

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: 14								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI The Honorable David O.		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/02/2026								
	<hr/> NICKNAME LAST SUFFIX Lowe										
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 FIRST MI Mr. David O.										
	<hr/> NICKNAME LAST SUFFIX Lowe										
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 (817) 253-1214										
8 REPORT TYPE	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input 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)
<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)								
<input 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 Month Day Year 01/01/2026 THROUGH 01/22/2026										
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" 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) State Representative District 91								

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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

15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

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)	\$ 157,565.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 30.28
	4. TOTAL POLITICAL EXPENDITURES	\$ 118,125.35
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 110,407.76
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT

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

The Honorable David O. Lowe

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering

Printed name of officer administering

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 (Ethics Commission Filers) 00085680
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 157,565.00
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	\$ 118,125.35
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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/14
2 FILER NAME Lowe, David O. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085680
4 Date 01/09/2026	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00887810) APP Big Family PAC LLC <hr/> 6 Contributor address; City; State; Zip Code Arlington, VA 22206	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Anderson, Sam <hr/> Contributor address; City; State; Zip Code Buffalo, TX 75831	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Bentrup, Alan <hr/> Contributor address; City; State; Zip Code North Richland Hills, TX 76180	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Clergy		Employer (See Instructions) Self
Date 01/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Carter, Jeffrey <hr/> Contributor address; City; State; Zip Code Streetman, TX 75859	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/21/2026	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 (\$) \$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: 2/4 Rpt: 5/14
2 FILER NAME Lowe, David O. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085680
4 Date 01/16/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grone, Brock <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75206	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) Laurel Oaks Funeral Home
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchison, Michael <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 01/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchison, Michael <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 01/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justice for Texas Victims PAC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$50,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kihara, Steven <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: 3/4 Rpt: 6/14
2 FILER NAME Lowe, David O. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085680
4 Date 01/08/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Procter, Joseph <hr/> 6 Contributor address; City; State; Zip Code North Richland Hills, TX 76182	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 01/01/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ralph, Eugene <hr/> Contributor address; City; State; Zip Code Dallas, TX 75217	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Driver		Employer (See Instructions) The Haven TX
Date 01/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans United for a Conservative Majority PAC <hr/> Contributor address; City; State; Zip Code Victoria, TX 77901	Amount of Contribution (\$) \$25,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans United for a Conservative Majority PAC <hr/> Contributor address; City; State; Zip Code Victoria, TX 77901	Amount of Contribution (\$) \$25,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans United for a Conservative Majority PAC <hr/> Contributor address; City; State; Zip Code Victoria, TX 77901	Amount of Contribution (\$) \$25,000.00
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: 4/4 Rpt: 7/14
2 FILER NAME Lowe, David O. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085680
4 Date 01/12/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Association PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 75701	7 Amount of Contribution (\$) \$25,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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: 1/7 Rpt: 8/14	2 FILER NAME Lowe, David O. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085680
4 Date 01/22/2026	5 Payee name AT&T	
6 Amount (\$) \$145.39	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 Telephones
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/22/2026	Payee name Anedot	
Amount (\$) \$65.30	Payee address; City; State; Zip Code 1340 Poydras St Ste 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/02/2026	Payee name Bluestone Creative	
Amount (\$) \$1,275.00	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 Graphic Design and Digital Communication 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: 2/7 Rpt: 9/14	2 FILER NAME Lowe, David O. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085680
4 Date 01/02/2026	5 Payee name Bluestone Creative	
6 Amount (\$) \$875.00	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 Graphic Design and Digital Communication Consulting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/02/2026	Payee name Bluestone Creative	
Amount (\$) \$875.00	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 Graphic Design and Digital Communication Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/12/2026	Payee name Bluestone Creative	
Amount (\$) \$875.00	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 Graphic Design and Digital Communication 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: 3/7 Rpt: 10/14	2 FILER NAME Lowe, David O. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085680
4 Date 01/22/2026	5 Payee name CWS Research LLC	
6 Amount (\$) \$35,000.00	7 Payee address; City; State; Zip Code 8313 Mimi Ln Austin, TX 78724	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TV Advertising
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/22/2026	Payee name CWS Research LLC	
Amount (\$) \$23,952.00	Payee address; City; State; Zip Code 8313 Mimi Ln Austin, TX 78724	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Direct Mail
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/22/2026	Payee name CWS Research LLC	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 8313 Mimi Ln Austin, TX 78724	
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 Voter Contact Subscription
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: 4/7 Rpt: 11/14	2 FILER NAME Lowe, David O. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085680
4 Date 01/22/2026	5 Payee name CWS Research LLC	
6 Amount (\$) \$5,025.00	7 Payee address; City; State; Zip Code 8313 Mimi Ln Austin, TX 78724	
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 Strategic Management Consulting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/02/2026	Payee name Caddo Office Reimagined	
Amount (\$) \$776.15	Payee address; City; State; Zip Code 8376 Davis Blvd North Richland Hills, TX 76182	
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 Rent
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/21/2026	Payee name Canva	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 3212 E. Cesar Chavez Street Building 1, Suite 1300 Austin, TX 78702	
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 Subscription
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: 5/7 Rpt: 12/14	2 FILER NAME Lowe, David O. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085680
4 Date 01/07/2026	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 Subscription
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/20/2026	Candidate/Officeholder name Payee name GoDaddy	
Amount (\$) \$25.46	Payee address; City; State; Zip Code 100 S. Mill Ave, Suite 1600 Tempe, AZ 85281	
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 Subscription
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/12/2026	Candidate/Officeholder name Payee name Lowes	
Amount (\$) \$527.65	Payee address; City; State; Zip Code 6301 Jefferson St NE Albuquerque, NM 87109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Sign Materials	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign Materials
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: 6/7 Rpt: 13/14	2 FILER NAME Lowe, David O. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085680
4 Date 01/07/2026	5 Payee name Mobilize the Message	
6 Amount (\$) \$40,000.00	7 Payee address; City; State; Zip Code 490 Hanover Port Lane Fort Walton Beach, FL 32547	
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 Door Knocking
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/13/2026	Candidate/Officeholder name Planer, Lauren	
Amount (\$) \$2,250.00	Office sought 1929 Shady Oaks Circle Glen Rose, TX 76043	
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		
Date 01/06/2026	Candidate/Officeholder name Vistaprint	
Amount (\$) \$346.37	Office sought 275 Wyman St Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing
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: 7/7 Rpt: 14/14	2 FILER NAME Lowe, David O. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085680
4 Date 01/12/2026	5 Payee name Vistaprint	
6 Amount (\$) \$953.66	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) Advertising 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 01/15/2026	Payee name Vistaprint	
Amount (\$) \$1,878.57	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