



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

*Low A. Shae*

15 Filer ID (Ethics Commission Filers)

*NA*

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ *50.00*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *450.00*

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ *14.25*

4. TOTAL POLITICAL EXPENDITURES

\$ *7735.60*

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ *1850.09*

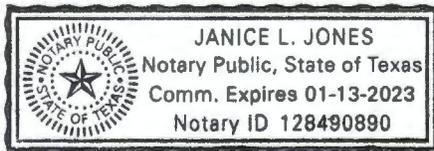
OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *16000.00*

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



*[Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Low A. Shae*, this the *13<sup>th</sup>* day of *May*, 20 *20*, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

*Janice L. Jones*  
Printed name of officer administering oath

*Legal Support Services*  
Title of officer administering oath

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 400.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 8000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7721.35
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1

2 FILER NAME

LOW A. STONE

3 Filer ID (Ethics Commission Filers)

N/A

4 Date

2/19/20

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Pix Howard

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

PO Box 668 WIMBERLEY TX 78676

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/19/20

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Joe Konwinski

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

104 UNITY CIRCLE SAN MARCOS TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/19

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

MAOBY BUANG

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

1204 GRASSY FIELD RD AUSTIN TX 78737

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

**LOANS**

**SCHEDULE E**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

LOW A. SHELL

3 Filer ID (Ethics Commission Filers)

N/A

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

1/22/20

7 Name of lender

out-of-state PAC (ID#: \_\_\_\_\_ )

JENNIFER & LOW A SHELL

9 Loan Amount (\$)

2000.00

6 Is lender a financial institution?

Y  N

8 Lender address;

City;

State;

Zip Code

1908 W McCARTHY LN SAN MARCOS TX 78666

10 Interest rate

0

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;

City;

State;

Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

2/28/20

Name of lender

out-of-state PAC (ID#: \_\_\_\_\_ )

JENNIFER & LOW A SHELL

Loan Amount (\$)

6000.00

Is lender a financial institution?

Y  N

Lender address;

City;

State;

Zip Code

1908 W. McCARTHY LN SAN MARCOS TX 78666

Interest rate

0

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City;

State;

Zip Code

not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 2	<b>2</b> FILER NAME Lin A Sitzer	<b>3</b> Filer ID (Ethics Commission Filers) N/A
<b>4</b> Date 5/14/20	<b>5</b> Payee name PATTERSON & COMPANY	
<b>6</b> Amount (\$) 378.88	<b>7</b> Payee address; City; State; Zip Code 166 HARGRAVES DR # L-400 Box 423 Austin TX 78737	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	<b>(b)</b> Description CONSULTING & WEBSITE EXPENSES
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 2/3	Payee name KNIGHTS OF COLAMBUS	
Amount (\$) 250.00	Payee address; City; State; Zip Code 14711 RA12 WIMBORNEY TX 78676	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRIBUTION	Description CONTRIBUTION FOR SPONSORSHIP
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 2/11	Payee name HAYS COUNTY REPUBLICAN WOMEN	
Amount (\$) 125.00	Payee address; City; State; Zip Code PO BOX 1928 SAN MARCOS TX 78666	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONTRIBUTION	Description CONTRIBUTION FOR SPONSORSHIP
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>2</b>	2 FILER NAME <b>LOW A SHAL</b>	3 Filer ID (Ethics Commission Filers) <b>N/A</b>
4 Date <b>1/14/20</b>	5 Payee name <b>KATEA THOMPSON</b>	
6 Amount (\$) <b>300.00</b>	7 Payee address; City; State; Zip Code <b>400 ARROWLAKE RD WIMBERLEY TX 78676</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>CONTRACT LABOR</b>	(b) Description <b>CAMPAIGN WORK</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>1/24/20</b>	Payee name <b>COLON MIX</b>	
Amount (\$) <b>1367.47</b>	Payee address; City; State; Zip Code <b>404 S CM ALLEN PKWY SAN MARCOS TX 78666</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	Description <b>CAMPAIGN MATERIALS</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>2/2/20</b>	Payee name <b>HAYS COUNTY LIVESTOCK EXPOSITION</b>	
Amount (\$) <b>5300.00</b>	Payee address; City; State; Zip Code <b>PO BOX 1778 KYLE TX 78640</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>CONTRIBUTION</b>	Description <b>COUNTY BIRTHDAY AT HILL AUSTIN</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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