		_				
8	retired	pation / Job title (See Instruction	5)	9	Employer (See Instructions retired	5)		
	Date 06/29/2025	Full name of contributor McCarty, Julie Contributor address; City; S)		Amount of Contribution (\$)	\$100.00
	Principal occur	Grapevine, TX 76051	<u></u>		Employer (See Instructions	<u>''</u>		
	RE	pation / Job title (See Instruction	o)		Employer (See Instructions self	·)		
	Date 06/23/2025	Full name of contributor McCleary, Becca Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$2.00
		Raleigh, NC 27615						
	Principal occu retired	pation / Job title (See Instruction	5)		Employer (See Instructions retired	5)		
	Date 06/29/2025	Full name of contributor McFadden, Gary Contributor address; City; S Grapevine, TX 76051)		Amount of Contribution (\$)	\$100.00
	Principal occu retired	pation / Job title (See Instruction:	5)		Employer (See Instructions retired	5)		
	Date 06/30/2025	Full name of contributor Miller, Jacob Contributor address; City; S Killeen, TX 76542	out-of-state PAC (ID#:_			•	Amount of Contribution (\$)	\$5.00
	Principal occu Driver	pation / Job title (See Instruction	5)		Employer (See Instructions Benefast	s)		

	MONEI	ARY POLITICAL CONTRI	BUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to compl	ete this forr	n.	1	Total pages Schedule A1: Sch: 11/19 Rpt: 14/53	
2	FILER NAME Lowe, David	O. (The Honorable)			3	Filer ID (Ethics Commission 00085680	on Filers)
4	Date 06/23/2025	Obinabo, Jerome 6 Contributor address; City; State; Zip Code	e PAC (ID#:)	7	Amount of Contribution (\$)	\$2,000.00
8	Principal occu IT Consultan		9	Employer (See Instructions Independent Consultant			
	Date 06/30/2025	Full name of contributor out-of-state Olcott, Michael Contributor address; City; State; Zip Code Ft Worth, TX 76126	e PAC (ID#:			Amount of Contribution (\$)	\$5,000.00
	Principal occu Representati	pation / Job title (See Instructions)		Employer (See Instructions State of TX)		
	Date 06/23/2025	Full name of contributor out-of-stat Paul, Jeffrey Contributor address; City; State; Zip Code North Richland Hills, TX 76180	e PAC (ID#:			Amount of Contribution (\$)	\$25.00
	Principal occu Police Office	pation / Job title (See Instructions)		Employer (See Instructions City Of Southlake)		
	Date 06/23/2025	Full name of contributor out-of-state Payne, John Contributor address; City; State; Zip Code	e PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired)		
	Date 06/25/2025	Full name of contributor out-of-state Poling, Matt Contributor address; City; State; Zip Code College Station, TX 77840	e PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Baylor Scott and White)		

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 12/19 Rpt: 15/53	
2	FILER NAME Lowe, David	O. (The Honorable)			3	Filer ID (Ethics Commissio 00085680	n Filers)
4	Date 06/23/2025	 Full name of contributor out-of-state PAC Polk, Jermiah Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$5.00
8	Principal occu	Melissa, TX 75454 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Date 06/30/2025	Full name of contributor out-of-state PAC Rhodes, Fran Contributor address; City; State; Zip Code Keller, TX 76244		student		Amount of Contribution (\$)	\$100.00
	Principal occu President, no	pation / Job title (See Instructions)		Employer (See Instructions True Texas Project	<u> </u> S)		
	Date 06/29/2025	Full name of contributor out-of-state PAC Roberts, Mike Contributor address; City; State; Zip Code	(ID#:			Amount of Contribution (\$)	\$50.00
		North Richland Hills, TX 76182 pation / Job title (See Instructions)		Employer (See Instructions	•		
	Date 06/26/2025	Full name of contributor out-of-state PAC		Maxor National Pharma	Icy	Amount of Contribution (\$)	\$104.48
	Principal occu Sales	pation / Job title (See Instructions)		Employer (See Instructions DR Media Group	5)		
	Date 06/30/2025	Full name of contributor out-of-state PAC Rodriguez, Mario Contributor address; City; State; Zip Code Cedar Hill, TX 75104	(ID#:			Amount of Contribution (\$)	\$500.00
	Principal occu Information F	pation / Job title (See Instructions) Requested		Employer (See Instructions Information Requested	5)		

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete th	nis fori	n.	1	Total pages Schedule A1: Sch: 13/19 Rpt: 16/53	
2	FILER NAME Lowe, David	O. (The Honorable)			3	Filer ID (Ethics Commission 00085680	on Filers)
4	Date 06/30/2025	 Full name of contributor out-of-state PAC Rogers, Brett Contributor address; City; State; Zip Code 	(ID#:)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Tyler, TX 75703 pation / Job title (See Instructions)	9	Employer (See Instructions	 - s)		
	Marketing			Self			
	Date 06/27/2025	Full name of contributor out-of-state PAC Rostamizadeh, Mahdi Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$1,000.00
		Frisco, TX 75035					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Eye Surgeon			Lone Star Eye Specialis	ıs T		
	Date 06/30/2025	Full name of contributor out-of-state PAC Safdarian, Nastaran Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00
		Dallas, TX 78230					
	Principal occu MD	pation / Job title (See Instructions)		Employer (See Instructions North Texas Allergy & A	•	nma	
	Date 06/30/2025	Full name of contributor out-of-state PAC Salgado, JC Contributor address; City; State; Zip Code Big Spring, TX 79720)		Amount of Contribution (\$)	\$5.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
	Date 06/26/2025	Full name of contributor out-of-state PAC Scruggs, Christine Contributor address; City; State; Zip Code Pearland, TX 77581	(ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how t	o complete this forn	n.	1	Total pages Schedule A1: Sch: 14/19 Rpt: 17/53	
2	FILER NAME Lowe, David	O. (The Honorable)			3	Filer ID (Ethics Commission 00085680	on Filers)
4	Date 06/27/2025	5 Full name of contributor Shannon, Tracy6 Contributor address; City; State	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$50.00
8	Dringinal occu	Houston, TX 77339 pation / Job title (See Instructions)	ام	Employer (See Instructions			
0	unemployed	pation / 300 title (See Instructions)		unemployed)		
	Date 06/30/2025	Full name of contributor Shields, Robert Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	Heath, TX 75032 pation / Job title (See Instructions)		Employer (See Instructions)		
	CEO	panon / cos ano (coe monacació)		Innovative Body Scan	,		
	Date 06/23/2025	Full name of contributor Silk, Jonny Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$40.00
		Fort Worth, TX 76244					
	Principal occu Maintenance	pation / Job title (See Instructions) e manager		Employer (See Instructions Jonny Silk)		
	Date 06/26/2025	Full name of contributor Sims, Amanda Contributor address; City; State Fort Worth, TX 76131	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$5.00
	Principal occu homemaker	pation / Job title (See Instructions)		Employer (See Instructions homemaker)		
	Date 06/26/2025	Full name of contributor Sims, DJ Contributor address; City; State Fort Worth, TX 76131	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Broker	pation / Job title (See Instructions)		Employer (See Instructions Charles Schwab)		

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to comp	plete this form	n.	1	Total pages Schedule A1: Sch: 15/19 Rpt: 18/53	
2	FILER NAME Lowe, David	O. (The Honorable)			3	Filer ID (Ethics Commission 00085680	on Filers)
4	Date 06/26/2025	 Full name of contributor out-of-s Sims, Katie Contributor address; City; State; Zip Co 			7	Amount of Contribution (\$)	\$5.00
		Fort Worth, TX 76131	į				
8	Principal occu Intern	pation / Job title (See Instructions)	9	Employer (See Instructions Central Park Baptist Chi		h	
	Date 06/23/2025	Spain, Kim Contributor address; City; State; Zip Co	tate PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu	Granbury, TX 76048 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	homemaker			homemaker			
	Date 06/30/2025	Full name of contributor out-of-s Speed, Jon Contributor address; City; State; Zip Co	etate PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Azle, TX 76020					
	Principal occu Pastor	pation / Job title (See Instructions)		Employer (See Instructions By the Word Baptist Chu		h	
	Date 06/30/2025	Spencer, Anne)		Amount of Contribution (\$)	\$500.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	()		
	Date 06/24/2025	Full name of contributor out-of-s Stanton, James Contributor address; City; State; Zip Co	rtate PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Stanton LLP	i)		
			•				

	MONET	ARY POLITICAL CONTRIBU	JTION	S		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to complete t	this forr	n.	1	Total pages Schedule A1: Sch: 16/19 Rpt: 19/53	
2	FILER NAME Lowe, David	O. (The Honorable)			3	Filer ID (Ethics Commission 00085680	on Filers)
4		 Full name of contributor out-of-state PAC Steinle, Gaylon Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$50.00
_	Dringing aggr	Fort Worth, TX 76137	ام	Employer (See Instructions	<u></u>		
8	Woodworking	pation / Job title (See Instructions) g	9	Employer (See Instructions Paramount Millwork	5)		
	Date 06/23/2025	Full name of contributor out-of-state PAC Suderman, Kayla Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
		Wichita, KS 67204	1				
	homemaker	pation / Job title (See Instructions)		Employer (See Instructions homemaker	5)		
	Date 06/24/2025	Full name of contributor out-of-state PAC Sutherland, Rhonda Contributor address; City; State; Zip Code	C (ID#:			Amount of Contribution (\$)	\$100.00
		Decatur, TX 76234					
	Principal occur retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
	Date 06/30/2025	Full name of contributor out-of-state PAC Tarrant County Patriots PAC Contributor address; City; State; Zip Code Ft Worth, TX 76131				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 06/24/2025	Full name of contributor out-of-state PAC Texans United for a Conservative Majority Contributor address; City; State; Zip Code Victoria, TX 77901	,)		Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 17/19 Rpt: 20/53	
2	FILER NAME Lowe, David	O. (The Honorable)		3	Filer ID (Ethics Commission 00085680	on Filers)
4	Date 06/30/2025	5 Full name of contributor out-of-state PAC (ID#:_ Texans United for a Conservative Majority 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$5,000.00
_		Victoria, TX 77901				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 06/24/2025	Full name of contributor out-of-state PAC (ID#:_ Texas Gun Rights PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	weatherford, TX 76068 pation / Job title (See Instructions)	Employer (See Instructions)		
	· 					
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Texas Medical Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
		Austin, TX 78701				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Texas Trial Lawyers Association PAC Contributor address; City; State; Zip Code Austin, TX 75701			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_Velasco, Kevin Contributor address; City; State; Zip Code Carrollton, TX 75007			Amount of Contribution (\$)	\$5.00
	Principal occu Staff Membe	pation / Job title (See Instructions) er: Intern	Employer (See Instructions Central Park Baptist Chu		h	

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 18/19 Rpt: 21/53	
2	FILER NAME Lowe, David	O. (The Honorable)			3	Filer ID (Ethics Commission 00085680	n Filers)
4	Date 06/28/2025	5 Full name of contributor Vermillion, Donna6 Contributor address; City; Sta)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Fort Worth, TX 76137 pation / Job title (See Instructions)	l g	Employer (See Instruction	<u> </u>		
Ü	retired	pation 7 dob title (dee instructions)		retired	3)		
	Date 06/28/2025	Full name of contributor Vermillion, James Contributor address; City; Sta				Amount of Contribution (\$)	\$15.00
		Fort Worth, TX 76244					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	s)		
	Date 06/23/2025	Full name of contributor Ward, Kerry Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$)	\$5.00
		Mesquite, TX 75150					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	s)		
	Date 06/30/2025	Full name of contributor Wesley, Phoebe Contributor address; City; Sta				Amount of Contribution (\$)	\$15.00
	Principal occu homemaker	pation / Job title (See Instructions)		Employer (See Instruction:	<u> </u> S)		
	Date 06/24/2025	Full name of contributor Wilde, John Contributor address; City; Sta				Amount of Contribution (\$)	\$100.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	s)		
			,				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this t	form.	1	Total pages Schedule A1: Sch: 19/19 Rpt: 22/53	
2	FILER NAME Lowe, David	O. (The Honorable)		3	Filer ID (Ethics Commission 00085680	n Filers)
4	Date 06/30/2025	 Full name of contributor out-of-state PAC (ID#: Wiley, Christie Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$100.00
		Rockwall, TX 75087				
8	Principal occu Engineer	pation / Job title (See Instructions)	9 Employer (See Instructions L3harris	5)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_ Wood, Shannon Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu Sales	Keller, TX 76248 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_Yarbrough, Jace Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Deireciant	Sanger, TX 76256	Fundament (Construction	$\overline{\Gamma}$		
	Retired	pation / Job title (See Instructions)	Employer (See Instructions retired	5)		
	Date 06/27/2025	Full name of contributor out-of-state PAC (ID#:_Yuknavich, Deidre Contributor address; City; State; Zip Code New Braunfels, TX 78132)		Amount of Contribution (\$)	\$100.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired	5)		

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Committee	-	rials Expense		ages/Contract Labor	Travel Out of Dis OTHER (enter a	strict category not listed above)
_	Total pages Cab - distant	2		. Said oxpiditio			a Filer ID	(Ethios Commission Filers)
	Total pages Schedule F1:			novoble)			3 Filer ID	(Ethics Commission Filers)
	Sch: 1/30 Rpt: 23/53	Low	e, David O. (The Ho	norable)			00085680	
4	Date	5 Paye	e name					
	01/06/2025	AT&	Т					
6	Amount (\$)	7 Paye	e address; City;	State	e; Zip Cod	de		
	\$588.03	POF	3ox 5014					
		Carc	ol Stream, IL 60197					
بـ	DUDDOOF					(1-)		
8	PURPOSE OF		gory (See Categories lister		hedule)	(b) Description	(= 0	
	EXPENDITURE	Offic	e Overhead/Rental	Expense			outside of Texas. Comp n, TX, officeholder living	
						Telephone S		
9	Complete ONLY if direct	Candi	date/Officeholder name	2	Office soug	nht	Office he	ald.
9	expenditure to benefit C/OI		date/Oniceriolder flami	,	Onice soug	Jiit	Office fie	nu
_								
	Date	1	e name					
L	01/06/2025	AT&	T					
	Amount (\$)	Paye	e address; City;	State	e; Zip Coo	de		
	\$213.30	PO	Box 5014					
		Card	ol Stream, IL 60197					
	PURPOSE	(a) Cate	gory (See Categories lister	at the top of this scl	hedule)	(b) Description		
	OF EXPENDITURE	Offic	e Overhead/Rental	Expense		<u> </u>	outside of Texas. Comp	
							n, TX, officeholder living	expense
						Telephone S	ICI VICES	
<u> </u>	Complete ONU V if allow	0	data/Officals - L-L- :: :-		Office		Office	.la
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		date/Officeholder name	;	Office soug	ynt	Office he	eiu
	Date	Paye	e name					
	01/09/2025	AT&	Т					
	Amount (\$)	Paye	e address; City;	State	e; Zip Cod	de		
	\$80.80	PO	3ox 5014					
		Card	ol Stream, IL 60197					
	PURPOSE	(a) Cate	gory (See Categories lister	at the top of this scl	hedule)	(b) Description		
	OF EXPENDITURE		e Overhead/Rental			<u> </u>	outside of Texas. Comp	
	THE ENDITORIE						n, TX, officeholder living	expense
						Telephone S	ervices	
	Complete ONLY if direct		date/Officeholder name	9	Office soug	ght	Office he	eld
	expenditure to benefit C/OI							

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	Sa		iges/	Contract Labor		OTHER (enter a	category not listed above)	
				The Instruction G	uide explains how	v to com	ple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission I	Filers)
	Sch: 2/30 Rpt: 24/53		Lowe, David	O. (The Hono	rable)					00085680		
4	Date	5	Payee name									
	04/03/2025		AT&T									
6	Amount (\$)	7	Payee addres	ss; City;	State; Z	ip Cod	е					
	\$464.87		PO Box 501	4								
			Carol Stream	n II 60197								
Ļ	DUDDOCE	(0)				1,	'b\	5				
8	PURPOSE OF	(a) 		e Categories listed at		e) (D)	Description Check if travel (outei	de of Teyas Com	plete Schedule T.	
	EXPENDITURE		Office Overr	nead/Rental Ex	pense			=		officeholder living		
								ப Telephone Se	ervi	ices		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	e soug	ht			Office he	eld	
	expenditure to benefit C/OI	Н										
\vdash	Date		Payee name									
	04/03/2025		AT&T									
	Amount (\$)	┝	Payee addres	ss; City;	State; Z	in Cod	<u></u>					
	\$212.66		PO Box 501	•	State, 2	p	•					
	Ψ212.00		1 O DOX 301	-								
			On well Other and	11 00107								
			Carol Strear									
	PURPOSE OF	(a)		e Categories listed at		e) (b)	Description				
	EXPENDITURE		Office Overh	nead/Rental Ex	pense			-		de of Texas. Com officeholder living	plete Schedule T.	
								Telephone Se			у схропос	
_	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	ce soug	ht			Office he	eld	
	expenditure to benefit C/OI					9						
-	Date	Т	Davisa nama									
	01/22/2025		Payee name AT&T									
	Amount (\$)		Payee addres	•	State; Z	ip Cod	е					
	\$127.44		PO Box 501	4								
			Carol Stream	n, IL 60197								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this schedul	e) (b)	Description				
	OF EXPENDITURE		Office Overh	nead/Rental Ex	pense			ш			plete Schedule T.	
								Telephone Se		officeholder living	g expense	
								reichiiniie 26	ا∨ات	1003		
_	Complete ONLY if direct	Ц	Candidate/Offic	oholdor name	O#:	ce soug	ht			Office he	ald	
	Complete ONLY if direct expenditure to benefit C/OI		anunate/OIIIC	enoluel Hallie	OIIIC	e soug	H			Office no	ziu -	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 3/30 Rpt: 25/53	Lowe, David O. (The Honorable) 00085680
4	Date	5 Payee name
	02/24/2025	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$229.06	PO Box 5014
		Carol Stream, IL 60197
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
		Telephone Services
		releptione outvices
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	the state of the s
	Date	Payee name
	03/24/2025	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$136.69	PO Box 5014
		Carol Stream, IL 60197
	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 Telephone Services
		releptione Services
	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	04/22/2025	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$136.70	PO Box 5014
		Carol Stream, IL 60197
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Telephone Services
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefit 6/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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: 4/30 Rpt: 26/53	Lowe, David O. (The Honorable) 00085680
4	Date	5 Payee name
	05/22/2025	AT&T
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$144.25	PO Box 5014
		Carol Stream, IL 60197
8	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
		Telephone Services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/23/2025	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$139.14	PO Box 5014
		Carol Stream, IL 60197
	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 Telephone Services
		Tolopholio Gol Moco
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/03/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$54.11	410 Terry Ave N
		Seattle, WA 98109
	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
		Office Supplies
	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 -

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		e Leg	/Awards/Memorials al Services e Instruction G			/ages	/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed abo	ve)
_	T						-		_	E1 15	(Filition O	=1>
1	Total pages Schedule F1: Sch: 5/30 Rpt: 27/53). (The Hono	rable)				3	Filer ID 00085680	(Ethics Commission	on Filers)
4	Date	5 Pave	ee name									
	01/08/2025		azon									
6	Amount (\$) \$17.19	_	ee address; Terry Ave	City;	State;	; Zip Co	de					
		Sea	ttle, WA 98	3109								
8	PURPOSE OF			ategories listed at t		nedule)	(b)	Description				
	EXPENDITURE	Offic	ce Overhea	ad/Rental Ex	pense			=			plete Schedule T.	
								Office Supplie		officeholder living	g expense	
								Office Supplie	CS			
9	Complete ONLY if direct expenditure to benefit C/OI		idate/Officeh	nolder name	(Office sou	ght			Office h	eld	
_												
	Date	Paye	ee name									
	01/21/2025	Ama	azon									
	Amount (\$)	Paye	ee address;	City;	State	; Zip Co	de					
	\$727.40	410	Terry Ave	N								
		Sea	ttle, WA 98	3109								
	PURPOSE OF			ategories listed at t		nedule)	(b)	Description				
	EXPENDITURE	Offic	ce Overhea	ad/Rental Ex	pense			—		de of Texas. Con officeholder living	plete Schedule T.	
								Office Supplie		onicendaei iivin	у ехрепас	
								отпос опррт	00			
	Complete ONLY if direct	Candi	idate/Officeh	nolder name	(<u>l</u> Office sou	aht			Office h	eld	
	expenditure to benefit C/OI											
	Date	Paye	ee name									
	01/31/2025	Ama	azon									
	Amount (\$)	Paye	ee address;	City;	State:	; Zip Co	de					
	\$34.73	410	Terry Ave	N								
		Sea	ttle, WA 98	3109								
	PURPOSE OF			ategories listed at t		nedule)	(b)	Description				
	EXPENDITURE	Offic	ce Overhea	ad/Rental Ex	pense					de of Texas. Con officeholder living	plete Schedule T.	
								Office Supplie		onicendidei iivini	g expense	
								отпос опрри	-5			
\vdash	Complete ONLY if direct	Candi	idate/Officeh	older name	(Office sou	aht			Office h	eld	
	expenditure to benefit C/OI					50 500(ar			Ooc 11		
-												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Contributions/ Officials India Committee
Graduates/Officials India Committee

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

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

	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: 6/30 Rpt: 28/53	Lowe, David O. (The Honorable) 00085680
4	Date	5 Payee name
	01/31/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$46.68	410 Terry Ave N
		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 Austin, TX, officeholder living expense Office Supplies
		Οπίου σαμβίουσ
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Date	Dougo nama
	01/31/2025	Payee name
		Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$41.58	410 Terry Ave N
		Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
_	_	
	Date	Payee name
	01/31/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$105.54	410 Terry Ave N
		Seattle, WA 98109
	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
		Office Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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/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: 7/30 Rpt: 29/53	Lowe, David O. (The Honorable) 00085680
4	Date	5 Payee name
	01/31/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$757.73	410 Terry Ave N
		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
		Cinic Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	
	01/31/2025	Payee name
		Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$97.41	410 Terry Ave N
		Seattle, WA 98109
	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
		Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 01/31/2025	Payee name Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.76	410 Terry Ave N
		Seattle, WA 98109
	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
		Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe 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/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: 8/30 Rpt: 30/53	Lowe, David O. (The Honorable) 00085680
4	Date	5 Payee name
	03/05/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$37.35	410 Terry Ave N
		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
		отпос саррияс
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/05/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$757.73	410 Terry Ave N
		Seattle, WA 98109
	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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/10/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$703.61	410 Terry Ave N
		Seattle, WA 98109
	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
		Cinios Supplies
\vdash	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 Co

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

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

ra · Tra Contract Labor OT

	Candidate/Officeholder/Politica Credit Card Payment	ll 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: 9/30 Rpt: 31/53	Lowe, David O. (The Honorable) 00085680
4	Date	5 Payee name
	06/25/2025	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$41.12	410 Terry Ave N
		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
		Cinide Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/03/2025	Amazon
	Amount (\$)	Payee address; City; State; Zip Code
	\$359.22	410 Terry Ave N
		Seattle, WA 98109
	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
		Sind Cappined
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/03/2025	Arlington Camera
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,929.99	544 W Randol Mill Rd
		Arlington, TX 76011
	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 Equipment
_	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 compl	ete this form.				
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 10/30 Rpt: 32/53	Lowe, David O. (The Honorable)	00085680				
4	Date	5 Payee name	•				
	02/12/2025	Austin Flower					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$350.00	1612 W 35th St					
		Austin, TX 78703					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description				
	OF EXPENDITURE	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE		Check if Austin, TX, officeholder living expense				
			Gift				
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
9	expenditure to benefit C/O		Office field				
_	D-4-						
	Date	Payee name					
	01/09/2025	Best Buy					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$757.74	4970 US 290					
		Austin, TX 78735					
	PURPOSE OF	, ,	Description				
	EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
			Office Equipment				
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/O	1					
	Date	Payee name					
	02/20/2025	Blueground US Inc.					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$232.20	101 5th Ave FI 7					
		New York, NY 10003					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description				
	OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	·	X Check if Austin, TX, officeholder living expense				
			Rent				
	0 1, 2, 2, 2, 2, 2		200				
	Complete ONLY if direct expenditure to benefit C/Ol	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 co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 11/30 Rpt: 33/53	Lowe, David O. (The Honorable)		00085680
4	Date	5 Payee name		•
	03/17/2025	Blueground US Inc.		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$232.20	101 5th Ave FI 7		
		New York, NY 10003		
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.
				X Check if Austin, TX, officeholder living expense Rent
				T.C.II.
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	l ight	Office held
	expenditure to benefit C/OI		J	
_	Date	Payee name		
	03/17/2025	Blueground US Inc.		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$4,271.58	101 5th Ave FI 7		
		New York, NY 10003		
	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. X Check if Austin, TX, officeholder living expense
				Rent
Г	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	05/02/2025	Blueground US Inc.		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$190.92	101 5th Ave FI 7		
		New York, NY 10003		
	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. X Check if Austin, TX, officeholder living expense
				Rent
H	Complete ONLY if direct	Candidate/Officeholder name Office sou	ı <u> </u>	Office held
	expenditure to benefit C/OI	1		
l				

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) 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	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: 12/30 Rpt: 34/53	Lowe, David O. (The Honorable) 00085680
4	Date	5 Payee name
	05/06/2025	Bluestone Creative
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,275.00	101 5th Ave FI 7
		New York, NY 10003
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 Marketing Consulting
		Marketing Consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
	Date	Payee name
	03/10/2025	Bluestone Creative
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,775.00	101 5th Ave FI 7
		New York, NY 10003
	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 Marketing Consulting
		Marketing Consulting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davies same
	Date 05/13/2025	Payee name Chandler, Cook, Fitzgerald DLLC
		Chandler, Cook, Fitzgerald PLLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,297.50	1203 Trinity St
		Liberty St, TX 77575
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Legal Fees
		Leyai Fees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -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/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: 13/30 Rpt: 35/53	Lowe, David O. (The Honorable) 00085680
4	Date	5 Payee name
	01/07/2025	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$234.52	890 Winter St Ste 300
		Waltham, MA 02451
8	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
		Email Sending Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/07/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$234.52	890 Winter St Ste 300
		Waltham, MA 02451
	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
		Email Sending Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	03/07/2025	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$234.52	890 Winter St Ste 300
		Waltham, MA 02451
	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 Email Sending Fees
		Linux Conding 1 ccc
	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
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:	2 FILER NAME 3 Filer ID (Ethics Comm	nission Filers)
l	Sch: 14/30 Rpt: 36/53	Lowe, David O. (The Honorable) 00085680	
4	Date	5 Payee name	
l	04/07/2025	Constant Contact	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$234.52	890 Winter St Ste 300	
l			
		Waltham, MA 02451	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
ľ	OF	Office Overhead/Rental Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Email Sending Fees	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experialture to beliefit C/O	211	
	Date	Payee name	
	05/07/2025	Constant Contact	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$234.52	890 Winter St Ste 300	
		Waltham, MA 02451	
Г	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 LINDITORL	Check if Austin, TX, officeholder living expense	
		Email Sending Fees	
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
⊢	Dete		
	Date 06/09/2025	Payee name Constant Contact	
L			
l	Amount (\$)	Payee address; City; State; Zip Code 890 Winter St Ste 300	
l	\$234.52	890 Willer St Ste 300	
l		M/ H MA 00454	
		Waltham, MA 02451	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
l		Email Sending Fees	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
H			
ı			

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 comp	lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 15/30 Rpt: 37/53	Lowe, David O. (The Honorable)	00085680
4	Date	5 Payee name	
L	01/15/2025	Eddie Vs	
6	Amount (\$) \$1,673.66	7 Payee address; City; State; Zip Code 301 E 5th St	
	\$1,075.00	301 E 301 30	
		Austin, TX 78701	
8	PURPOSE) Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE		Check if Austin, TX, officeholder living expense Meals
			weens
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	t Office held
	expenditure to benefit C/OI	1	
Г	Date	Payee name	
	06/06/2025	Escobedo, Rosalie	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,200.00	2715 Stratford Ct	
l			
		Euless, TX 76039	
l	PURPOSE OF	,	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Salaries/Wages/Contract Labor	Check if Austin, TX, officeholder living expense
			Campaign Staff
L	0 1: 01!! \(\text{if }		000
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	t Office held
⊨	Date	Payee name	
	02/03/2025	Ginas on Congress	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$282.99	314 Congress Ave	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) Description
l	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Meals
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

SCHEDULE F1

(Ethics Commission Filers)

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) 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 Out of District
OTHER (enter a category not listed above)

Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID

Sch: 16/30 Rpt: 38/53	Lowe, David O. (The Honorable)		00085680	
4 Date 03/24/2025	5 Payee name Grubhub		·	
6 Amount (\$) \$67.45	7 Payee address; City; State; Zip Co 111 W Washington St Ste 2100	ode		
	Chicago, IL 60602			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		cck if travel outside of Texas. Complete Schedule T.	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ught	Office held	
Date 01/30/2025	Payee name Hobby Lobby			
Amount (\$) \$135.92	Payee address; City; State; Zip Co 10900 Research Blvd	ode		
	Austin, TX 78759			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	Ch	iption ack if travel outside of Texas. Complete Schedule T. ack if Austin, TX, officeholder living expense t Supplies	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ught	Office held	
Date 01/30/2025	Payee name Hobby Lobby			
Amount (\$) \$27.05	Payee address; City; State; Zip Co 10900 Research Blvd	ode		
	Austin, TX 78759			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	Ch	iption eck if travel outside of Texas. Complete Schedule T. eck if Austin, TX, officeholder living expense t Supplies	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ught	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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (orders a setting out of the property of the prope

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
┢	Total manage Calcadada E4	<u> </u>	
1	Total pages Schedule F1: Sch: 17/30 Rpt: 39/53	2 FILER NAME Lowe, David O. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00085680	
4	Date	5 Payee name	_
	02/12/2025	Hobby Lobby	
6	Amount (\$) \$273.92	7 Payee address; City; State; Zip Code 10900 Research Blvd	
	¥-1.0.0-		
8	DUDDOCE	Austin, TX 78759	
o	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 Supplies	
_	Complete ONU V if allows	Constitute / Office helder name	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	02/21/2025	Hobby Lobby	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$535.84	10900 Research Blvd	
		Austin, TX 78759	
	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 Supplies	
		Lvent Supplies	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Date	Payee name	
	05/29/2025	Hobby Lobby	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$535.84	10900 Research Blvd	
		Austin, TX 78759	
	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 Supplies	
	Complete ONLY if divert	Candidate/Officeholder name Office country Office hold	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	, , , , , , , , , , , , , , , , , , , ,		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	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: 18/30 Rpt: 40/53	Lowe, David O. (The Honorable) 00085680
4	Date	5 Payee name
	01/23/2025	Law Office Of Emily Cook
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,642.50	1203 Trinity St
		Liberty, TX 77575
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Legal Fees
		Logal 1 003
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Dougo nama
		Payee name
	03/25/2025	PAC Management Services LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,400.00	10521 Judicial Dr Ste 200-A
		Fairfax, VA 22030
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Compliance Consulting
		Compliance Consulting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	03/05/2025	Payee name Rodriguez, Sonia
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	11624 Jollyville Rd
		Austin, TX 78759
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Campaign Staff
		Sampang. Stan
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

EXPENDITURE CATEGORIES FOR BOX 8(a) 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 Guide expl		Vages	/Contract Labor		OTHER (enter a	category not listed ab	ove)
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 19/30 Rpt: 41/53		id O. (The Honorable)					00085680		
4	Date	5 Payee name	9							
	03/21/2025	Ruth's Chr								
6	Amount (\$) \$533.42	7 Payee addre 107 W 6th		State; Zip Co	ode					
		Austin, TX	78701							
8	PURPOSE	(a) Category (s	See Categories listed at the top of the	nis schedule)	(b)	Description				
l	OF EXPENDITURE		rage Expense			Check if travel	outs	ide of Texas. Com	plete Schedule T.	
ı	EXPENDITURE					Check if Austin	, TX	, officeholder living	expense	
l						Meals				
l										
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	ight			Office he	eld	
F	Date	Payee name	2							
l	05/27/2025	Ruth's Chr								
⊢	Amount (\$)	Payee addre	ess; City; S	State; Zip Co	ndo					
l	` '		•	state, Zip Ct	ue					
l	\$317.96	107 W 6th	St							
l										
		Austin, TX	78701							
Г	PURPOSE	(a) Category (s	See Categories listed at the top of the	nis schedule)	(b)	Description				
l	OF		rage Expense	•		Check if travel	outs	ide of Texas. Com	plete Schedule T.	
l	EXPENDITURE					Check if Austin	, TX	, officeholder living	expense	
l						Meals				
l										
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	ight			Office he	eld	
F	Date	Payee name	<u> </u>							
l	04/17/2025	1 1								
L		Spangler,								
l	Amount (\$)	Payee addre	ess; City; S	State; Zip Co	ode					
l	\$429.00	Main St								
l										
		Charleston	, WV 25301							
┢	PURPOSE	(a) Category "	See Categories listed at the top of the	-:	(b)	Description				
l	OF	Event Exp		iis scriedule)	(~)		outs	ide of Texas. Com	plete Schedule T.	
l	EXPENDITURE	Event Exp	EIISE					, officeholder living		
l						Photos				
\vdash	Operation ONE VOICE	0	e - 11-1	0.00				O ;	.1-1	
l	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office sou	ignt			Office he	eia	
L										
l										
ı										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 20/30 Rpt: 42/53	Lowe, David O. (The Honorable) 00085680
4	Date	5 Payee name
	01/16/2025	Taco Cabana
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$411.00	5242 N Lamar Blvd
		Austin, TX 78751
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meals
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	01/13/2025	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$577.05	2300 W Ben White Blvd
		Austin, TX 78704
	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
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	y
⊨	Data	
	Date	Payee name
L	02/25/2025	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.94	2300 W Ben White Blvd
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Office Supplies
L	Operation ONE VIII II	Our distance (Office should be a second to the second to t
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
ldash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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: 21/30 Rpt: 43/53	Lowe, David O. (The Honorable) 00085680
4	Date	5 Payee name
	02/25/2025	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$46.54	2300 W Ben White Blvd
		Austin, TX 78704
8	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
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/13/2025	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$84.18	2300 W Ben White Blvd
		Austin, TX 78704
	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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/28/2025	Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$122.55	2300 W Ben White Blvd
		Austin, TX 78704
	PURPOSE 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	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. 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
	experientare to benefit G/OI	·

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	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: 22/30 Rpt: 44/53	Lowe, David O. (The Honorable) 00085680
4	Date	5 Payee name
	06/24/2025	Tarrant Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	5001 Denton Hwy
		Haltom City, TX 76117
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Tickets/Dues
		Hokets/Dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	05/12/2025	Tarrant Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	5001 Denton Hwy
		Haltom City, TX 76117
	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 Tickets/Dues
		i ickets/Dues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	David and the second se
	Date	Payee name Torrent Chamber of Commerce
	05/21/2025	Tarrant Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$537.61	5001 Denton Hwy
		Haltom City, TX 76117
	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 Tickets/Dues
		i ickets/Dues
_	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	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
L		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 23/30 Rpt: 45/53	Lowe, David O. (The Honorable) 00085680
4	Date	5 Payee name
	05/20/2025	Tarrant Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$512.50	5001 Denton Hwy
		Haltom City, TX 76117
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
		Check if Austin, TX, officeholder living expense
		Tickets/Dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/13/2025	Tarrant Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	5001 Denton Hwy
		Haltom City, TX 76117
	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 Tickets/Dues
		Hckets/Dues
_	Complete ONLY !! -!!	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	06/24/2025	Tarrant Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	5001 Denton Hwy
		Haltom City, TX 76117
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense
	LAFLINDITORE	Check if Austin, TX, officeholder living expense
		Tickets/Dues
	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Superiorder to belieff 6/01	

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 complete	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 24/30 Rpt: 46/53	Lowe, David O. (The Honorable)	00085680
4	Date	5 Payee name	•
	03/31/2025	Tarrant Chamber of Commerce	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$416.98	5001 Denton Hwy	
		Haltom City, TX 76117	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
		L	Check if Austin, TX, officeholder living expense Cickets/Dues
		'	ickets/Dues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	expenditure to benefit C/Ol		Office field
H	Data	B	
	Date 03/31/2025	Payee name Texas Conservative Coalition	
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 2659	
	\$1,000.00	PO BOX 2009	
		Austin TV 70700	
		Austin, TX 78768	
	PURPOSE OF	, , ,	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
			Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	03/12/2025	Texas Ethics Commission	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.45	201 E 14th St #10	
		Austin, TX 78701	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description
	OF EXPENDITURE	FINES	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
			ines
L	Complete ONE V if dier -t	Condidate Office holder name	Office held
	Complete ONLY if direct expenditure to benefit C/Ol	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

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:	
	Sch: 25/30 Rpt: 47/53	Lowe, David O. (The Honorable) 00085680
4	Date	5 Payee name
	03/12/2025	Texas Ethics Commission
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	201 E 14th St #10
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	FINES Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fines
		Tilles
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	expenditure to benefit C/OI	
_	5.	
	Date	Payee name
	01/31/2025	Texas House Republican Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO Box 13305
		Austin, TX 78711
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Membership Dues Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Dues
		Ducs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Data	
	Date 03/03/2025	Payee name
		Trimm, James
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	8440 Stephanie Dr
		North Richmond 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 Consulting
		Campaign Consulting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
l		

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 complete this	orm.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 26/30 Rpt: 48/53	Lowe, David O. (The Honorable)	00085680
4	Date	5 Payee name	•
	04/04/2025	Trimm, James	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	8440 Stephanie Dr	
		North Richmond Hills, TX 76182	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ntion
	OF EVENDITURE	Consulting Expense	ck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Che	ck if Austin, TX, officeholder living expense
		Camp	aign Consulting
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/12/2025	Trimm, James	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	8440 Stephanie Dr	
		North Richmond Hills, TX 76182	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	otion
	OF EXPENDITURE	Consulting Expense	ck if travel outside of Texas. Complete Schedule T.
			ck if Austin, TX, officeholder living expense aign Consulting
		Camp	aigh Consuming
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol		Cinice field
	Date	Davida nama	
	04/07/2025	Payee name True Texas Project	
	Amount (\$) \$1,250.00	Payee address; City; State; Zip Code 1220-G Airport Freeway #602	
	\$1,250.00	1220-G Allport Freeway #002	
		Dodford TV 70000	
		Bedford, TX 76022	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descri	otion ck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Lvent Expense	ck if Austin, TX, officeholder living expense
			bution
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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:		3 Filer ID (Ethics Commission Filers)
	Sch: 27/30 Rpt: 49/53	Lowe, David O. (The Honorable)	00085680
4	Date	5 Payee name	
Ļ	01/24/2025	USPS	
6	Amount (\$) \$15.87	7 Payee address; City; State; Zip Code823 Congress Ave Ste 150	
	Ψ13.07	023 Congress Ave Ste 130	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T.
	EXPENDITORE	l —	n, TX, officeholder living expense
		Postage	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
_	Date	Payee name	
	01/24/2025	USPS	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$73.00	823 Congress Ave Ste 150	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Cffice Overhead/Depted Evenence	outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overficad/Nertial Expense	n, TX, officeholder living expense
		Postage	
	Commission ONLL V if alimost	Condidate Office holder rooms	Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
_	Date	Payee name	
	04/09/2025	Uber Eats	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$49.68	1725 3rd St	
		San Francisco, CA 94158	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 000/Develage Expense	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		Meals	3.4
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit G/OI	•	

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 con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 28/30 Rpt: 50/53	Lowe, David O. (The Honorable)		00085680
4	Date	5 Payee name		•
	04/28/2025	Uber Eats		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$346.52	1725 3rd St		
		San Francisco, CA 94158		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Food/Beverage Expense	` ,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
				Meals
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
	Date	Payee name		
	05/13/2025	Uber Eats		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$148.20	1725 3rd St		
		San Francisco, CA 94158		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Meals
_	Complete ONLY if direct	Candidate/Officeholder name Office souc	thr	Office held
	expenditure to benefit C/OI	~	JIIL	Office field
_		_		
	Date	Payee name		
	05/22/2025	Vista Print		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$79.13	275 Wyman St		
		Waltham, MA 02451		
	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
				- · ·
H	Complete ONLY if direct	Candidate/Officeholder name Office soug	aht	Office held
	expenditure to benefit C/OI	~	٠٠٠٠	555

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

l	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: 29/30 Rpt: 51/53	Lowe, David O. (The Honorable) 00085680
4	Date	5 Payee name
	06/09/2025	Vista Print
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$167.76	275 Wyman St
l		
l		Waltham, MA 02451
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Printing
9	Complete ONLY if direct	Condidate/Officeholder name
l۶	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┡	· 	
l	Date	Payee name
L	06/16/2025	Vista Print
l	Amount (\$)	Payee address; City; State; Zip Code
	\$101.22	275 Wyman St
L		Waltham, MA 02451
l	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
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
F	Date	Payee name
	03/06/2025	Watson, Gregory
┢	Amount (\$)	Payee address; City; State; Zip Code
l	\$250.00	3309 W William Cannon Dr
l		
		Austin, TX 78745
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Staff
L	0 1: 0:::::::::::::::::::::::::::::::::	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Co	mmittee	Food/Beverage Exper Gift/Awards/Memorials Legal Services The Instruction G	s Expense		se s/Contract Labo		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commission Filers)
	Sch: 30/30 Rpt: 52/53		Lowe, Dav	d O. (The Hono	rable)				00085680	
4	Date	5	Payee name	•						
	03/20/2025		Whataburg	er						
6	Amount (\$)	7	Payee addre			Zip Code				
	\$399.32		1077 Centi	al Pkwy S Ste 9	00					
			San Antoni	o, TX 78232						
8	PURPOSE	(a)	Category (S	See Categories listed at	the top of this sch	edule) (b)	Description	ı		
	OF EXPENDITURE			rage Expense					de of Texas. Com	
							Meals	Austin, TX,	officeholder living	expense
							Medis			
9	Complete ONLY if direct	<u> </u>	Candidate/Of	iceholder name					Office he	ald.
ľ	expenditure to benefit C/OI		od raidato/ Or	iodificial fiamo		omoo ooagin			0111001110	, i.e.

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: 53/53 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Lowe, David O. (The Honorable) 00085680 5 Name of person from whom amount is received 8 Amount (\$) Date 06/12/2025 Blueground US Inc \$500.00 6 Address of person from whom amount is received; City; State; Zip Code New York, NY 10003 Purpose for which amount is received Check if political contribution returned to filer Rent Refund