CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed. The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Mr. Marvin B NAME Date Received NICKNAME LAST Lowe APR 07 2022 4 CANDIDATE / ADDRESS / PO BOX. APT / SUITE #. CITY. STATE. ZIP CODE 11484 Wentworth Drive Frisco, TX 75035 **OFFICEHOLDER** MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (972) 998-1160 PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN **TREASURER** Mrs. Evelet NAME Date Processed NICKNAME LAST SUFFIX Date Imaged Lowe STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE #. 7 CAMPAIGN CITY STATE: TREASURER 11484 Wentworth Drive Frisco, TX 75035 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER 8 CAMPAIGN EXTENSION TREASURER PHONE 604-9914 (214 9 REPORT TYPE 30th day before election Runoff 15th day after campaign January 15 treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day Year Month Day Year COVERED 6 2022 1 THROUGH 3 31 2022 ELECTION DATE 11 ELECTION ELECTION TYPE Primary Runoff Month Day Year Description ✓ General 2022 13 OFFICE SOUGHT (if known) 12 OFFICE OFFICE HELD (if any) FISD Board of Trustees, Place 2 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

		A. A. C.
15 C/OH NAME Marvin Lowe		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$ O
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,810.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ _{1,129.05}
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,600.77
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 433.03
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OLLAST DAY OF THE REPORTING PERIOD	
	Please complete either option below	ndidate or Officeholder
Notary P Comm. Of Animst AMP/SPA	which, witness my hand and seal of office. The Sea Steed ring oath Printed name of officer administering oath OR	And any of April. Notary Public Title of officer administering oath
\$10.59)	, and my date of birth is	
Contractive to the	(street) (city) (s	state) (zip code) (country)
Executed in	County, State of, on theday of(month	(year) .
	Signature of Candid	date/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Marvin Lowe		20 Filer ID (Ethics Con	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1:	: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,810.00
2.	SCHEDULE A2:	NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	NS	s 75.00
3.	SCHEDULE B: I	PLEDGED CONTRIBUTIONS		S
4.	SCHEDULE E:	LOANS		s 7,000.00
5.	SCHEDULE F1:	POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$ 7,247.92
6.	SCHEDULE F2:	: UNPAID INCURRED OBLIGATIONS		S
7.	SCHEDULE F3:	PURCHASE OF INVESTMENTS MADE FROM POLITIC	CAL CONTRIBUTIONS	\$
8.	SCHEDULE F4:	EXPENDITURES MADE BY CREDIT CARD		s 2,223.80
9.	SCHEDULE G	POLITICAL EXPENDITURES MADE FROM PERSONAL	- FUNDS	\$ 1,000.00
10.	SCHEDULE H:	PAYMENT MADE FROM POLITICAL CONTRIBUTIONS	TO A BUSINESS OF C/OH	S
1.	SCHEDULEI: N	ION-POLITICAL EXPENDITURES MADE FROM POLITICA	L CONTRIBUTIONS	s
2.		INTEREST, CREDITS, GAINS, REFUNDS, AND CONTR	RIBUTIONS RETURNED	s 543.34

SCHEDULE A1

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 1 of 5
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Marvin Lowe				
4 Date 2/11/2022	5 Full name of contributor	out-of-state PAC	(ID#)	7 Amount of contribution (\$)
2/11/2022	Stephanie Spies-Cunnir	ngham		\$500.00
-	6 Contributor address;	City;	State; Zip Code	
	9566 Park Garden Drive I	Frisco, TX 750	35	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	Out-of-state PAC	: (ID#)	Assessed of security and the second
2/21/2022	Llewellyn Blackburn			Amount of contribution (S) \$50.00
	Contributor address,	City;	State, Zip Code	
	1955 Dava Crook Way	Dallas TV 75	222	
Principal occur	4855 Dove Creek Way	Dallas, TA 75	Employer (See Instruc	tions
T Tilleipar Geed	salion / Job tille (See Instructions)		Employer (See Institut	(10115)
Date	Full name of contributor	out-of-state PAC	(ID#)	Amount of contribution (\$)
2/22/2022	Brant Harwood			\$50.00
	Contributor address;	City;	State; Zip Code	
	1045 Imperial Valley La	ne Frisco, TX	75034	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor	□ out-of-state PAC	C (ID#)	Amount of contribution (\$)
2/23/2022	Andre DuBos			\$100.00
	Contributor address;	City;	State; Zip Code	
	9300 Leafy Glade Road	l Plano TX 7	5024	
Principal occu	pation / Job title (See Instructions)	i i i i i i i i i i i i i i i i i i i	Employer (See Instruc	tions)
	N		20 203 m	
	ATTAOHADDI	TIONAL CODICS	OF THE COURDING AS A	IEEDED
	If contributor is out-of-state PA		OF THIS SCHEDULE AS Nuction guide for additional	

SCHEDULE A1

The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1: 2 of 5
Marvin Lo	we			3 Filer ID (Ethics Commission Filers)
Date 2/23/2022	5 Full name of contributor John Mefford	out-of-state PA	C (ID#)	7 Amount of contribution (S)
	6 Contributor address;	City;	State; Zip Code	φοσ.σο
	2397 Elm Valley Drive	e Little Elm	TX 75068	
Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#)	Amount of contribution (\$)
2/24/2022	Barbara Fasola			\$500.00
	Contributor address;	City;	State; Zip Code	4000.00
	1862 Lilac Lane Fris	sco TX 7503	4	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	itions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
3/2/2022	Daniel Bergin			\$300.00
	Contributor address;	City;	State; Zip Code	\$300.00
	3816 Waldorf Circle [Dallas TX 75	229	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	etions)
Date	Full name of contributor	Out-of-state PA	C (ID#)	Amount of contribution (\$)
3/23/2022	Rachel Browning			\$50.00
	Contributor address;	City;	State; Zip Code	Ψ30.00
	Huffman Lane Frisc	o TX 75035		
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)

SCHEDULE A1

If the reques	sted information is not applicable, DO NOT include this page i	n the report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 3 of 5
2 FILER NAME Marvin Lo	we	3 Filer ID (Ethics Commission Filers)
4 Date 3/25/2022	5 Full name of contributor	\$50.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See	Instructions)
Date 3/25/2022	Full name of contributor	\$50.00
Principal occup	eation / Job title (See Instructions) Employer (See I	Instructions)
Date 3/25/2022	Full name of contributor	Amount of contribution (\$) \$50.00
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)
Date 3/27/2022	Full name of contributor	Amount of contribution (\$) \$10.00
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULI	

SCHEDULE A1

The	Instruction Guide explains ho	w to complete thi	is form.	1 Total pages Schedule A1: 4 of 5
FILER NAME Marvin Lo				3 Filer ID (Ethics Commission Filers
Date 5/28/2022	5 Full name of contributor Sabrina Adamo-Lom 6 Contributor address; 8936 Frostweed Roa	onte City;	State; Zip Code	7 Amount of contribution (S) \$100.00
Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instruc	itions)
Date 2/13/2022	Full name of contributor Anonymous Contributor address;		AC (ID#) State; Zip Code	Amount of contribution (S) \$100.00
Principal occup	 pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date 3/1/2022	Full name of contributor Patricj J. Cloutier	out-of-state PA	7C (ID#)	Amount of contribution (\$)
5/1/2022	Contributor address; 119 W. Virginia Street	City; Suite 201 M	State; Zip Code CKinney, TX 75069	\$150.00
Principal occup	pation / Job title (See Instructions))	Employer (See Instruc	tions)
Date 8/9/2022	Full name of contributor Clemens Family Trust Contributor address; 13208 Jonesboro Place	Betty Cleme	State; Zip Code	Amount of contribution (\$) \$200.00
Principal occup	pation / Job title (See Instructions))	Employer (See Instruc	tions)
	Contributor address; 13208 Jonesboro Place	city;	State; Zip Code	

SCHEDULE A1

- I the reques	seed information is not applicable, DO NOT INC	due tills page ill tile i	eport.
The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: 5 of 5
2 FILER NAME Marvin Lo	we		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor uni-of-state PAC (I	D#)	7 Amount of contribution (S)
3/9/2022	Richard Clemens		
	6 Contributor address; City;	State; Zip Code	\$200.00
	528 Palisades Dr. #118 Pacific Palis	ades, CA 90272	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	D#)	Amount of contribution (\$)
3/22/2022	Dianna Biscan		¢250.00
	Contributor address; City;	State; Zip Code	\$250.00
	7221 Kasko Drive Plano, TX 7024		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Kerry R & Pamela Huffman		¢ E0.00
3/22/2022	Contributor address; City;	State; Zip Code	\$50.00
	9423 Tanyard Lane Frisco, TX 750	33	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state_PAC (II	D#)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EEDED
	If contributor is out-of-state PAC, please see Instruc	tion guide for additional re	porting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

тн	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2: 1
2 FILER NAM			3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 75.00	
5 Date 3/27/2022	6 Full name of contributor □ out-of-state PAC (ID#	Zip Code	8 Amount of Contribution \$ \$75.00	9 In-kind contribution description Meet & Greet w/food de of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	**********	Amount of Contribution \$	In-kind contribution description I I I I I I I I I I I I I I I I I I
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	FOR NON-JUDICIA	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			9
1	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi			g requirements.

LOANS SCHEDULE E

The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E: 1 of 3
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Marvin Lowe			
4 TOTAL OF UN	IITEMIZED LOANS		\$ 7,000.00
5 Date of loan	7 Name of lender out-of-state	PAC (ID#)	9 Loan Amount (S)
1/18/2022	Marvin B. Lowe		1,000.00
6 Is lender a financial Institution?	8 Lender address; City; 11484 Wentworth Drive Frisco, TX	State; Zip Code X 75035	10 Interest rate 0
YN			11 Maturity date 12/31/2022
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	12.01/2022
14 Description of Coll	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
⊠ not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender ut-of-state	PAC (ID#)	Loan Amount (\$)
2/7/2022	Marvin B. Lowe		\$2,000.00
Is lender a financial Institution?	Lender address; City; 11484 Wentworth Drive Frisco,	State; Zip Code	Interest rate 0
Y N			Maturity date 12/31/2022
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	12/01/2022
Description of Colli	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor	1	Amount Guaranteed (\$)
	Guarantor address; City;	State: Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COP	ES OF THIS SCHEDULE AS NEE struction guide for additional re	2004 (1000)
		arra manusi ya Milingaka u jiringa Ashiri Milinga Ashiri A	

LOANS SCHEDULE E

			250.
The	Instruction Guide explains how to comp	olete this form.	1 Total pages Schedule E: 2 of 3
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Marvin Lowe			
4 TOTAL OF UN	IITEMIZED LOANS		\$ 7,000.00
5 Date of loan	7 Name of lender ut-of-state	PAC (ID#:)	9 Loan Amount (\$)
2/10/2022	Marvin B. Lowe		\$1,000.00
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 0
Y N	11484 Wentworth Drive Frisc	co, TX 75035	11 Maturity date 12/31/2022
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	Check if personal fun account (See Instruc	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor	1	19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:	Loan Amount (\$)
3/1/2022	Marvin B. Lowe)	\$1,000.00
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate 0
Institution? Y	11484 Wentworth Drive Frisc	co, TX 75035	Maturity date 12/31/2022
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Charle if assessed for	do ware deposited into ==01==1
none		account (See Instruc	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
✓ not applicable	Guarantor address; City;	State; Zip Code	
	on (See Instructions)	Employer (See Instructions)	1
If le	ATTACH ADDITIONAL COF	PIES OF THIS SCHEDULE AS NEI	

LOANS SCHEDULE E

		or morade and page in the re	
The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E: 3 of 3
2 FILER NAME Marvin Lowe			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$ 7,000
5 Date of Ioan 3/22/2022	7 Name of lender out-of-state Marvin Lowe	2 PAC (ID#:)	9 Loan Amount (\$) \$2,000.00
6 Is lender a financial Institution?	8 Lender address; City; 11484 Wentworth Drive Fris	State: Zip Code	10 Interest rate 0 11 Maturity date 12/31/2022
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	Check if personal fun account (See Instruc	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
X not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	2 PAC (ID#)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State, Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fun account (See Instruc	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
Principal Occupation	on (See Instructions)	Employer (See Instructions)	1
If le	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NE estruction guide for additional re	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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/Memonals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Pinnting 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)

3 Filer ID (Ethics Commission Filers)

1 Total pages Schedule F1: 2 FILER NAME

Monain Love

	Marvin Lowe			
4 Date	5 Payee name			
1/20/2022	Geeky Beth's Marketing			
6 Amount (\$) \$600.00	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Website Develop	ment	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin.	TX, afficeholder living	2,223.80
9 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought		Office held
Date	Payee name			
2/11/2022	Signorama			
Amount (\$)	Payee address; 9410 Dallas Pkwy #160, Frisco, TX 7	City;	State;	Zip Code
\$2,652.13	3410 Ballas I (Wy #100, 111300, 17.7			
\$2,652.13				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signs		
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description Signs	TX. officeholder living	expense
PURPOSE OF	Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description Signs		expense Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct	Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description Signs Check if Austin, 1		
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C//	Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name	Description Signs Check if Austin, 1		
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/	Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description Signs Check if Austin, 1		
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C//	Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Home Depot	Description Signs Check if Austin, 1 Office sought		Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C//	Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Home Depot Payee address;	Description Signs Check if Austin, 1 Office sought		Office held
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C// Date 2/22/2022 Amount (\$) \$935.77 PURPOSE OF	Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Home Depot Payee address; 7100 North Fwy, Fort Worth, TX 76137 Category (See Categories listed at the top of this schedule)	Description Signs Check if Austin, Toffice sought City; Description T-posts		Office held Zip Code

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel In District Polling Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 2 of 3 Marvin Lowe 4 Date 5 Payee name 2/28/2022 Vistaprint 6 Amount (\$) 7 Payee address; State: Zip Code 275 Wyman Street Waltham, MA 02451 USA \$387.49 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE** Advertising Expense Push Cards OF **EXPENDITURE** (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 3/2/2022 First Graphics Services Amount (S) Payee address; State: City; Zip Code \$1,174.06 229 Garvon St. Garland TX 75040 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Signs Advertising Expense OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date First Graphics Services 3/17/2022 Amount (\$) Payee address; City; State: Zip Code \$1,185.88 229 Garvon St. Garland TX 75040 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Expense Signs OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

Candidate/Officeholder/Politica Credit Card Payment	, and the second of the second	Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Total pages Schedule F1: 3 of 3	2 FILER NAME Marvin Lowe		3 Filer ID (Ethics Commission Filers)
Date 3/23/2022	5 Payee name Vistaprint		
Amount (\$) \$312.59	7 Payee address; 275 Wyman Street Waltham, MA 02	City; 2451 USA	State; Zip Code
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Push Cards	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
		1	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austr	n, TX, officeholder living expense

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Accenting Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		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 explain	s how to complete this form.	
1 Total pages Schedule F4: 1 of 3	2 FILER NAME Marvin Lowe		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$ 2,223.80
5 Date 3//7/2022	6 Payee name TRACTOR-SUPPLY-CO #0	455 TERRELL TX	
7 Amount (\$) \$1,514.42	8 Payee address; 100 State Hwy 205 #100, Terr	ell, TX 75160 City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s Advertising	(b) Description T-Posts	
	(c) Check if travel outside of Texas. Complete S	chedule T. Check if Au	istin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 3/7/2022	Payee name LOWES #01059* FRISCO T	-X	
Amount (\$) 71.36	Payee address; FRISCO , TX	City;	State; Zip Code
TYPE OF EXPENDITURE	No Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this : Advertising Expense	Description Misc. Items	
	Check if travel outside of Texas. Complete S	Schedule T. Check if Ai	ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NE	EDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		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 exp	plains how to complete this form.	
1 Total pages Schedule F4: 2 of 3	2 FILER NAME Marvin Lowe		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARG	ED TO A CREDIT CARD	\$ 2,223.80
5 Date 2/22/2022	6 Payee name Fedex Office		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
366.94	8290 State Hwy 121, Fr	isco, TX 75034	
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Push Car	ds
	(c) Check if travel outside of Texas. Comp	olete Schedule T. Check if A	ustin, TX, afficeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of	of this schedule) Description	
	Check if travel outside of Texas. Com	plete Schedule T. Check if A	ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS NE	EEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		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	s how to complete this form.			
1 Total pages Schedule F4: 3 of 3	2 FILER NAME Marvin Lowe		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$ 2223.80		
5 Date 3/4/2022	6 Payee name LOWES #01059* FRISCO TX	(
7 Amount (\$)	8 Payee address;	City;	State; Zip Code		
104.35	FRISCO , TX	J.,	edite, Elp 3300		
9 TYPE OF EXPENDITURE	Political	Non-Political			
10	(a) Category (See Categories listed at the top of this s	chedule) (b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Misc. Items	3		
	(c) Check if travel outside of Texas. Complete So	chedule T. Check if A	ustin, TX, officeholder living expense		
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
3/11/2022	U-HAUL MOVING & STOR	AGE OPLANO TX			
Amount (\$)	Payee address;	City;	State; Zip Code		
164.73	2560 Kathryn Ln, Plano, TX	(75025			
TYPE OF EXPENDITURE	Political	Non-Political			
	Category (See Categories listed at the top of this s	schedule) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Rented ed	Rented equipment to post signs		
	Check if travel outside of Texas. Complete S	chedule T. Check if A	sustin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE CATEGO	PRIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credt Card Payment 3/711/2002	Fees Food/Beverage Expense By Gift/Awards/Memorials Expense F	oan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Panting Expense Salaries/Wages/Contract Labor now to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
1	Marvin Lowe		THEFT ID (Ethics Commission Filers)	
4 Date	5 Payee name			
3/14/2022	Stephanie Elad			
6 Amount (\$)	7 Payee address;	City;	State: Zip Code	
\$1,000 Reimbursement from political contributions intended	15251 Camden Ln Frisco, TX 75		Current Expression	
8	(a) Category (See Categories listed at the top of this sched	dule) (b) Description		
PURPOSE OF	Advertising Expense			
EXPENDITURE	Advertising Expense	Distributing Pus	h Cards	
	(c) Check if travel outside of Texas. Complete Schedu	le T. Check if Austin	, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	dule) Description		
	Check if travel outside of Texas. Complete Schedu	ule T. Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (S)	Payee address;	City:	State; Zip Code	
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Description		
	Check if travel outside of Texas. Complete Schedu	le T. Check if Austin	, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEED	ED	

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:	
2 FILER NAME		3 Filer ID (Ethics	s Commission Filers)
Marvin Lowe			
4 Date 3/7/2002	5 Name of person from whom amount is received Home Depot		8 Amount (\$) \$521.71
	The transfer and an experimental control of the first and an experimental control of the control	te; Zip Code	
	7 Purpose for which amount is received Check if	political contribution	returned to filer
	Returned T-Posts		
Date 3/7/2022	Name of person from whom amount is received		Amount (\$) \$21.63
3/1/2022	LOWES #01059* FRISCO TX		Ψ21.03
	Address of person from whom amount is received; City; StaFRISCO, TX	ite; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Stat	te; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (S)
	Address of person from whom amount is received; City; Sta	ite; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			