

**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

Dr. Robert Lowry for Congress

ADDRESS (number and street)

P.O.Box 241832

Check if different
than previously
reported. (ACC)

San Antonio

TX

78224

2. FEC IDENTIFICATION NUMBER ▼

C

C00542399

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

TX

23

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

10

D D / Y Y Y Y

01

Y Y Y Y

2013

through

M M / D D / Y Y Y Y

12

D D / Y Y Y Y

31

Y Y Y Y

2013

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 Michael Berlanga

Signature of Treasurer

Michael Berlanga

[Electronically Filed]

Date

M M / D D / Y Y Y Y

01

D D / Y Y Y Y

25

Y Y Y Y

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.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 18

Write or Type Committee Name

Dr. Robert Lowry for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	3

	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))....	3798.56	22729.82
(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))	3798.56	22729.82
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	8286.38	28475.85
(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))	8286.38	28475.85
8. Cash on Hand at Close of Reporting Period (from Line 27).....	-215.57	
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)	5530.46	

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)

PAGE 3 / 18

Write or Type Committee Name

Dr. Robert Lowry for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	3

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).....

3150.00

21175.00

(ii) Unitemized

648.56

1554.82

(iii) TOTAL of contributions from individuals ▶

3798.56

22729.82

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs)

0.00

0.00

(d) The Candidate

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

3798.56

22729.82

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

30.46

5530.46

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

30.46

5530.46

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)..... ▶

3829.02

28260.28

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
(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) ►	8286.38	28475.85

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4241.79
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3829.02
25. SUBTOTAL (add Line 23 and Line 24).....	8070.81
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8286.38
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	-215.57

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

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

FOR LINE NUMBER:

PAGE 5 OF 18

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Dr. Robert Lowry for Congress

Full Name (Last, First, Middle Initial)

Michael B. Clark

A.

Mailing Address 217 Winchester

City

Bergheim

State

TX

Zip Code

78004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2013

Transaction ID : SA11AI.4618

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Michael & Jennifer Guirl

B.

Mailing Address 234 Blackjack Oak

City

Shavano Park

State

TX

Zip Code

78230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Unknown

Unknown

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

3250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		10		2013

Transaction ID : SA11AI.4622

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

Jim Keller

C.

Mailing Address 121 Cedar St.

City

San Antonio

State

TX

Zip Code

78210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2013

Transaction ID : SA11AI.4620

Amount of Each Receipt this Period

2000.00

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

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

3150.00

3150.00

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 18

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Dr. Robert Lowry for Congress

Full Name (Last, First, Middle Initial)

Robert Lowry Dr.

Mailing Address P.O. Box 241832

City
 San Antonio

State
 TX

Zip Code
 78224

FEC ID number of contributing
federal political committee.

C H0TX23102

Name of Employer
 Self

Occupation
 Physician

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

2530.46

Date of Receipt

10 / **01** / **2013**

Transaction ID : SA13A.4628

Amount of Each Receipt this Period

30.46

amount used to set up bank account in Jan.

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

/ /

Amount of Each Receipt this Period

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

/ /

Amount of Each Receipt this Period

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

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

30.46

30.46

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 18

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Dr. Robert Lowry for Congress

Full Name (Last, First, Middle Initial)

A. Hope Braden

Mailing Address 14500 Blanco Rd. #1012

City	State	Zip Code
San Antonio	TX	78216

Purpose of Disbursement
finance report preparation

001

Candidate Name

Dr. Robert Lowry for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: TX District: 23

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11	/	10	/	2013

Amount of Each Disbursement this Period

280.00

Transaction ID : SB17.4541

B. Gina Castaneda

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

001

Candidate Name

Dr. Robert Lowry for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: TX District: 23

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10	/	05	/	2013

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4531

c. Gina Castaneda

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

001

Candidate Name

Dr. Robert Lowry for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: TX District: 23

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10	/	23	/	2013

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.4539

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

1780.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 18

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Dr. Robert Lowry for Congress

Full Name (Last, First, Middle Initial)

A. Gina Castaneda

Mailing Address

City State Zip Code

Purpose of Disbursement
campaign manager

001

Candidate Name

Dr. Robert Lowry for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: TX District: 23

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		05		2013

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.4540

B. Cesario Garcia

Mailing Address 7522 Riverside Park Dr.

City State Zip Code
San Antonio TX 78249Purpose of Disbursement
campaign manager

001

Candidate Name

Dr. Robert Lowry for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: TX District: 23

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2013

Amount of Each Disbursement this Period

1250.00

Transaction ID : SB17.4529

c. Cesario Garcia

Mailing Address 7522 Riverside Park Dr.

City State Zip Code
San Antonio TX 78249Purpose of Disbursement
travel expenses reimbursement

002

Candidate Name

Dr. Robert Lowry for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: TX District: 23

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		04		2013

Amount of Each Disbursement this Period

152.82

Transaction ID : SB17.4533

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

1902.82

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 18

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Dr. Robert Lowry for Congress

Full Name (Last, First, Middle Initial)

A. Cesario Garcia

Mailing Address 7522 Riverside Park Dr.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		2013

City	State	Zip Code
San Antonio	TX	78249

Amount of Each Disbursement this Period

96.27

Transaction ID : SB17.4538

Purpose of Disbursement
expenses reimbursement

001

Category/
Type

Candidate Name

Dr. Robert Lowry for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: TX District: 23

Full Name (Last, First, Middle Initial)

B. Cesario Garcia

Mailing Address 7522 Riverside Park Dr.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		19		2013

City	State	Zip Code
San Antonio	TX	78249

Amount of Each Disbursement this Period

200.00

Transaction ID : SB17.4543

Purpose of Disbursement
campaign consulting

001

Category/
Type

Candidate Name

Dr. Robert Lowry for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: TX District: 23

Full Name (Last, First, Middle Initial)

C. Cesario Garcia

Mailing Address 7522 Riverside Park Dr.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2013

City	State	Zip Code
San Antonio	TX	78249

Amount of Each Disbursement this Period

200.00

Transaction ID : SB17.4545

Purpose of Disbursement
campaign consulting

001

Category/
Type

Candidate Name

Dr. Robert Lowry for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: TX District: 23

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

496.27

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 18

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Dr. Robert Lowry for Congress

Full Name (Last, First, Middle Initial)

A. Cesario Garcia

Mailing Address 7522 Riverside Park Dr.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2013

City	State	Zip Code
San Antonio	TX	78249

Amount of Each Disbursement this Period

300.00

Purpose of Disbursement
campaign consultant

001

Transaction ID : SB17.4546

Candidate Name

Dr. Robert Lowry for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: TX

District: 23

Full Name (Last, First, Middle Initial)

B. Cesario Garcia

Mailing Address 7522 Riverside Park Dr.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		26		2013

City	State	Zip Code
San Antonio	TX	78249

Amount of Each Disbursement this Period

300.00

Purpose of Disbursement
campaign consultant

001

Transaction ID : SB17.4547

Candidate Name

Dr. Robert Lowry for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: TX

District: 23

Full Name (Last, First, Middle Initial)

c. MMG Computers

Mailing Address 5739 Callaghan Rd. #102A

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		08		2013

City	State	Zip Code
San Antonio	TX	78228

Amount of Each Disbursement this Period

519.60

Purpose of Disbursement
computer expense

001

Transaction ID : SB17.4534

Candidate Name

Dr. Robert Lowry for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: TX

District: 23

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

1119.60

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 18

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Dr. Robert Lowry for Congress

Full Name (Last, First, Middle Initial)

A. Murphy's Gas Station

Mailing Address 16501 Nacogdoches Rd.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		02		2013

City	State	Zip Code
San Antonio	TX	78247

Amount of Each Disbursement this Period

Purpose of Disbursement

002

37.05

Transaction ID : SB17.4486

Candidate Name

Dr. Robert Lowry for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: TX District: 23

Full Name (Last, First, Middle Initial)

B. Murphy's Gas Station

Mailing Address 16501 Nacogdoches Rd.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2013

City	State	Zip Code
San Antonio	TX	78247

Amount of Each Disbursement this Period

Purpose of Disbursement
campaign travel

002

53.13

Transaction ID : SB17.4518

Candidate Name

Dr. Robert Lowry for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: TX District: 23

Full Name (Last, First, Middle Initial)

c. Murphy's Gas Station

Mailing Address 16501 Nacogdoches Rd.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2013

City	State	Zip Code
San Antonio	TX	78247

Amount of Each Disbursement this Period

Purpose of Disbursement
campaign travel

002

41.56

Transaction ID : SB17.4601

Candidate Name

Dr. Robert Lowry for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: TX District: 23

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

131.74

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 PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 18

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Dr. Robert Lowry for Congress

Full Name (Last, First, Middle Initial)

A. Norton Lewis Printing

Mailing Address 722 Isom Rd. #3

City	State	Zip Code
San Antonio	TX	78216

Purpose of Disbursement
campaign materials

006

Category/
Type

Candidate Name

Dr. Robert Lowry for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: TX District: 23

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		13		2013

Amount of Each Disbursement this Period

340.99

Transaction ID : SB17.4581

B. Norton Lewis Printing

Mailing Address 722 Isom Rd. #3

City	State	Zip Code
San Antonio	TX	78216

Purpose of Disbursement
campaign materials

006

Category/
Type

Candidate Name

Dr. Robert Lowry for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: TX District: 23

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		18		2013

Amount of Each Disbursement this Period

78.48

Transaction ID : SB17.4589

C. Norton Lewis Printing

Mailing Address 722 Isom Rd. #3

City	State	Zip Code
San Antonio	TX	78216

Purpose of Disbursement
campaign materials

003

Category/
Type

Candidate Name

Dr. Robert Lowry for Congress

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: TX District: 23

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		21		2013

Amount of Each Disbursement this Period

383.21

Transaction ID : SB17.4592

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

802.68

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 PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 18

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)

A. Norton Lewis Printing

Mailing Address 722 Isom Rd. #3

City	State	Zip Code
San Antonio	TX	78216

Purpose of Disbursement
campaign materials

006

Candidate Name

Dr. Robert Lowry for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: TX District: 23

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2013

Amount of Each Disbursement this Period

79.56

Transaction ID : SB17.4597

B. Norton Lewis Printing

Mailing Address 722 Isom Rd. #3

City	State	Zip Code
San Antonio	TX	78216

Purpose of Disbursement
campaign materials

006

Candidate Name

Dr. Robert Lowry for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: TX District: 23

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		20		2013

Amount of Each Disbursement this Period

54.13

Transaction ID : SB17.4611

c. Republican Party of Bexar County

Mailing Address 900 NE Loop 410

City	State	Zip Code
San Antonio	TX	78209

Purpose of Disbursement
political contribution

011

Candidate Name

Dr. Robert Lowry for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: TX District: 23

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		23		2013

Amount of Each Disbursement this Period

50.00

Transaction ID : SB17.4519

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

183.69

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 18

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Dr. Robert Lowry for Congress

Full Name (Last, First, Middle Initial)

A. Z Form Productions

Mailing Address 7522 Riverside Park Dr.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		02		2013

City	State	Zip Code
San Antonio	TX	78249

Amount of Each Disbursement this Period

Purpose of Disbursement
campaign materials

006

Transaction ID : SB17.4530

Candidate Name

Dr. Robert Lowry for CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: TX District: 23

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: District:

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

125.00

6541.80

SCHEDULE C (FEC Form 3)
LOANS

PAGE 15 OF 18

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4106

Dr. Robert Lowry for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2014

Dr. Robert Lowry for Congress

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
P.O.Box 241832

City

State

ZIP Code

San Antonio

TX

78224

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

3000.00

0.00

3000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
02 / 28 / 2013M M / D D / Y Y Y Y
04/15/2013

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)..... ►

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

PAGE 16 OF 18

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4237

Dr. Robert Lowry for Congress

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

Robert Lowry Dr.

[PERSONAL FUNDS]

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
P.O. Box 241832

City

State

ZIP Code

San Antonio

TX

78224

Original Amount of Loan

2000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
05 / 13 / 2013

Date Due

M M / D D / Y Y Y Y
12/31/2014

Interest Rate

0.00 % (apr)

Secured:

☐ 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)..... ►

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

PAGE 17 OF 18

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4238

Dr. Robert Lowry for Congress

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

Robert Lowry Dr.

[PERSONAL FUNDS]

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
P.O. Box 241832

City

State

ZIP Code

San Antonio

TX

78224

Original Amount of Loan

500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
05 / 13 / 2013

Date Due

M M / D D / Y Y Y Y
12/31/2014

Interest Rate

0.00 % (apr)

Secured:

☐ 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)..... ►

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

PAGE 18 OF 18

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4628

Dr. Robert Lowry for Congress

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

Robert Lowry Dr.

[PERSONAL FUNDS]

Election: 2014

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
P.O. Box 241832

City

State

ZIP Code

San Antonio

TX

78224

Original Amount of Loan

30.46

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30.46

TERMS

Date Incurred

M M / D D / Y Y Y Y
10 / 01 / 2013

Date Due

M M / D D / Y Y Y Y
12/31/2014

Interest Rate

0.00 % (apr)

Secured:

☐ 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)..... ►

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.