

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

4243

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 CANDIDATE / OFFICEHOLDER NAME	TITLE <i>Judge</i>	FIRST <i>Peter</i>	MI <i>M</i>
	NICKNAME	LAST <i>Lowry</i>	SUFFIX
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX	APT / SUITE #	CITY STATE ZIP CODE <i>Austin TX 78703</i>
	OFFICE USE ONLY Date Received: <i>Jan 15 11 25 AM '98</i>		
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI
	NICKNAME	LAST	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)		RECEIPT #	
STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE <i>Same as above</i>		HD / PM	Amount
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<i>(512) 472-8193</i>		
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 THROUGH Month Day Year <i>7 / 1 / 98 12 / 31 / 98</i>		
10 ELECTION <i>N/A</i>	ELECTION DATE Month Day Year		ELECTION TYPE
	<i>/ /</i>		<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)	
	<i>261st District Court</i>		
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 <i>None</i>		
	Address / PO Box Apt / Suite # City State Zip Code		

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

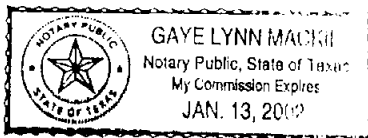
14 C/OH NAME Peter M. Lowry **15** ACCOUNT # (Ethics Commission files):

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. **

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		<u>None</u>
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

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	\$ 3,620
	4	TOTAL POLITICAL EXPENDITURES	\$ 8,036.43
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 8,036.43
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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 Lowry
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Peter Lowry this the 14th day of January, 19 99, to certify which, witness my hand and seal of office.

Gaye Lynn Mackie Signature of officer administering oath
Gaye Lynn Mackie Print name of officer administering oath
Notary Public Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A(J)

2 FILER NAME

Peter M. Lowry

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor out of state PAC

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

6 Contributor address, City, State, Zip Code

9 Contributor's principal occupation

10 Contributor's job title

11 Contributor's employer/law firm

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

None

Date

Full name of contributor out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address, City, State, Zip Code

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

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

PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B (J)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B(J)

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED PLEDGES:

\$

5 Date	6 Full name of pledgor <input type="checkbox"/> out of state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address, City, State, Zip Code			

None

10 Pledgor's principal occupation

11 Pledgor's job title

12 Pledgor's employer/law firm

13 Law firm of pledgor's spouse (if any)

14 If pledgor is a child, law firm of parent(s) (if any)

Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address, City, State, Zip Code			

Pledgor's principal occupation

Pledgor's job title

Pledgor's employer/law firm

Law firm of pledgor's spouse (if any)

If pledgor is a child, law firm of parent(s) (if any)

Date	Full name of pledgor <input type="checkbox"/> out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
Pledgor address, City, State, Zip Code			

Pledgor's principal occupation

Pledgor's job title

Pledgor's employer/law firm

Law firm of pledgor's spouse (if any)

If pledgor is a child, law firm of parent(s) (if any)

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

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 file #)**4**

TOTAL OF UNITEMIZED LOANS

NONE

\$

5 Date of loan**7** Name of lender 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 none**18** GUARANTOR INFORMATION 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.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME *Peter M. Lowry*

3 ACCOUNT # (Ethics Commission files)

4 Date
Sept '98

5 Payee name
Travis Co. Democratic Party
6 Payee address, City, State, Zip Code
1311 E. 6th St, Austin, TX 78702

7 Amount (\$)
\$1,000

8 Purpose of expenditure
Contribution to party to promote Democratic candidates

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought / held

Date
4-29-98

Payee name
AYLA Foundation
Payee address, City, State, Zip Code

Amount (\$)
\$120.00

Purpose of expenditure
Contribution

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

Date
10-14-98

Payee name
Wil Flowers Campaign
Payee address, City, State, Zip Code
Travis Co Ct house Austin, TX 78701

Amount (\$)
\$100

Purpose of expenditure
Campaign Contribution

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

Date
10-6-98

Payee name
JAN PATTERSON Campaign
Payee address, City, State, Zip Code
SNEED, VINE & PERRY 9th & Congress Austin, TX 78703

Amount (\$)
\$100

Purpose of expenditure
Campaign contribution

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
Oct 14, '98	Travis Co. Democratic party 6 Payee address, City, State, Zip Code 1311 E. 6th Street Austin, TX 78702	\$2,000

8 Purpose of expenditure democratic campaign effort	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
--	--

Date	Payee name	Amount (\$)
	Dona De Beauvoir Campaign Payee address, City, State, Zip Code Travis Co. Ct house Austin, TX 78701	\$100

Purpose of expenditure Campaign contrib.	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
---	--

Date	Payee name	Amount (\$)
11-18-98	JAMISON Insurance CO Payee address, City, State, Zip Code	\$100

Purpose of expenditure Judicial malpractice ins.	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
---	--

Date	Payee name	Amount (\$)
11-18-98	Travis Co. Bar Assn Payee address, City, State, Zip Code 700 Lavaca Austin, TX 78701 Tx.	\$100

Purpose of expenditure tickets for bar luncheon	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
--	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address City, State, Zip Code	
	7 Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address City, State, Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address City, State, Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address City, State, Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address City, State, Zip Code	
	Purpose of expenditure	<input type="checkbox"/> Reimbursement from political contributions intended

None

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The **INSTRUCTION GUIDE** explains how to complete this form. **1** Total pages Schedule H

2 FILER NAME **3** ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name	7 Amount (\$)
	6 Business address, City, State, Zip Code	

None

8 Purpose of payment	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
-----------------------------	---

Date	Business name	Amount (\$)
	Business address, City, State, Zip Code	

Purpose of payment	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
--------------------	--

Date	Business name	Amount (\$)
	Business address, City, State, Zip Code	

Purpose of payment	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
--------------------	--

Date	Business name	Amount (\$)
	Business address, City, State, Zip Code	

Purpose of payment	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
--------------------	--

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address, City, State, Zip Code	
	7 Purpose of expenditure	
Date	Payee name	Amount (\$)
	Payee address, City, State, Zip Code	
	Purpose of expenditure	
Date	Payee name	Amount (\$)
	Payee address, City, State, Zip Code	
	Purpose of expenditure	
Date	Payee name	Amount (\$)
	Payee address, City, State, Zip Code	
	Purpose of expenditure	
Date	Payee name	Amount (\$)
	Payee address, City, State, Zip Code	
	Purpose of expenditure	

None

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date	5 Payor name 6 Payor address, City, State, Zip Code 7 Reason for credit	8 Amount (\$)
Date	Payor name Payor address, City, State, Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address, City, State, Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address, City, State, Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address, City, State, Zip Code Reason for credit	Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

OUTSTANDING LOANS

SCHEDULE L

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule L

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

LENDER INFORMATION

4 Name of lender

None

5 Lender address, _____

City, _____

State, _____

Zip Code _____

GUARANTOR INFORMATION

6 Name of guarantor

not applicable

7 Guarantor address _____

City, _____

State, _____

Zip Code _____

LENDER INFORMATION

Name of lender

Lender address, _____

City, _____

State, _____

Zip Code _____

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address, _____

City, _____

State, _____

Zip Code _____

LENDER INFORMATION

Name of lender

Lender address, _____

City, _____

State, _____

Zip Code _____

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address, _____

City, _____

State, _____

Zip Code _____

LENDER INFORMATION

Name of lender

Lender address, _____

City, _____

State, _____

Zip Code _____

GUARANTOR INFORMATION

Name of guarantor

not applicable

Guarantor address, _____

City, _____

State, _____

Zip Code _____

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

ASSETS VALUED AT \$500 OR MORE

SCHEDULE M

The **INSTRUCTION GUIDE** explains how to complete this form.

1 Total pages Schedule M

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

Description of Asset

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: FORM JC/OH - FR

DESIGNATION OF FINAL REPORT

The JC/OH Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on JC/OH page 1 is marked "Final Report" --

1 C/OH NAME <i>Peter M. Lowry</i>	2 ACCOUNT # (Ethics Commission files)
--------------------------------------	---------------------------------------

3 SIGNATURE

Peter M. Lowry

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Peter M. Lowry
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are a candidate --

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest or other income from political contributions.
- I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Peter M. Lowry
Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --

- I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer appointment on file.

Signature of Officeholder

Hon. Peter M. Lowry
3300 Mercedith
Austin, Texas 78703

FILED

JAN 15 11 25 AM '93

Ms. Dana DeBeauvoir
County Clerk
P.O. Box 1748
Austin, Texas 78701