## JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction Gu	DIDE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00069316	2 PAGE # 1 of 6				
3 CANDIDATE / OFFICEHOLDER	Ms / MRS / MR FIRST  Ms. Kathy	MI	OFFICE USE ONLY				
NAME	NICKNAME LAST Lowthrop	SUFFIX	Date Received TARRA TOTAL STEE STEE STEE STEE STEE STEE STEE STE				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	Date Hand-delivered-or Date Postmarked				
Change of Address			Receipt # Amount				
5 CAMPAIGN	MS / MRS / MR FIRST	MI	Date Processed				
TREASURER NAME	Richard		Date Imaged				
	NICKNAME LAST	SUFFIX					
	Dick Johnson						
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT /	SUITE#; CITY; STATE;	ZIP CODE				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION					
8 REPORT TYPE	January 15 X 30th day before o	election Runoff	15th day after campaign treasurer appointment (officeholder only)				
	July 15 8th day before el	lection Exceeded \$500 limit	Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year	Month Day	Year				
GOVENED	01/01/2014	HROUGH 01/23/20	014				
10 ELECTION	Month Day Year Pri	N TYPE imary Runoff X	General Special				
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if know District Attorney	n)				
GO TO PAGE 2							

#### JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM JC/OH

	IOIALO	·	CO	VER SHE	EIPGZ
13 C/OH NAME Lowth	rop, Kathy (Ms.)		14 ACCOUN 000693		ommission filers)
15 NOTICE FROM	on information only if they receive notice of such expenditures			older. These exp ders are required	penditures may d to report this
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	3Y:		<b>3</b>
	GENERAL	COMMITTEE ADDRESS			= = = = = = = = = = = = = = = = = = =
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		3 3	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
16 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$	0.00
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			\$	2,000.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			\$	0.00
	4. TOTAL	POLITICAL EXPENDITURES		\$	1,737.30
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			\$	0.00
OUTSTANDING LOAN TOTALS	1	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD		\$	0.00
AFPIX NOTARY	STAMP / SEAL ABO		all information	officeholder	
Signature of officer adm	ninistering oath	Print name of officer administering oath	Title of office	er administerii	ng oath

#### **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS (JUDICIAL)

#### SCHEDULE A (J)

The Instruction Guide explains how to complete this form.			1 PAGE # : PAGE # : Schedule: 1/2 Report: 3/81		
2 FILER NAME	Lowthrop, Kathy (Ms.)	Schedule: 1/2 Report: 3/61  3 ACCOUNT # (Ethics:Commission filers);			
	, (,		And the contract of the contra		
4 5			00069316 EL & T		
4 Date	5 Full name of contributor  out-of-state PAC (ID#	#)	7 Amount of 8 in-kind contribution contribution (\$) description (if applicable)		
	Antkoweak, Matthew (Mr.)		contribution (\$) description (if applicable)		
01/08/2014	04/00/2044				
01/00/2014	Contributor address; City; State; Zip Code		\$100.do   A		
	2208 Shady Dale Dr Arlington, TX 76012				
	, willington, 170 100 12		<u> </u>		
			(If travel outside of Texas, complete Schedule T)		
	principal occupation	10 Contributor's job CEO	title		
Security Tra	ining				
11 Contributor's	employer / law firm	12   au 6am of acat	the state of the s		
US Security		12 Law firm of conti	ibutor's spouse (if any)		
13 If contributor i	s a child, law firm of parent(s) (if any)				
	.,,				
Date	Full name of contributor	#)	Amount of In-kind contribution		
	Coffee, Emiko (Ms.)		contribution (\$) description (if applicable)		
0.1/0.0/0.01.1	<u> </u>				
01/08/2014	Contributor address; City; State; Zip Code		\$1,000.00		
	521 Odie Dr		1		
	Fort Worth, TX 76108		_		
		·	(If travel outside of Texas, complete Schedule T)		
1	principal occupation	Contributor's job	title		
Housewife		Housewife			
Contributor's	employer / law firm	l aw firm of cont	Low firm of contributoria angular (if can)		
Housewife	employer / law littli	Law firm of contributor's spouse (if any)			
If contributor	is a child, law firm of parent(s) (if any)				
Date	Full name of contributor	#)	Amount of In-kind contribution		
	Diaz, Yasmin (Ms.)		contribution (\$) description (if applicable)		
04/47/0044			#F00.00		
01/17/2014	Contributor address; City; State; Zip Code		\$500.00		
	1900 Leacrest Dr		1		
	Arlington, TX 76010		_		
			(If travel outside of Texas, complete Schedule T)		
Contributor's principal occupation		Contributor's joi	o title		
Clerk					
Contributor's employer / law firm		Law firm of contributor's spouse (if any)			
Tarrant County		Law firm of con	urbutor's spouse (ir any)		
l allant ool	a,				
If contributor	If contributor is a child, law firm of parent(s) (if any)				

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

#### SCHEDULE A (J)

_				T		
The Instruction Guide explains how to complete this form.			1 PAGE#			
_			Schedule: 2/2 Report: 4/6			
2	FILER NAME	Lowthrop, Kathy (Ms.)		3 ACCOUNT # (Ethics Commission filers)		
				00069316		
4	Date	5 Full name of contributor	<u> </u>	7 Amount of   8 In-kind contribution contribution (\$) description (if applicable)		
	01/17/2014	6 Contributor address; City; State; Zip Code 1620 Whitley Rd Keller, TX 76060		\$300.00 FE ZO THE TAIL OF THE		
9	Contributor's p Self Activist	principal occupation	10 Contributor's job Self Activists	title So w The Solution of the		
11	Not employed		tributor's spouse (if any)			
13 If contributor is a child, law firm of parent(s) (if any)						
	Date	Full name of contributor	#)	Amount of In-kind contribution contribution (\$) description (if applicable)		
	O1/17/2014 Contributor address; City; State; Zip Code 6300 Ridglea Place #116		\$100.00   			
		Fort Worth, TX 76116		(If travel outside of Texas, complete Schedule T)		
	Contributor's Attorney	principal occupation	Contributor's jo Attorney	b title		
Contributor's employer / law firm Smith and Smith Attorneys		Law firm of contributor's spouse (if any)				
	If contributor	is a child, law firm of parent(s) (if any)				

(512)463-5800 TDD 1-800-735-2989

#### POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense **Event Expense** 

**EXPENDITURE** 

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

P.O.Box 12070

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 2 FILER NAME 1 PAGE# Lowthrop, Kathy (Ms.) 00069316 Schedule: 1/1 Report: 5/6

5 Payee name 4 Date 01/06/2014 Quick Sign Payee address City; State; Zip Code 6 Amount (\$) 400 N Bowen #102 \$1,000.00 Arlington, TX 76012 (b) Description (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE Printing Signs** Printing Expense

Office held: Office sought: 9 Complete ONLY if Candidate / Officeholder name direct expenditure to benefit C/OH

#### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense

**EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.					
1 PAGE# 2 FILER NAME			-	3 ACCOUNT # (TEC filers)	
Schedule: 1/1 Report: 6/6 Lowthrop, Kathy (Ms.)				00069316	
l ' I	5 Payee name				
01/21/2014	Eagle Postal				
6 Amount (\$)	7 Payee address				
\$11.14	4101 W Gree Suite 305	en Oaks Blvd			
Reimbursement from political contributions intended	Arlington, T	X 76016			
	(a) Category (See	Categories listed at the top of this schedule)	(b) Description (If travel outside	of Texas, complete Schedule T)	
PURPOSE		ead/Rental Expense	Mailing Charges for Perse	· · · · · · · · · · · · · · · · · · ·	
OF EXPENDITURE			Maning onargos for yorg		
- EXITERDITORE			and the state of t	크, 파 곡	
			1	B ST	
				当 む 二二	
Date	Payee name				
01/22/2014	•	Vomen Republicans			
Amount (\$)	Payee addres				
\$54.00	4603 Oak Va	alley Dr		I: 13	
Reimbursement from political contributions intended	Arlington, T	X 76016		ု တို့ ယ	
contributions intended				1 	
PURPOSE		e Categories listed at the top of this schedule)	,	of Texas, complete Schedule T)	
OF	Solicitation/F	Fundraising Expense	Attend promotional meeti	ng	
EXPENDITURE					
			İ		
Date	Payee name	- Contara la c			
01/18/2014		e Centers Inc			
Amount (\$)	Payee addres				
\$92.16		hase Parkway TX 76120			
Reimbursement from political contributions intended	,				
		e Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)	
PURPOSE OF	Printing Exp	ense	Post for signage	_	
EXPENDITURE					
Date	Payee name				
01/23/2014					
Amount (\$)	Payee addres	•			
\$580.00	Reimbursement Arlington, TX 76012				
Reimbursement from political					
contributions intended		on Cotogorica listed at the top of this cohedular	Description //f travel autoid	of Toyon, complete Schodule T\	
PURPOSE	] , ,	ee Categories listed at the top of this schedule)	Description (If travel outside Signage for campaign	e of Texas, complete Schedule T)	
OF	OF Cignage for campaign				
EXPENDITURE					