PAGE 1 / 18

Image# 14940088663

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		Authorized Co	ommittee		C	Office Use Only
1. NAME OF COMMITTEE (in	TYPE OR PRIN	IT ▼	Example: If typing over the lines.	ı, type	12FE4M5	
Dr. Robert Low	ry for Congress			1 1 1 1	1 1 1 1 1 1	
ADDRESS (number and	P.O.Box 2418	332				
Check if diff						
than previou reported. (A0	Isly San Antonio				TX 78	3224
2. FEC IDENTIFIC	ATION NUMBER ▼	CITY	<u> </u>		STATE A	ZIP CODE
C C00542399	9	3. IS THIS REPORT	NEW (N)	OR	X AMENDEI (A)	D STATE ▼ DISTRICT TX 23
(a) Quarterly Re	PORT (Choose One) eports: Quarterly Report (Q1) Quarterly Report (Q2)	(b) 12-Day P	RE-Election Repor Primary (12P) Convention (1		General (120 Special (128	
	15 Quarterly Report (Q3)	Election	on M M /	D D /	Y Y Y Y	in the State of
× January	31 Year-End Report (YE)	(c) 30-Day P	OST-Election Repo	ort for the:		
			General (30G)		Runoff (30R)	Special (30S)
Terminat	tion Report (TER)	Election	on M M /	D D /	Y " Y " Y	in the State of
5. Covering Period	10 / D1	/ Y 2013	through	M M 12	/ DDD /	2013
I certify that I have ex	xamined this Report and to	o the best of my	knowledge and b	elief it is tru	e, correct and o	complete.
Type or Print Name o	of Treasurer Michael Berla	anga				
Signature of Treasure	r Michael Berlanga		[Electronically F	iled] Da	ate 01	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	alse, erroneous, or incompl	lete information m	ay subject the pers	on signing th	nis Report to the	penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 18

2013

12

31

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Dr. Robert Lowry for Congress

10 01 2013 Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 3798.56 22729.82 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 3798.56 22729.82 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 8286.38 28475.85 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 8286.38 28475.85 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of -215.57 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 5530.46 Schedule C and/or Schedule D).....

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

PAGE 3 / 18

28260.28

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Dr. Robert Lowry for Congress

10 12 2013 01 2013 31 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 3150.00 21175.00 (i) Itemized (use Schedule A)..... 648.56 1554.82 (ii) Unitemized..... (iii) TOTAL of contributions 3798.56 22729.82 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 0.00 0.00 The Candidate..... TOTAL CONTRIBUTIONS (other than loans) 3798.56 22729.82 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 30.46 5530.46 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 30.46 5530.46 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15)

3829.02

(Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 18

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date		
17.	OPERATING EXPENDITURES	8286.38	28475.85		
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		
	(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)	8286.38	28475.85		
	III. CASH SU	JMMARY			
23.	CASH ON HAND AT BEGINNING OF REPO	RTING PERIOD	4241.79		
24	24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)				
25.	SUBTOTAL (add Line 23 and Line 24)		8070.81		
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	8286.38		
27.	CASH ON HAND AT CLOSE OF REPORTIN (subtract Line 26 from Line 25)	IG PERIOD	-215.57		

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

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

FOR	OR LINE NUMBER:				PAGE	<u> </u>	OF	10
(che	ck only	or	ne)					
X	11a		11b		11c	11	d	
	12		13a		13b	14	ļ	15

Ar	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) Dr. Robert Lowry for Congress					
Α.	Full Name (Last, First, Middle Initial) Michael B. Clark Mailing Address 217 Winchester		Date of Receipt			
	City Bergheim	State Zip Code TX 78004	Transaction ID : SA11AI.4618			
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period			
	Name of Employer	Occupation				
	Receipt For: 2014 Primary Seneral Other (specify)	Election Cycle-to-Date 500.00				
В.	Full Name (Last, First, Middle Initial) Michael & Jennifer Guirl Mailing Address 234 Blackjack Oak		Date of Receipt			
	City Shavano Park	State Zip Code TX 78230	12 10 2013 Transaction ID : SA11AI.4622			
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 650.00			
	Name of Employer Unknown	Occupation Unknown	630.00			
	Receipt For: 2014 Primary General Other (specify)	Election Cycle-to-Date				
<u> </u>	Full Name (Last, First, Middle Initial) Jim Keller		Date of Receipt			
C.	Mailing Address 121 Cedar St.		11 04 2013			
	City San Antonio	State Zip Code TX 78210	Transaction ID : SA11AI.4620			
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period			
	Name of Employer	Occupation	2000.00			
	Receipt For: 2014 Primary General Other (specify)	Election Cycle-to-Date 2000.00				
	SUBTOTAL of Receipts This Page (optional)		3150.00			
Г	OTAL This Period (last page this line number		3150.00			

Primary

Other (specify)

General

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

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

Image# 14940088668			
SCHEDULE A (FEC For	m 3)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 OF 18 (check only one) 11a 11b 11c 11d 11d 12 X 13a 13b 14 15
	person for the purpose of soliciting contributions tee to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) Dr. Robert Lowry for Co	ngress		
Full Name (Last, First, Middle Initia Robert Lowry Dr.	al)		Date of Receipt
Mailing Address P.O. Box 241832			10 01 2013
City San Antonio	State TX	Zip Code 78224	Transaction ID : SA13A.4628
FEC ID number of contributing federal political committee.	С но	TX23102	Amount of Each Receipt this Period
Name of Employer Self	Occupation Physician	٦	amount used to set up bank account in Jan.
Receipt For: 2014 Primary General Other (specify)	Election C	ycle-to-Date 2530.46	
Full Name (Last, First, Middle Initia B. Mailing Address	,		Date of Receipt
City	State	Zip Code	
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer	Occupation	1	
Receipt For: Primary General Other (specify)	Election C	ycle-to-Date	
Full Name (Last, First, Middle Initia	al)		Date of Receipt
Mailing Address City	Stato	Zip Code	M = M / D = D / Y = Y = Y
<u></u>	State	Zip Gode	
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer	Occupation	1	
Receipt For:	Election C	ycle-to-Date	

30.46

	-			
	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summan	of the	FOR LINE NUMBER: PAGE 7 OF 18 (check only one) X 17
	y information copied from such Reports and Statement for commercial purposes, other than using the name a			
\rangle	NAME OF COMMITTEE (In Full) Dr. Robert Lowry for Congress			
۹.	Full Name (Last, First, Middle Initial) Hope Braden			Date of Disbursement
	Mailing Address 14500 Blanco Rd. #1012			11 10 2013
	City State San Antonio TX	Zip Code 78216		Amount of Each Disbursement this Period
	Purpose of Disbursement finance report preparation		001	280.00 Transaction ID : SB17.4541
	Candidate Name Dr. Robert Lowry for Congress		Category/ Type	
	Office Sought: House Disbursement Senate Print		.,,,,,	
	Full Name (Last, First, Middle Initial)			
3.	Gina Castaneda			Date of Disbursement
	Mailing Address			10 05 2013
	City State	e Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement		001	1000.00 Transaction ID : SB17.4531
	Candidate Name Dr. Robert Lowry for Congress		Category/ Type	
		_*		
	State: TX District: 23			
Э.	Full Name (Last, First, Middle Initial) Gina Castaneda			Date of Disbursement
	Mailing Address			10 23 / Y Y Y Y
	City State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement			500.00
Candidate Name Dr. Robert Lowry for Congress			001 Category/ Type	Transaction ID : SB17.4539
	Office Sought: House Disbursement Senate Print		.,,,,,	
	State: TX District: 23			
				1780.00

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

	-				
SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS			I I		FOR LINE NUMBER: (check only one) X 17
					erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Dr. Robert Lowry for C		,		
۸.	Full Name (Last, First, Middle Ini Gina Castaneda	tial)			Date of Disbursement
	Mailing Address				11 05 2013
	City	State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement campaign manager			001	500.00 Transaction ID : SB17.4540
	Candidate Name Dr. Robert Lowry for C	ongress		Category/ Type	
	Office Sought: House Senate President State: TX District: 23	Disbursement For Primary Other (s	X General		
3.	Full Name (Last, First, Middle Ini Cesario Garcia Mailing Address 7522 Riverside City San Antonio Purpose of Disbursement campaign manager Candidate Name Dr. Robert Lowry for Conflice Sought: House Senate President	Park Dr. State TX Congress Disbursement For Primary	X General	001 Category/ Type	Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	State: TX District: 23 Full Name (Last, First, Middle Ini		респу)		
Э.	Cesario Garcia Mailing Address 7522 Riverside I	Park Dr.			Date of Disbursement M M / D D / Y Y Y Y Y Y 1 1 1 1 1 1 1 1 1 1 1 1 1
	City San Antonio		p Code 8249		Amount of Each Disbursement this Period
	Purpose of Disbursement travel expenses reimbursement Candidate Name Dr. Robert Lowry for Conffice Sought: House Senate			002 Category/ Type	152.82 Transaction ID : SB17.4533
	State: TX District: 23				

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

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summary	edule(s) of the	FOR LINE NUMBER: (check only one) X 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name an			person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Dr. Robert Lowry for Congress	, .		
Full Name (Last, First, Middle Initial) A. Cesario Garcia			Date of Disbursement
Mailing Address 7522 Riverside Park Dr.			10 15 2013
City State San Antonio TX Purpose of Disbursement	Zip Code 78249		Amount of Each Disbursement this Period 96.27
expenses reimbursement Candidate Name Dr. Robert Lowry for Congress		001 Category/ Type	Transaction ID : SB17.4538
Office Sought: House Disbursement I Senate Prima		турс	
Full Name (Last, First, Middle Initial) Cesario Garcia Mailing Address 7522 Riverside Park Dr.			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State San Antonio TX	Zip Code 78249		Amount of Each Disbursement this Period
San Antonio Purpose of Disbursement campaign consulting Candidate Name Dr. Robert Lowry for Congress	70249	001 Category/	200.00 Transaction ID : SB17.4543
Office Sought: House Disbursement I Senate Prima	For: 2014 ary	Type	
Full Name (Last, First, Middle Initial) Cesario Garcia			Date of Disbursement
Mailing Address 7522 Riverside Park Dr.			12 03 2013
City State San Antonio TX Purpose of Disbursement campaign consutling	Zip Code 78249	001	Amount of Each Disbursement this Period 200.00
Candidate Name Dr. Robert Lowry for Congress Office Sought: House Disbursement	For: 2014	Category/ Type	Transaction ID : SB17.4545
Senate Prima			
SUBTOTAL of Disbursements This Page (optional)			496.27

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

SC	CHEDULE B (FEC Form 3)			FOR LINE NUMBER: PAGE 10 OF 18		
	EMIZED DISBURSEMENTS	Use separate so for each categor		check only one)		
•	EMIZED DISBURSEMENTS	Detailed Summa		X 17 18 19a 19b 20a 20b 20c 21		
	ny information copied from such Reports and Statement for commercial purposes, other than using the name at			erson for the purpose of soliciting contributions		
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)					
\rangle	Dr. Robert Lowry for Congress					
	Full Name (Last, First, Middle Initial)					
٩.	Cesario Garcia			Date of Disbursement		
	Mailing Address 7522 Riverside Park Dr.			12 15 2013		
	City State	Zip Code		Amount of Each Disbursement this Period		
	San Antonio TX	78249				
	Purpose of Disbursement campaign consultant		004	300.00		
	Candidate Name		001	Transaction ID : SB17.4546		
	Dr. Robert Lowry for Congress		Category/ Type			
	Office Sought:	For: 2014				
	Senate	,				
	TV	er (specify)				
_	State: 1X District: 23 Full Name (Last, First, Middle Initial)					
,	Cesario Garcia			Date of Disbursement		
Э.				M M / D D / Y Y Y		
	Mailing Address 7522 Riverside Park Dr.			12 26 2013		
	City State	•		Amount of Each Disbursement this Period		
	San Antonio TX	78249		300.00		
	Purpose of Disbursement campaign consultant		001	Transaction ID : SB17.4547		
	Candidate Name					
	Dr. Robert Lowry for Congress		Category/ Type			
	Office Sought: House Disbursement		'			
		ary General				
		er (specify)				
	State: TX District: 23 Full Name (Last, First, Middle Initial)					
Э.	MMG Computers			Date of Disbursement		
	Mailing Address 5739 Callaghan Rd. #102A			10		
	City State	Zip Code		Amount of Each Disbursement this Period		
	San Antonio TX	78228	1	540.00		
	Purpose of Disbursement computer expense	519.60				
Candidate Name				Transaction ID : SB17.4534		
	Dr. Robert Lowry for Congress Category/ Type					
	Office Sought: House Disbursement	For: 2014	ı			
	Senate					
		er (specify)				
	State: TX District: 23					

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

age# 11010000010			
SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate sc for each categor Detailed Summa	y of the	FOR LINE NUMBER: PAGE 11 OF 18 (check only one) X 17
Any information copied from such Reports and Statemer or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) Dr. Robert Lowry for Congress			
Full Name (Last, First, Middle Initial) A. Murphy's Gas Station			Date of Disbursement
Mailing Address 16501 Nacogdoches Rd.			10 02 2013
City Stat San Antonio TX Purpose of Disbursement	e Zip Code 78247	002	Amount of Each Disbursement this Period 37.05
	t For: 2014 mary X General ner (specify)	Category/ Type	Transaction ID : SB17.4486
Full Name (Last, First, Middle Initial) Murphy's Gas Station Mailing Address 16501 Nacogdoches Rd. City Stat	e Zip Code		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
San Antonio TX Purpose of Disbursement campaign travel Candidate Name	•	002 Category/	Amount of Each Disbursement this Period 53.13 Transaction ID: SB17.4518
Senate Prin	t For: 2014 mary X General ner (specify)	Туре	
Full Name (Last, First, Middle Initial) Murphy's Gas Station Mailing Address 16501 Nacogdoches Rd.			Date of Disbursement M M / D D / Y Y Y Y Y Y Y 12 09 2013
City State San Antonio TX Purpose of Disbursement campaign travel Candidate Name Dr. Robert Lowry for Congress	Zip Code 78247	002 Category/ Type	Amount of Each Disbursement this Period 41.56 Transaction ID : SB17.4601
Office Sought: House Disbursemen Senate Prin	t For: 2014 mary X General ner (specify)	1 1,700	

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

iiiage# 1494000	50074				
	B (FEC Form DISBURSEMENT	•	Use separate sch for each category Detailed Summan	nedule(s) (y of the	FOR LINE NUMBER: PAGE 12 OF 18 (check only one) X 17
or for commerci		sing the name and a			erson for the purpose of soliciting contributions to solicit contributions from such committee.
Norton L	ewis Printing ess 722 Isom Rd. #3				Date of Disbursement 11 13 2013
City San Antonio Purpose of D	Disbursement	State TX	Zip Code 78216		Amount of Each Disbursement this Period 340.99
Candidate Na Dr. Robe	t: House Senate President	Primary Other (s	X General	O06 Category/ Type	Transaction ID : SB17.4581
3. Norton L	District: 23 ast, First, Middle Initial)				Date of Disbursement M M / D D / Y Y Y Y Y Y 1 1 1 18 2013
City San Antonio Purpose of Dicampaign m	aterials ame	State TX	Zip Code 78216	006 Category/	Amount of Each Disbursement this Period 78.48 Transaction ID : SB17.4589
Office Sough State: TX	ert Lowry for Cong t: House Senate President District: 23	Disbursement For Primary Other (s	X General	Type	
. Norton L	ewis Printing ews 722 Isom Rd. #3				Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City San Antonio Purpose of Dicampaign m Candidate Na	Disbursement aterials ame ert Lowry for Cong	TX 7	p Code 8216	003 Category/ Type	Amount of Each Disbursement this Period 383.21 Transaction ID : SB17.4592
Office Sough State: TX	t: House Senate President District: 23	Primary Other (s	X General		

23

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

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: PAGE 13 OF 18 (check only one) X 17			
	person for the purpose of soliciting contributions ee to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) Dr. Robert Lowry for Congress				
	Date of Disbursement 12 03 2013			
Zip Code 78216 006 Category/ Type or: 2014 / X General (specify)	Amount of Each Disbursement this Period 79.56 Transaction ID : SB17.4597			
	for each category of the Detailed Summary Page may not be sold or used by any address of any political committee Zip Code 78216 Category/ Type r: 2014 General			

Office Sought: House Disbursement F Senate Primar Other President ΤX State: District: Full Name (Last, First, Middle Initial) Norton Lewis Printing Date of Disbursement Mailing Address 722 Isom Rd. #3 12 20 2013 City Zip Code State Amount of Each Disbursement this Period TX 78216 San Antonio 54.13 Purpose of Disbursement campaign materials 006 Transaction ID: SB17.4611 Candidate Name Category/ Dr. Robert Lowry for Congress Type Office Sought: Disbursement For: House 2014 X General Senate Primary President Other (specify) District: Full Name (Last, First, Middle Initial) C. Republican Party of Bexar County Date of Disbursement Mailing Address 900 NE Loop 410 10 23 2013 City State Zip Code Amount of Each Disbursement this Period 78209 San Antonio TX 50.00 Purpose of Disbursement political contribution 011 Transaction ID : SB17.4519 Candidate Name Category/ Dr. Robert Lowry for Congress Type Office Sought: Disbursement For: 2014 House X General Senate Primary President Other (specify) State: TX District: 23

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

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)				PA	GE	14	OF	 18	
		X	17		18	[19a		19b
			20a		20b			20c		21
ly not be sold or used by any person for the purpose of soliciting contributions ddress of any political committee to solicit contributions from such committee.										

	Detailed Summa	ary Page	20a 20b 20c 21			
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) Dr. Robert Lowry for Congress						
	Full Name (Last, First, Middle Initial)		Data of Diahuwaanant			
۹.	Z Form Productions		Date of Disbursement			
	Mailing Address 7522 Riverside Park Dr.		10 02 7 2013			
	City State Zip Code		Amount of Each Disbursement this Period			
	San Antonio TX 78249 Purpose of Disbursement		125.00			
	campaign materials	006	Transaction ID : SB17.4530			
	Candidate Name Dr. Robert Lowry for Congress	Category/ Type				
	Office Sought: House Disbursement For: 2014					
	Full Name (Last, First, Middle Initial)					
3.			Date of Disbursement			
	Mailing Address		M M / D D / Y Y Y Y			
	City State Zip Code		Amount of Each Disbursement this Period			
	Purpose of Disbursement					
	Candidate Name	Category/ Type				
	Office Sought: House					
	Full Name (Last, First, Middle Initial)					
Э.			Date of Disbursement			
	Mailing Address		M M / D D / Y Y Y Y			
	City State Zip Code		Amount of Each Disbursement this Period			
	Purpose of Disbursement					
	Candidate Name	Category/ Type				
	Office Sought: House					
s	SUBTOTAL of Disbursements This Page (optional)					
	- · · · · · · · · · · · · · · · · · · ·		6541.80			
Т	TOTAL This Period (last page this line number only)					

SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

15

×	13a
	13h

18

(check only one) Detailed Summary Page Transaction ID: SC/10.4106 NAME OF COMMITTEE (In Full) Dr. Robert Lowry for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Dr. Robert Lowry for Congress General Mailing Address Other (specify) \blacktriangledown P.O.Box 241832 City State ZIP Code TX 78224 San Antonio Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 3000.00 0.00 3000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 28 ^M 02^M 2013 04/15/2013 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 3000.00 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**

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

16

×	13a
	13b

18

Detailed Summary Page Transaction ID: SC/10.4237 NAME OF COMMITTEE (In Full) Dr. Robert Lowry for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Robert Lowry Dr. General Mailing Address Other (specify) \blacktriangledown P.O. Box 241832 City State ZIP Code TX 78224 San Antonio Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 2000.00 0.00 2000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 13^D ^M 05^M 2013 12/31/2014 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 2000.00 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**

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

17

	i
X	13a
	13h

18

Detailed Summary Page Transaction ID: SC/10.4238 NAME OF COMMITTEE (In Full) Dr. Robert Lowry for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Robert Lowry Dr. General Mailing Address Other (specify) \blacktriangledown P.O. Box 241832 City State ZIP Code TX 78224 San Antonio Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 500.00 0.00 500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 13^D ^M 05^M 2013 12/31/2014 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 500.00 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)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

18

×	13a
	13b

18

LOANS (check only one) Detailed Summary Page Transaction ID: SC/10.4628 NAME OF COMMITTEE (In Full) Dr. Robert Lowry for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary Robert Lowry Dr. General Mailing Address Other (specify) \blacktriangledown P.O. Box 241832 City State ZIP Code TX 78224 San Antonio Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 30.46 0.00 30.46 **TERMS** Date Incurred Date Due Interest Rate Secured: 01 ^M 10^M 2013 12/31/2014 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 30.46 TOTALS This Period (last page in this line only) 5530.46 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.