

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3708

FORM JC/OH COVER SHEET PG 1

The JC/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed. 3
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
	Judge	Peter	M.
	Pete	Lowry	
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX.	APT / SUITE #.	CITY. STATE. ZIP CODE
	3300 Meredith Austin, Texas 78703		
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
	Judge	Peter	M.
	Pete	Lowry	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE # CITY. STATE. ZIP CODE		
	3300 Meredith Austin Texas 78703		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	472-8193	
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach JC/OH - FR)		
9 PERIOD COVERED	Month	Day	Year
	7	1	97
	THROUGH		Year
			12 / 31 / 97
10 ELECTION	ELECTION DATE		
	Month	Day	Year
	/	/	
	ELECTION TYPE		
	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
	Judge, 261st District Court		
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **		
	Name		
	Address / PO Box. Apt / Suite #. City. State Zip Code		

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

14 C/OH NAME Pete Lowry	15 ACCOUNT # (Ethics Commission filers)
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16 SUPPORTING POLITICAL COMMITTEE(S) -- This listing includes political expenditures 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME n/a COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
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additional pages

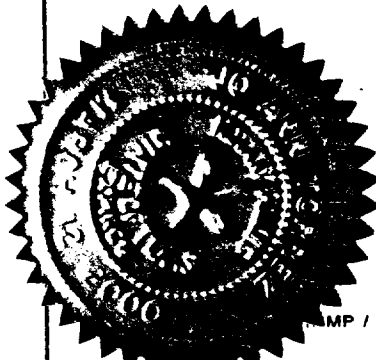
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 1205.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 11,494.04
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

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.

Peter M. Lowry

 Signature of Candidate or Officeholder



STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Peter M. Lowry, this the 14th day of January, 1998, to certify which, witness my hand and seal of office.

Jo Ann Torrez

 Signature of officer administering oath

Jo Ann Torrez

 Print name of officer administering oath

Notary Public

 Title of officer administering oath

**POLITICAL
EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:**1****2** FILER NAME**Peter M. Lowry****3** ACCOUNT # (Ethics Commission filers)**4** Date**8/19/97****5** Payee name**Travis County Democratic Party****6** Payee address; City; State; Zip Code**1905 N. Lamar Austin, Texas 78705****7** Amount
(\$)**Check No. 1005****\$1000.00****8** Purpose of expenditure**political contribution****9** -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

8/19/97

Payee name

Austin AFL/CIO

Payee address; City; State; Zip Code

1106 Lavaca Austin, Texas 78701Amount
(\$)**Check No. 1007****\$105.00**

Purpose of expenditure

Advertisement in Labor Day Program-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

9/30/97

Payee name

David Chapel Missionary Baptist Church

Payee address; City; State; Zip Code

2211 E. Martin Luther King Jr. Blvd. Austin, Texas 78702Amount
(\$)**Check NO. 1008****\$100.00**

Purpose of expenditure

Advertisement in Anniversary Program-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

Date

Payee name

Payee address; City; State; Zip Code

Amount
(\$)

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS (JUDICIAL)**SCHEDULE E (J)**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E(J):	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨			\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out of state PAC		9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code		10 Interest rate
			11 Maturity date
12 Lender's Principal Occupation		13 Lender's Job Title	
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)	
16 If lender is child, law firm of parent(s) (if any)			
17 Description of Collateral <input type="checkbox"/> none			
18 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	19 Name of guarantor		21 Amount Guaranteed (\$)
	20 Guarantor address; City; State; Zip Code		
22 Guarantor's Principal Occupation		23 Guarantor's Job Title	
24 Guarantor's Employer/Law Firm		25 Law Firm of guarantor's spouse (if any)	
26 If guarantor is child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.