

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00085680	2 Total pages filed: 53	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST David O.	MI MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/14/2025
	NICKNAME	LAST Lowe	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 9017 Cedar Breaks Drive North Richland Hills, TX 76182			Date Hand-delivered or Date Postmarked
				Receipt # Amount
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST David O.	MI MI	
	NICKNAME	LAST Lowe	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 9017 Cedar Breaks Drive North Richland Hills, TX 76182			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (469) 955-6710			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01/01/2025 06/30/2025			
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE	
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) State Representative District 91		12 OFFICE SOUGHT (if known)	

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FORM C/OH
COVER SHEET PG 2

13 C / OH NAME	Lowe, David O. (The Honorable)	14 Filer ID	(Ethics Commission Filers)
		00085680	

16 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 44,386.48
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 1,923.03
	4.	TOTAL POLITICAL EXPENDITURES	\$ 43,495.43
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 56,946.64
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said _____, this the _____ day
of _____, 20_____, to certify which, witness my hand and seal of office.

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Lowe, David O. (The Honorable)		19 Filer ID 00085680	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	44,386.48
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	43,495.43
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	500.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/19 Rpt: 4/53
2 FILER NAME Lowe, David O. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085680
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abusaad, Nazeh <hr/> 6 Contributor address; City; State; Zip Code Richardson, TX 76002	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arenz, John <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76182	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Michael <hr/> Contributor address; City; State; Zip Code Henderson, TX 75653	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Management & Training Corporation
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Montgomery <hr/> Contributor address; City; State; Zip Code Dallas, TX 75254	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Ashford Inc
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergh, Steve <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76182	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/19 Rpt: 5/53
2 FILER NAME Lowe, David O. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085680
4 Date 06/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyett, Mark <hr/> 6 Contributor address; City; State; Zip Code Bedford, TX 76021	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Senior Insurance Sales Consultant		9 Employer (See Instructions) GuideStone Financial
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burkey, Rachel <hr/> Contributor address; City; State; Zip Code Norman, OK 73072	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) Abolitionists Rising
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burklund, Susan <hr/> Contributor address; City; State; Zip Code Renton, WA 98055	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carden, Darrell <hr/> Contributor address; City; State; Zip Code Haltom City, TX 76117	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll, Tracey <hr/> Contributor address; City; State; Zip Code Port Aransas, TX 78373	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/19 Rpt: 6/53
2 FILER NAME Lowe, David O. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085680
4 Date 06/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Jeffrey <hr/> 6 Contributor address; City; State; Zip Code Streetman, TX 75859	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castilla, Cindi <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) VOLUNTEER State Leader		Employer (See Instructions) Self
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chalaki, Shahren <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75006	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Chalaki Law
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chambers, Ruth <hr/> Contributor address; City; State; Zip Code Bulverde, TX 78163	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheshire, Cary <hr/> Contributor address; City; State; Zip Code Beenbrook, TX 76116	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions) Cheshire Industries

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/19 Rpt: 7/53
2 FILER NAME Lowe, David O. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085680
4 Date 06/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, David <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76148	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curtis, Emily <hr/> Contributor address; City; State; Zip Code White Cloud, MI 49349	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davison, John <hr/> Contributor address; City; State; Zip Code Azle, TX 76020	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) IT Consulting		Employer (See Instructions) Self
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davison, Rena <hr/> Contributor address; City; State; Zip Code Azle, TX 76020	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions) homemaker
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day, Elisabeth <hr/> Contributor address; City; State; Zip Code Weatherford, TX 76086	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/19 Rpt: 8/53
2 FILER NAME Lowe, David O. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085680
4 Date 06/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day, Isaac <hr/> 6 Contributor address; City; State; Zip Code Weatherford, TX 76086	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 06/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drewry, Chris <hr/> Contributor address; City; State; Zip Code Flint, TX 75762	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Construction Manager		Employer (See Instructions) Frontier Integrity
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ead, Justin <hr/> Contributor address; City; State; Zip Code Hurst, TX 76054	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Jacob <hr/> Contributor address; City; State; Zip Code Hayward, CA 94544	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Heath and safety		Employer (See Instructions) LLNL
Date 06/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elswick, Roger <hr/> Contributor address; City; State; Zip Code Houston, TX 77068	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Elswick Auutomotive

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/19 Rpt: 9/53
2 FILER NAME Lowe, David O. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085680
4 Date 06/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erwin, Jen <hr/> 6 Contributor address; City; State; Zip Code Gastonia, NC 28054	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 06/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escobedo, Jerri <hr/> Contributor address; City; State; Zip Code Euless, TX 76040	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escobedo, Rosalie <hr/> Contributor address; City; State; Zip Code Euless, TX 76039	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Director of Marketing/Chief of Staff		Employer (See Instructions) MTG/House of Representatives
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feirtag, Beverly <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76137	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, Michelle <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76182	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/19 Rpt: 10/53
2 FILER NAME Lowe, David O. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085680
4 Date 06/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fountain, Susan <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75238	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Phillip <hr/> Contributor address; City; State; Zip Code celeste, TX 75423	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gore, Rex <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) PJs of Texas Inc
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gravely, Marc <hr/> Contributor address; City; State; Zip Code Frisco, TX 78023	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Gravely Law
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hale, Rachel <hr/> Contributor address; City; State; Zip Code Henderson, TX 75654	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Boatcycle

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/19 Rpt: 11/53
2 FILER NAME Lowe, David O. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085680
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Clay <hr/> 6 Contributor address; City; State; Zip Code Paducah, KY 42003	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Pastor		9 Employer (See Instructions) Oak Grove Baptist Church
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammond, Tom <hr/> Contributor address; City; State; Zip Code Seneca, SC 29678	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 06/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanks, Leslie <hr/> Contributor address; City; State; Zip Code Monument, CO 80132	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 06/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalbfleisch, Carl <hr/> Contributor address; City; State; Zip Code Denison, TX 75020	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) DTCC
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kubin, Earl <hr/> Contributor address; City; State; Zip Code Atlanta, TX 75551	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/19 Rpt: 12/53
2 FILER NAME Lowe, David O. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085680
4 Date 06/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kubinski, Erik <hr/> 6 Contributor address; City; State; Zip Code Blanco, TX 78606	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Undisclosed
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawson, Brent <hr/> Contributor address; City; State; Zip Code Van Alstyne, TX 75495	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levitt, Charlie <hr/> Contributor address; City; State; Zip Code Haltom City, TX 76137	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loewy, Adam <hr/> Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Law		Employer (See Instructions) Loewy Law Firm
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Ross <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75006	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Office Resource Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/19 Rpt: 13/53
2 FILER NAME Lowe, David O. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085680
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maddux, Mary <hr/> 6 Contributor address; City; State; Zip Code Euless, TX 76040	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 06/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarty, Julie <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RE		Employer (See Instructions) self
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCleary, Becca <hr/> Contributor address; City; State; Zip Code Raleigh, NC 27615	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 06/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McFadden, Gary <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Jacob <hr/> Contributor address; City; State; Zip Code Killeen, TX 76542	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Driver		Employer (See Instructions) Benefast

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/19 Rpt: 14/53
2 FILER NAME Lowe, David O. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085680
4 Date 06/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Obinabo, Jerome <hr/> 6 Contributor address; City; State; Zip Code Colleyville, TX 76034	7 Amount of Contribution (\$) \$2,000.00
8 Principal occupation / Job title (See Instructions) IT Consultant		9 Employer (See Instructions) Independent Consultant
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olcott, Michael <hr/> Contributor address; City; State; Zip Code Ft Worth, TX 76126	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Representative		Employer (See Instructions) State of TX
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul, Jeffrey <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76180	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Police Officer		Employer (See Instructions) City Of Southlake
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Payne, John <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76182	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 06/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poling, Matt <hr/> Contributor address; City; State; Zip Code College Station, TX 77840	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott and White

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/19 Rpt: 15/53
2 FILER NAME Lowe, David O. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085680
4 Date 06/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polk, Jermiah <hr/> 6 Contributor address; City; State; Zip Code Melissa, TX 75454	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) student		9 Employer (See Instructions) student
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodes, Fran <hr/> Contributor address; City; State; Zip Code Keller, TX 76244	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) President, non profit		Employer (See Instructions) True Texas Project
Date 06/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Mike <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76182	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Systems Engineer		Employer (See Instructions) Maxor National Pharmacy
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Idette <hr/> Contributor address; City; State; Zip Code Katy, TX 77494	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) DR Media Group
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Mario <hr/> Contributor address; City; State; Zip Code Cedar Hill, TX 75104	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Information Requested		Employer (See Instructions) Information Requested

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/19 Rpt: 16/53
2 FILER NAME Lowe, David O. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085680
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Brett <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75703	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Marketing		9 Employer (See Instructions) Self
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rostamizadeh, Mahdi <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Eye Surgeon		Employer (See Instructions) Lone Star Eye Specialists
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Safdarian, Nastaran <hr/> Contributor address; City; State; Zip Code Dallas, TX 78230	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) MD		Employer (See Instructions) North Texas Allergy & Asthma
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salgado, JC <hr/> Contributor address; City; State; Zip Code Big Spring, TX 79720	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scruggs, Christine <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/19 Rpt: 17/53
2 FILER NAME Lowe, David O. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085680
4 Date 06/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon, Tracy <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77339	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) unemployed		9 Employer (See Instructions) unemployed
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shields, Robert <hr/> Contributor address; City; State; Zip Code Heath, TX 75032	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Innovative Body Scan
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silk, Jonny <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76244	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Maintenance manager		Employer (See Instructions) Jonny Silk
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sims, Amanda <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76131	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions) homemaker
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sims, DJ <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76131	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Charles Schwab

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/19 Rpt: 18/53
2 FILER NAME Lowe, David O. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085680
4 Date 06/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sims, Katie <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76131	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Intern		9 Employer (See Instructions) Central Park Baptist Church
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spain, Kim <hr/> Contributor address; City; State; Zip Code Granbury, TX 76048	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions) homemaker
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speed, Jon <hr/> Contributor address; City; State; Zip Code Azle, TX 76020	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Pastor		Employer (See Instructions) By the Word Baptist Church
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Anne <hr/> Contributor address; City; State; Zip Code Bulverde, TX 78163	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanton, James <hr/> Contributor address; City; State; Zip Code Dallas, TX 76236	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Stanton LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/19 Rpt: 19/53
2 FILER NAME Lowe, David O. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085680
4 Date 06/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinle, Gaylon <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76137	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Woodworking		9 Employer (See Instructions) Paramount Millwork
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suderman, Kayla <hr/> Contributor address; City; State; Zip Code Wichita, KS 67204	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions) homemaker
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutherland, Rhonda <hr/> Contributor address; City; State; Zip Code Decatur, TX 76234	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tarrant County Patriots PAC <hr/> Contributor address; City; State; Zip Code Ft Worth, TX 76131	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans United for a Conservative Majority <hr/> Contributor address; City; State; Zip Code Victoria, TX 77901	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/19 Rpt: 20/53
2 FILER NAME Lowe, David O. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085680
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans United for a Conservative Majority <hr/> 6 Contributor address; City; State; Zip Code Victoria, TX 77901	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Gun Rights PAC <hr/> Contributor address; City; State; Zip Code Weatherford, TX 76068	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Medical Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 75701	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Velasco, Kevin <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75007	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Staff Member: Intern		Employer (See Instructions) Central Park Baptist Church

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/19 Rpt: 21/53
2 FILER NAME Lowe, David O. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085680
4 Date 06/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vermillion, Donna <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76137	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 06/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vermillion, James <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76244	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Kerry <hr/> Contributor address; City; State; Zip Code Mesquite, TX 75150	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wesley, Phoebe <hr/> Contributor address; City; State; Zip Code New Caney, TX 77357	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions) homemaker
Date 06/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilde, John <hr/> Contributor address; City; State; Zip Code North Richland Hill, TX 76182	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this 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 Filers) 00085680
4 Date 06/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiley, Christie <hr/> 6 Contributor address; City; State; Zip Code Rockwall, TX 75087	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) L3harris
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Shannon <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) AZ
Date 06/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yarbrough, Jace <hr/> Contributor address; City; State; Zip Code Sanger, TX 76256	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) retired
Date 06/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yuknavich, Deidre <hr/> Contributor address; City; State; Zip Code New Braunfels, TX 78132	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/30 Rpt: 23/53	2 FILER NAME Lowe, David O. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085680
4 Date 01/06/2025	5 Payee name AT&T	
6 Amount (\$) \$588.03	7 Payee address; City; State; Zip Code PO Box 5014 Carol Stream, IL 60197	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Telephone Services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/06/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$213.30	Payee name AT&T	Office held
Amount (\$) \$213.30	Payee address; City; State; Zip Code PO Box 5014 Carol Stream, IL 60197	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Telephone Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/09/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$80.80	Payee name AT&T	Office held
Amount (\$) \$80.80	Payee address; City; State; Zip Code PO Box 5014 Carol Stream, IL 60197	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Telephone Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/30 Rpt: 24/53	2 FILER NAME Lowe, David O. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085680
4 Date 04/03/2025	5 Payee name AT&T	
6 Amount (\$) \$464.87	7 Payee address; City; State; Zip Code PO Box 5014 Carol Stream, IL 60197	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Telephone Services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/03/2025	Payee name AT&T	
Amount (\$) \$212.66	Payee address; City; State; Zip Code PO Box 5014 Carol Stream, IL 60197	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Telephone Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/22/2025	Payee name AT&T	
Amount (\$) \$127.44	Payee address; City; State; Zip Code PO Box 5014 Carol Stream, IL 60197	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Telephone Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/30 Rpt: 25/53	2 FILER NAME Lowe, David O. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085680
4 Date 02/24/2025	5 Payee name AT&T	
6 Amount (\$) \$229.06	7 Payee address; City; State; Zip Code PO Box 5014 Carol Stream, IL 60197	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Telephone Services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/24/2025	Candidate/Officeholder name Office sought Office held	
Payee name AT&T		
Amount (\$) \$136.69	Payee address; City; State; Zip Code PO Box 5014 Carol Stream, IL 60197	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Telephone Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/22/2025	Candidate/Officeholder name Office sought Office held	
Payee name AT&T		
Amount (\$) \$136.70	Payee address; City; State; Zip Code PO Box 5014 Carol Stream, IL 60197	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Telephone Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/30 Rpt: 26/53	2 FILER NAME Lowe, David O. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085680
4 Date 05/22/2025	5 Payee name AT&T	
6 Amount (\$) \$144.25	7 Payee address; City; State; Zip Code PO Box 5014 Carol Stream, IL 60197	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Telephone Services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/23/2025	Candidate/Officeholder name Office sought Office held	
Payee name AT&T		
Amount (\$) \$139.14	Payee address; City; State; Zip Code PO Box 5014 Carol Stream, IL 60197	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Telephone Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/03/2025	Candidate/Officeholder name Office sought Office held	
Payee name Amazon		
Amount (\$) \$54.11	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/30 Rpt: 27/53	2 FILER NAME Lowe, David O. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085680
4 Date 01/08/2025	5 Payee name Amazon	
6 Amount (\$) \$17.19	7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/21/2025	Payee name Amazon	
Amount (\$) \$727.40	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/31/2025	Payee name Amazon	
Amount (\$) \$34.73	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/30 Rpt: 28/53	2 FILER NAME Lowe, David O. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085680
4 Date 01/31/2025	5 Payee name Amazon	
6 Amount (\$) \$46.68	7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/31/2025	Payee name Amazon	
Amount (\$) \$41.58	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/31/2025	Payee name Amazon	
Amount (\$) \$105.54	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/30 Rpt: 29/53	2 FILER NAME Lowe, David O. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085680
4 Date 01/31/2025	5 Payee name Amazon	
6 Amount (\$) \$757.73	7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/31/2025	Payee name Amazon	
Amount (\$) \$97.41	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/31/2025	Payee name Amazon	
Amount (\$) \$75.76	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/30 Rpt: 30/53	2 FILER NAME Lowe, David O. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085680
4 Date 03/05/2025	5 Payee name Amazon	
6 Amount (\$) \$37.35	7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/05/2025	Payee name Amazon	
Amount (\$) \$757.73	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/10/2025	Payee name Amazon	
Amount (\$) \$703.61	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/30 Rpt: 31/53	2 FILER NAME Lowe, David O. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085680
4 Date 06/25/2025	5 Payee name Amazon	
6 Amount (\$) \$41.12	7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/03/2025	Payee name Amazon	
Amount (\$) \$359.22	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/03/2025	Payee name Arlington Camera	
Amount (\$) \$1,929.99	Payee address; City; State; Zip Code 544 W Randol Mill Rd Arlington, TX 76011	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Equipment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/30 Rpt: 32/53	2 FILER NAME Lowe, David O. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085680
4 Date 02/12/2025	5 Payee name Austin Flower	
6 Amount (\$) \$350.00	7 Payee address; City; State; Zip Code 1612 W 35th St Austin, TX 78703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gift
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/09/2025	Payee name Best Buy	
Amount (\$) \$757.74	Payee address; City; State; Zip Code 4970 US 290 Austin, TX 78735	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Equipment
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/20/2025	Payee name Blueground US Inc.	
Amount (\$) \$232.20	Payee address; City; State; Zip Code 101 5th Ave Fl 7 New York, NY 10003	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Rent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/30 Rpt: 33/53	2 FILER NAME Lowe, David O. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085680
4 Date 03/17/2025	5 Payee name Blueground US Inc.	
6 Amount (\$) \$232.20	7 Payee address; City; State; Zip Code 101 5th Ave Fl 7 New York, NY 10003	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Rent
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/17/2025	Payee name Blueground US Inc.	
Amount (\$) \$4,271.58	Payee address; City; State; Zip Code 101 5th Ave Fl 7 New York, NY 10003	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Rent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/02/2025	Payee name Blueground US Inc.	
Amount (\$) \$190.92	Payee address; City; State; Zip Code 101 5th Ave Fl 7 New York, NY 10003	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Rent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/30 Rpt: 34/53	2 FILER NAME Lowe, David O. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085680
4 Date 05/06/2025	5 Payee name Bluestone Creative	
6 Amount (\$) \$1,275.00	7 Payee address; City; State; Zip Code 101 5th Ave Fl 7 New York, NY 10003	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Marketing Consulting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/10/2025	Payee name Bluestone Creative	
Amount (\$) \$3,775.00	Payee address; City; State; Zip Code 101 5th Ave Fl 7 New York, NY 10003	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Marketing Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/13/2025	Payee name Chandler, Cook, Fitzgerald PLLC	
Amount (\$) \$1,297.50	Payee address; City; State; Zip Code 1203 Trinity St Liberty St, TX 77575	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legal Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/30 Rpt: 35/53	2 FILER NAME Lowe, David O. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085680
4 Date 01/07/2025	5 Payee name Constant Contact	
6 Amount (\$) \$234.52	7 Payee address; City; State; Zip Code 890 Winter St Ste 300 Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Sending Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/07/2025	Payee name Constant Contact	
Amount (\$) \$234.52	Payee address; City; State; Zip Code 890 Winter St Ste 300 Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Sending Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/07/2025	Payee name Constant Contact	
Amount (\$) \$234.52	Payee address; City; State; Zip Code 890 Winter St Ste 300 Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Sending Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/30 Rpt: 36/53	2 FILER NAME Lowe, David O. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085680
4 Date 04/07/2025	5 Payee name Constant Contact	
6 Amount (\$) \$234.52	7 Payee address; City; State; Zip Code 890 Winter St Ste 300 Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Sending Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/07/2025	Payee name Constant Contact	
Amount (\$) \$234.52	Payee address; City; State; Zip Code 890 Winter St Ste 300 Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Sending Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/09/2025	Payee name Constant Contact	
Amount (\$) \$234.52	Payee address; City; State; Zip Code 890 Winter St Ste 300 Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Sending Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/30 Rpt: 38/53	2 FILER NAME Lowe, David O. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085680
4 Date 03/24/2025	5 Payee name Grubhub	
6 Amount (\$) \$67.45	7 Payee address; City; State; Zip Code 111 W Washington St Ste 2100 Chicago, IL 60602	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meals
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2025	Payee name Hobby Lobby	
Amount (\$) \$135.92	Payee address; City; State; Zip Code 10900 Research Blvd Austin, TX 78759	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2025	Payee name Hobby Lobby	
Amount (\$) \$27.05	Payee address; City; State; Zip Code 10900 Research Blvd Austin, TX 78759	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/30 Rpt: 39/53	2 FILER NAME Lowe, David O. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085680
4 Date 02/12/2025	5 Payee name Hobby Lobby	
6 Amount (\$) \$273.92	7 Payee address; City; State; Zip Code 10900 Research Blvd Austin, TX 78759	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/21/2025	Candidate/Officeholder name Office sought Office held	
Payee name Hobby Lobby		
Amount (\$) \$535.84	Payee address; City; State; Zip Code 10900 Research Blvd Austin, TX 78759	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/29/2025	Candidate/Officeholder name Office sought Office held	
Payee name Hobby Lobby		
Amount (\$) \$535.84	Payee address; City; State; Zip Code 10900 Research Blvd Austin, TX 78759	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/30 Rpt: 40/53	2 FILER NAME Lowe, David O. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085680
4 Date 01/23/2025	5 Payee name Law Office Of Emily Cook	
6 Amount (\$) \$1,642.50	7 Payee address; City; State; Zip Code 1203 Trinity St Liberty, TX 77575	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legal Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/25/2025	Payee name PAC Management Services LLC	
Amount (\$) \$1,400.00	Payee address; City; State; Zip Code 10521 Judicial Dr Ste 200-A Fairfax, VA 22030	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Compliance Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/05/2025	Payee name Rodriguez, Sonia	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 11624 Jollyville Rd Austin, TX 78759	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/30 Rpt: 41/53	2 FILER NAME Lowe, David O. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085680
4 Date 03/21/2025	5 Payee name Ruth's Chris	
6 Amount (\$) \$533.42	7 Payee address; City; State; Zip Code 107 W 6th St Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meals
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/27/2025	Candidate/Officeholder name Payee name Ruth's Chris	
Amount (\$) \$317.96	Payee address; City; State; Zip Code 107 W 6th St Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meals
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/17/2025	Candidate/Officeholder name Payee name Spangler, Clayton	
Amount (\$) \$429.00	Payee address; City; State; Zip Code Main St Charleston, WV 25301	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photos
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/30 Rpt: 42/53	2 FILER NAME Lowe, David O. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085680
4 Date 01/16/2025	5 Payee name Taco Cabana	
6 Amount (\$) \$411.00	7 Payee address; City; State; Zip Code 5242 N Lamar Blvd Austin, TX 78751	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meals
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/13/2025	Candidate/Officeholder name Office sought Office held	
Payee name Target		
Amount (\$) \$577.05	Payee address; City; State; Zip Code 2300 W Ben White Blvd Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/25/2025	Candidate/Officeholder name Office sought Office held	
Payee name Target		
Amount (\$) \$5.94	Payee address; City; State; Zip Code 2300 W Ben White Blvd Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/30 Rpt: 43/53	2 FILER NAME Lowe, David O. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085680
4 Date 02/25/2025	5 Payee name Target	
6 Amount (\$) \$46.54	7 Payee address; City; State; Zip Code 2300 W Ben White Blvd Austin, TX 78704	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/13/2025	Candidate/Officeholder name Office sought Office held	
Payee name Target		
Amount (\$) \$84.18	Payee address; City; State; Zip Code 2300 W Ben White Blvd Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/28/2025	Candidate/Officeholder name Office sought Office held	
Payee name Target		
Amount (\$) \$122.55	Payee address; City; State; Zip Code 2300 W Ben White Blvd Austin, TX 78704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/30 Rpt: 44/53	2 FILER NAME Lowe, David O. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085680
4 Date 06/24/2025	5 Payee name Tarrant Chamber of Commerce	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 5001 Denton Hwy Haltom City, TX 76117	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tickets/Dues
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/12/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$60.00	Payee name Tarrant Chamber of Commerce Payee address; City; State; Zip Code 5001 Denton Hwy Haltom City, TX 76117	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tickets/Dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/21/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$537.61	Payee name Tarrant Chamber of Commerce Payee address; City; State; Zip Code 5001 Denton Hwy Haltom City, TX 76117	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tickets/Dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/30 Rpt: 45/53	2 FILER NAME Lowe, David O. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085680
4 Date 05/20/2025	5 Payee name Tarrant Chamber of Commerce	
6 Amount (\$) \$512.50	7 Payee address; City; State; Zip Code 5001 Denton Hwy Haltom City, TX 76117	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tickets/Dues
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/13/2025	Candidate/Officeholder name Office sought Office held	
Payee name Tarrant Chamber of Commerce		
Amount (\$) \$35.00	Payee address; City; State; Zip Code 5001 Denton Hwy Haltom City, TX 76117	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tickets/Dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/24/2025	Candidate/Officeholder name Office sought Office held	
Payee name Tarrant Chamber of Commerce		
Amount (\$) \$15.00	Payee address; City; State; Zip Code 5001 Denton Hwy Haltom City, TX 76117	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tickets/Dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/30 Rpt: 46/53	2 FILER NAME Lowe, David O. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085680
4 Date 03/31/2025	5 Payee name Tarrant Chamber of Commerce	
6 Amount (\$) \$416.98	7 Payee address; City; State; Zip Code 5001 Denton Hwy Haltom City, TX 76117	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tickets/Dues
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/31/2025	Payee name Texas Conservative Coalition	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 2659 Austin, TX 78768	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/12/2025	Payee name Texas Ethics Commission	
Amount (\$) \$12.45	Payee address; City; State; Zip Code 201 E 14th St #10 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FINES	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fines
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/30 Rpt: 47/53	2 FILER NAME Lowe, David O. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085680
4 Date 03/12/2025	5 Payee name Texas Ethics Commission	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 201 E 14th St #10 Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FINES	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fines
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/31/2025	Payee name Texas House Republican Caucus	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 13305 Austin, TX 78711	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Membership Dues	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/03/2025	Payee name Trimm, James	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 8440 Stephanie Dr North Richmond Hills, TX 76182	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 26/30 Rpt: 48/53	2 FILER NAME Lowe, David O. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085680
4 Date 04/04/2025	5 Payee name Trimm, James	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 8440 Stephanie Dr North Richmond Hills, TX 76182	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/12/2025	Payee name Trimm, James	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 8440 Stephanie Dr North Richmond Hills, TX 76182	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/07/2025	Payee name True Texas Project	
Amount (\$) \$1,250.00	Payee address; City; State; Zip Code 1220-G Airport Freeway #602 Bedford, TX 76022	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 27/30 Rpt: 49/53	2 FILER NAME Lowe, David O. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085680
4 Date 01/24/2025	5 Payee name USPS	
6 Amount (\$) \$15.87	7 Payee address; City; State; Zip Code 823 Congress Ave Ste 150 Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/24/2025	Candidate/Officeholder name	Office sought
Payee name USPS	Office held	
Amount (\$) \$73.00	Payee address; City; State; Zip Code 823 Congress Ave Ste 150 Austin, TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/09/2025	Candidate/Officeholder name	Office sought
Payee name Uber Eats	Office held	
Amount (\$) \$49.68	Payee address; City; State; Zip Code 1725 3rd St San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meals
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 28/30 Rpt: 50/53	2 FILER NAME Lowe, David O. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085680
4 Date 04/28/2025	5 Payee name Uber Eats	
6 Amount (\$) \$346.52	7 Payee address; City; State; Zip Code 1725 3rd St San Francisco, CA 94158	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meals
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/13/2025	Payee name Uber Eats	
Amount (\$) \$148.20	Payee address; City; State; Zip Code 1725 3rd St San Francisco, CA 94158	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meals
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/22/2025	Payee name Vista Print	
Amount (\$) \$79.13	Payee address; City; State; Zip Code 275 Wyman St Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 29/30 Rpt: 51/53	2 FILER NAME Lowe, David O. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085680
4 Date 06/09/2025	5 Payee name Vista Print	
6 Amount (\$) \$167.76	7 Payee address; City; State; Zip Code 275 Wyman St Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/16/2025	Payee name Vista Print	
Amount (\$) \$101.22	Payee address; City; State; Zip Code 275 Wyman St Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/06/2025	Payee name Watson, Gregory	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 3309 W William Cannon Dr Austin, TX 78745	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Staff
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 30/30 Rpt: 52/53	2 FILER NAME Lowe, David O. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085680
4 Date 03/20/2025	5 Payee name Whataburger	
6 Amount (\$) \$399.32	7 Payee address; City; State; Zip Code 1077 Central Pkwy S Ste 900 San Antonio, TX 78232	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meals
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:
Sch: 1/1 Rpt: 53/53

2 FILER NAME

Lowe, David O. (The Honorable)

3 Filer ID (Ethics Commission Filers)
00085680

4 Date

06/12/2025

5 Name of person from whom amount is received

Blueground US Inc

8 Amount (\$)

\$500.00

6 Address of person from whom amount is received; City; State; Zip Code

New York, NY 10003

7 Purpose for which amount is received

Rent Refund

☐ Check if political contribution returned to filer