

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
THUY LOWE FOR CONGRESS

ADDRESS (number and street) 31622 BRONSON RD
PO BOX 1555
 Check if different than previously reported. (ACC) SORRENTO FL 32776

2. **FEC IDENTIFICATION NUMBER** C C00550046 CITY STATE ZIP CODE STATE DISTRICT
3. IS THIS REPORT NEW (N) OR AMENDED (A) FL 05

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 04 / 01 / 2014 through M M / D D / Y Y Y Y 06 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mike Hindley

Signature of Treasurer Mike Hindley [Electronically Filed] Date M M / D D / Y Y Y Y 07 / 15 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
THUY LOWE FOR CONGRESS

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	14913.68	14913.68
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	14913.68	14913.68
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	20036.90	20036.90
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	20036.90	20036.90
8. Cash on Hand at Close of Reporting Period (from Line 27).....	587.38	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	4400.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

THUY LOWE FOR CONGRESS

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11595.12	11595.12
(ii) Unitemized.....	2784.49	2784.49
(iii) TOTAL of contributions from individuals ▶	14379.61	14379.61
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	534.07	534.07
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	14913.68	14913.68
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	4400.00	4400.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	4400.00	4400.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	19313.68	19313.68

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	20036.90	20036.90
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	20036.90	20036.90

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1310.60
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	19313.68
25. SUBTOTAL (add Line 23 and Line 24).....	20624.28
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	20036.90
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	587.38

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 17
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
THUY LOWE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Pearl Atkins

Mailing Address 108501 Toad Rd

City State Zip Code
Clermont FL 34715

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Rimco Marketing Bookkeeping

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.4253

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Henry Breckwith

Mailing Address 3277 Hwy 17 South

City State Zip Code
Fleming Island FL 32003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.4233

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Connie Jones

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2014

Transaction ID : SA11AI.4259

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 17
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
THUY LOWE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
David Jones

Mailing Address 6344 All American Blvd

City Orlando State FL Zip Code 32810

FEC ID number of contributing federal political committee. **C**

Name of Employer **STLCON** Occupation **President**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11AI.4220

Amount of Each Receipt this Period
 300.00

Amount of Each Receipt this Period
 400.00

B. Full Name (Last, First, Middle Initial)
David(2) Jones

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 29 / 2014

Transaction ID : SA11AI.4258

Amount of Each Receipt this Period
 2500.00

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
William Keesee

Mailing Address 1054 Linkside Ct

City Apopka State FL Zip Code 32712

FEC ID number of contributing federal political committee. **C**

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11AI.4261

Amount of Each Receipt this Period
 35.00

Amount of Each Receipt this Period
 235.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2835.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 17
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
THUY LOWE FOR CONGRESS

Full Name (Last, First, Middle Initial) Vinh Le		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 110 Dominion Ct		Transaction ID : SA11AI.4268
City Sanford	State FL	Zip Code 32771
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 90.00	
Name of Employer Northrop Grumman	Occupation Software Developer	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 215.00	

Full Name (Last, First, Middle Initial) Thomas Lee		Date of Receipt M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 5100 Linwood Cir		Transaction ID : SA11AI.4205
City Sanford	State FL	Zip Code 32771
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1250.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00	

Full Name (Last, First, Middle Initial) Thomas Lee		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 5100 Linwood Cir		Transaction ID : SA11AI.4223
City Sanford	State FL	Zip Code 32771
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1250.00	
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

SUBTOTAL of Receipts This Page (optional).....	2590.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 17
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
THUY LOWE FOR CONGRESS

Full Name (Last, First, Middle Initial) Quyen Van Lowe		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 27 / 2014
Mailing Address 31622 Bronson Rd		Transaction ID : SA11AI.4210
City Sorrento	State FL Zip Code 32776	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1200.00
Name of Employer none	Occupation student	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1200.00	

Full Name (Last, First, Middle Initial) Hugh Powell		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 20 / 2014
Mailing Address		Transaction ID : SA11AI.4186
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Powell Insurance	Occupation Insurance	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Hugh Powell		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 30 / 2014
Mailing Address		Transaction ID : SA11AI.4224
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Powell Insurance	Occupation Insurance	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00	

SUBTOTAL of Receipts This Page (optional).....	2450.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 17
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
THUY LOWE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Betty Shea

Mailing Address 202 El Camino Real Cir

City Winter Springs State FL Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.4252

Amount of Each Receipt this Period
 150.00

B. Full Name (Last, First, Middle Initial)
James Sheffield

Mailing Address 180 Bolivia Ct

City Sanford State FL Zip Code 32771

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 New Tribes Mission Administrator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.4239

Amount of Each Receipt this Period
 240.00

C. Full Name (Last, First, Middle Initial)
James Sheffield

Mailing Address 180 Bolivia Ct

City Sanford State FL Zip Code 32771

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 New Tribes Mission Administrator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.4274

Amount of Each Receipt this Period
 80.12
 Masquerade Fundraiser

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

470.12

11595.12

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 17
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
THUY LOWE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
THUY LOWE

Mailing Address 31622 BRONSON ROAD
PO BOX 1555

City SORRENTO State FL Zip Code 32776

FEC ID number of contributing federal political committee. **C H4FL05073**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2014

Transaction ID : SA11D.4204

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
THUY LOWE

Mailing Address 31622 BRONSON ROAD
PO BOX 1555

City SORRENTO State FL Zip Code 32776

FEC ID number of contributing federal political committee. **C H4FL05073**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2014

Transaction ID : SA11D.4180

Amount of Each Receipt this Period
 29.68

In-kind - Decorations for campaign event

C. Full Name (Last, First, Middle Initial)
THUY LOWE

Mailing Address 31622 BRONSON ROAD
PO BOX 1555

City SORRENTO State FL Zip Code 32776

FEC ID number of contributing federal political committee. **C H4FL05073**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2014

Transaction ID : SA11D.4178

Amount of Each Receipt this Period
 4.39

In-kind - Postage

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

534.07

534.07

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 17
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
THUY LOWE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
THUY LOWE FOR CONGRESS

Mailing Address 31622 BRONSON RD
PO BOX 1555

City State Zip Code
SORRENTO FL 32776

FEC ID number of contributing federal political committee. **C** C00550046

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 29 / 2014

Transaction ID : SA13A.4196

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
THUY LOWE FOR CONGRESS

Mailing Address 31622 BRONSON RD
PO BOX 1555

City State Zip Code
SORRENTO FL 32776

FEC ID number of contributing federal political committee. **C** C00550046

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2014

Transaction ID : SA13A.4197

Amount of Each Receipt this Period
1800.00

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4400.00

4400.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 17			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
THUY LOWE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Accent Entertainment		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 15519 Hwy 441 306		Amount of Each Disbursement this Period 450.00 Transaction ID : SB17.4130
City Eustis State FL Zip Code 32726	Purpose of Disbursement Music for fundraising event 003 Category/Type	
Candidate Name THUY LOWE FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 05		

Full Name (Last, First, Middle Initial) B. Apopka Chamber of Commerce		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 180 E Main St		Amount of Each Disbursement this Period 390.00 Transaction ID : SB17.4132
City Apopka State FL Zip Code 32703	Purpose of Disbursement Hob Nob 007 Category/Type	
Candidate Name THUY LOWE FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 05		

Full Name (Last, First, Middle Initial) c. Charles Townsend		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 811 W North Blvd		Amount of Each Disbursement this Period 1009.43 Transaction ID : SB17.4169
City Leesburg State FL Zip Code 34748	Purpose of Disbursement Campaign signs 006 Category/Type	
Candidate Name THUY LOWE FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 05		

SUBTOTAL of Disbursements This Page (optional).....	1849.43
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
THUY LOWE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CopyFax Central FL		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address 5310 Alpha Dr		Amount of Each Disbursement this Period 301.93 Transaction ID : SB17.4174
City Orlando	State FL	
Zip Code 32771	Purpose of Disbursement Printing of campaign material	Category/ Type 006
Candidate Name THUY LOWE FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 05	

Full Name (Last, First, Middle Initial) B. Errol Estates Country Club		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 1355 Errol Parkway		Amount of Each Disbursement this Period 1376.00 Transaction ID : SB17.4128
City Apopka	State FL	
Zip Code 32712	Purpose of Disbursement Fundraising event cost	Category/ Type 003
Candidate Name THUY LOWE FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 05	

Full Name (Last, First, Middle Initial) c. Florida Department of State		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 500 South Bronough St #316		Amount of Each Disbursement this Period 10440.00 Transaction ID : SB17.4113
City Tallahassee	State FL	
Zip Code 32399	Purpose of Disbursement Qualifying Fee	Category/ Type 001
Candidate Name THUY LOWE FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 05	

SUBTOTAL of Disbursements This Page (optional).....	12117.93
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 17			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
THUY LOWE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Oviedo-Winter Springs Regional Chamber of Commerce		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address PO Box 621236		Amount of Each Disbursement this Period 225.00 Transaction ID : SB17.4176
City Oviedo	State FL	
Purpose of Disbursement East Orland Hob Nob		Category/ Type 007
Candidate Name THUY LOWE FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 05		

Full Name (Last, First, Middle Initial) B. Rimco		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 5344 All American Blvd		Amount of Each Disbursement this Period 341.00 Transaction ID : SB17.4118
City Orlando	State FL	
Purpose of Disbursement Badges		Category/ Type 006
Candidate Name THUY LOWE FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 05		

Full Name (Last, First, Middle Initial) c. Striking Effects		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 2095 Bay Road		Amount of Each Disbursement this Period 432.00 Transaction ID : SB17.4120
City Mount Dora	State FL	
Purpose of Disbursement Tee-shirts		Category/ Type 006
Candidate Name THUY LOWE FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 05		

SUBTOTAL of Disbursements This Page (optional).....	998.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
THUY LOWE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Suntrust Bank		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 303 Peachtree Street, N.E.		Amount of Each Disbursement this Period 69.85 Transaction ID : SB17.4160
City Atlanta State GA Zip Code 30308	Purpose of Disbursement Merchant Services 001 Category/Type	
Candidate Name THUY LOWE FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 05		

Full Name (Last, First, Middle Initial) B. Victory 360		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 2775 NW 49th Ave 205-118		Amount of Each Disbursement this Period 2487.00 Transaction ID : SB17.4114
City Ocala State FL Zip Code 34482	Purpose of Disbursement Pollings 005 Category/Type	
Candidate Name THUY LOWE FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 05		

Full Name (Last, First, Middle Initial) c. Webelect		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 1256 Vinetree Dr		Amount of Each Disbursement this Period 810.00 Transaction ID : SB17.4136
City Brandon State FL Zip Code 33510	Purpose of Disbursement Voter's information 003 Category/Type	
Candidate Name THUY LOWE FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 05		

SUBTOTAL of Disbursements This Page (optional).....	3366.85
TOTAL This Period (last page this line number only).....	18332.21

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4196

THUY LOWE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

THUY LOWE FOR CONGRESS

Primary
 General
 Other (specify) ▼

Mailing Address

31622 BRONSON RD
PO BOX 1555

City State ZIP Code
SORRENTO FL 32776

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
2600.00 0.00 2600.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 04 / D 29 / Y 2014 M M / D D / Y 11/11/14 Y 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 2600.00
TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **THUY LOWE FOR CONGRESS** Transaction ID : **SC/10.4197**

LOAN SOURCE Full Name (Last, First, Middle Initial) THUY LOWE FOR CONGRESS	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 31622 BRONSON RD PO BOX 1555		
City	State	ZIP Code
SORRENTO	FL	32776

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1800.00	0.00	1800.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 04 / D 30 / Y 2014 Y	M M / D D / Y 11/4/14 Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	1800.00
TOTALS This Period (last page in this line only).....	▶	4400.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.