

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00091178		2 Total pages filed: 16		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR		FIRST	MI	
	NICKNAME		LAST	SUFFIX	
		Jeffery Bowen		ELECTRONICALLY FILED 10/03/2026	
4 ORIGINAL REPORT TYPE	☐ January 15		☐ Runoff		☐ Other (specify)
	☒ July 15		☐ Exceeded modified reporting limit		
	☐ 30th day before election		☐ 15th day after campaign treasurer appointment (officeholder only)		
	☐ 8th day before election		☐ Final Report (Attach C/OH-FR)		
5 ORIGINAL PERIOD COVERED		Month Day Year	Month Day Year		Date Hand-delivered or Date Postmarked
		01/01/2026	THROUGH 06/30/2026		Receipt # Amount
					Date Processed
					Date Imaged

6 EXPLANATION OF CORRECTION

CORRECTION TO JIM & JAN DUNCAN CONTRIBUTION DUE TO EMAILED LETTER FROM CITY ETHICS COMMISSION LETTER REGARDING THE SEPARATION OF CONTRIBUTION MADE IN A SINGLE CONTRIBUTION.
ADDED JAM DUNCAN
CORRECTED AMOUNT OF CONTRIBUTION DUE TO ENTRY ERROR - RICK FINE

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

☒ **Semiannual reports:** I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☐ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Jeffery Bowen

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

FORM C/OH
COVER SHEET PG 1

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME	Bowen, Jeffery	14 Filer ID	(Ethics Commission Filers)
		00091178	

15 NOTICE FROM POLITICAL COMMITTEE(S) ☐ Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	☐ GENERAL	COMMITTEE ADDRESS
	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	9,708.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	2,360.91
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	9,858.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	30,000.00

17 AFFADAVIT

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.

Jeffery Bowen

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

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18 FILER NAME Bowen, Jeffery		19 Filer ID 00091178	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	9,708.00
2.	☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3.	☒ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	☒ SCHEDULE E: LOANS	\$	30,000.00
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	2,360.91
6.	☒ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	☒ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9.	☒ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	0.00
10.	☐ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	☐ 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: Sch: 1/9 Rpt: 5/16
2 FILER NAME Bowen, Jeffery		3 Filer ID (Ethics Commission Filers) 00091178
4 Date 05/05/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) ALESHIRE, BILL 6 Contributor address; City; State; Zip Code 3605 SHADY VALLEY DRIVE AUSTIN, TX 78739	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) AELSHIRE LAW
Date 06/08/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) BAILEY, LINDA Contributor address; City; State; Zip Code 4104 TURKEY CREEK DRIVE AUSTIN, TX 78730	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) NONE
Date 05/06/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) BEDROSIAN, ART Contributor address; City; State; Zip Code 7800 SOUTHWEST PARKWAY UNIT 624 AUSTIN, TX 78735	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) NONE
Date 04/20/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) BERRY, RITA Contributor address; City; State; Zip Code 5414 WOLF RUN AUSTIN, TX 78749	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) NONE
Date 06/30/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) BHATTI, SHAROON Contributor address; City; State; Zip Code 3050 SW 37TH APT 1202 MIAMI, FL 33133	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) FOUNDER		Employer (See Instructions) PROPTECH

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/9 Rpt: 6/16
2 FILER NAME Bowen, Jeffery		3 Filer ID (Ethics Commission Filers) 00091178
4 Date 04/01/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) BIRDSALL, PAUL 6 Contributor address; City; State; Zip Code 11804 WHITEWING AVE AUSTIN, TX 78753	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) NONE
Date 04/15/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) BROWNSTEIN, LARRY Contributor address; City; State; Zip Code 1816 DWYER AVE AUSTIN, TX 78704	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) THERAPIST		Employer (See Instructions) SELF
Date 04/01/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Basciano, Joyce Contributor address; City; State; Zip Code 1907 W 34st Austin, TX 78703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/04/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Bythe, Sharon Contributor address; City; State; Zip Code 9206 Brigdoon Cove Ausitn , TX 78750	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 05/14/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) CILLEY, BARBARA Contributor address; City; State; Zip Code 1417 TRAVIS HEIGHTS BLVD AUSTIN, TX 78704	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/9 Rpt: 7/16
2 FILER NAME Bowen, Jeffery		3 Filer ID (Ethics Commission Filers) 00091178
4 Date 06/28/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) CILLEY, BARBARA 6 Contributor address; City; State; Zip Code 1417 TRAVIS HEIGHTS BLVD AUSTIN, TX 78704	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 05/09/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) COCCO, CATHERINE Contributor address; City; State; Zip Code 5609 SPUR FLOWER AUSTIN, TX 78759	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) NONE
Date 05/09/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) COCCO, GERARD Contributor address; City; State; Zip Code 5609 SPUR FLOWER AUSTIN, TX 78759	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) PROGRAMER		Employer (See Instructions) AUSTOUND
Date 04/05/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) CONNER, MIKE E Contributor address; City; State; Zip Code 7505 COVER BRIDGE DR AUSTIN, TX 78736	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) REALTOR		Employer (See Instructions) MC SQUARED
Date 06/20/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) DAUGHERTY, GERALD Contributor address; City; State; Zip Code 1403 CLUB RIDGE COVE AUSTIN, TX 78735	Amount of Contribution (\$) \$450.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Jack Allen's

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/9 Rpt: 8/16
2 FILER NAME Bowen, Jeffery		3 Filer ID (Ethics Commission Filers) 00091178
4 Date 04/07/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) DUNCAN, JAN 6 Contributor address; City; State; Zip Code 11405 PRADERA AUSTIN , TX 78759	7 Amount of Contribution (\$) \$450.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) NONE
Date 04/07/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) DUNCAN, JIM Contributor address; City; State; Zip Code 11405 PRADERA AUSTIN, TX 78759	Amount of Contribution (\$) \$450.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) NONE
Date 05/06/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) EPSTEIN, BARBARA A Contributor address; City; State; Zip Code 701 TEXAS AVE AUSTIN, TX 78706	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) NONE
Date 05/09/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) FEDRICK, KAROLE Contributor address; City; State; Zip Code 6629 ESTANA LANE AUSTIN, TX 78739	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 06/28/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) FERO, MARY Contributor address; City; State; Zip Code 2713 PEGRAM AVE AUSTIN, TX 78757	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) NONE

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/9 Rpt: 9/16
2 FILER NAME Bowen, Jeffery		3 Filer ID (Ethics Commission Filers) 00091178
4 Date 06/30/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) FINE, RICK 6 Contributor address; City; State; Zip Code 3007 SESBANIA DRIVE AUSTIN, TX 78749	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) ATTORNEY		9 Employer (See Instructions) RICK FINE LAW
Date 06/28/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) FRENSELY, NATHALIE Contributor address; City; State; Zip Code 5601 MOUNTEVIEW ST AUSTIN, TX 78756	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) UNEMPLOYED		Employer (See Instructions) NONE
Date 06/28/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) GOMEZ, MARGARET Contributor address; City; State; Zip Code 1802 ROMFORT DRIVE AUSTIN, TX 78704	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) NONE
Date 04/04/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Gravatt, Ryan Contributor address; City; State; Zip Code 4701 Colorado Crossing Austin, TX 78731	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) Business Owner
Date 06/28/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) HENDRIX, SCOTT Contributor address; City; State; Zip Code 7000 N MOPAC UNIT 200 AUSTIN, TX 78731	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) WEALTH MANAGER		Employer (See Instructions) CURRENT INVESTMENTS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/9 Rpt: 10/16
2 FILER NAME Bowen, Jeffery		3 Filer ID (Ethics Commission Filers) 00091178
4 Date 05/09/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) KING, BRYAN 6 Contributor address; City; State; Zip Code 1809 LIGHTSEY ROAD AUSTIN, TX 78704	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) NONE
Date 05/30/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) LEVINSON, LISA Contributor address; City; State; Zip Code 6600 WOLFCREEK PASS AUSTIN, TX 78749	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) NONE
Date 05/09/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) LEWIS, DON Contributor address; City; State; Zip Code 3829 ARROW DRIVE AUSTIN, TX 78749	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 05/09/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) LEWIS, MONICA Contributor address; City; State; Zip Code 3829 ARROW DRIVE AUSTIN, TX 78749	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 04/03/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Lewis , Robert Contributor address; City; State; Zip Code 9524 Colebrook St Austin, TX 78749	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/9 Rpt: 11/16
2 FILER NAME Bowen, Jeffery		3 Filer ID (Ethics Commission Filers) 00091178
4 Date 04/05/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) MCARTHUR, BARBARA 6 Contributor address; City; State; Zip Code 5700 CLAY AVE AUSTIN, TX 78756	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) SCIENTIST / SEMI RETIRED		9 Employer (See Instructions) UNIVERSITY OF TEXAS
Date 06/24/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Misenbach, Megan Contributor address; City; State; Zip Code 1800 SAN GABRIEL ST AUSTIN, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) NONE
Date 05/09/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) NORDMEYER, JENNA Contributor address; City; State; Zip Code 8306 HORNET DRIVE AUSTIN, TX 78749	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 05/09/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) NORDMEYER, RUDY Contributor address; City; State; Zip Code 8306 HORNET DRIVE AUSTIN, TX 78749	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 04/11/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) PARSONS, BRAD Contributor address; City; State; Zip Code 3506 GREYSTONE DRIVE AUSTIN, TX 78731	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) NONE

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/9 Rpt: 12/16
2 FILER NAME Bowen, Jeffery		3 Filer ID (Ethics Commission Filers) 00091178
4 Date 04/08/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) SMITH, KATHLEEN 6 Contributor address; City; State; Zip Code 5927 CAPE CORAL Austin, TX 78746	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) NONE
Date 04/08/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) SMITH, RICHARD Contributor address; City; State; Zip Code 5927 CAPE CORAL Austin , TX 78746	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NONE
Date 06/28/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) SULLIVAN, WILLIAM Contributor address; City; State; Zip Code 1707 SPYGLASS DRIVE UNIT 54 AUSTIN, TX 78746	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) LAWYER		Employer (See Instructions) WILLIAM SULLIVAN, ATTORNEY AT LAW
Date 04/04/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Spataro, Susan Contributor address; City; State; Zip Code 6628 HASWELL LANE Austin , TX 78749	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NONE
Date 04/10/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) TEMPLTON, LAURA Contributor address; City; State; Zip Code 8805 SMOKETREE COVE AUSTIN, TX 78735	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) NONE

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/9 Rpt: 13/16
2 FILER NAME Bowen, Jeffery		3 Filer ID (Ethics Commission Filers) 00091178
4 Date 06/28/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) TSCHURR, ANITA 6 Contributor address; City; State; Zip Code 1202 TRAVIS HEIGHTS AUSTIN, TX 78704	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) NONE
Date 06/28/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) WIMBERLY, PATTY Contributor address; City; State; Zip Code 6725 EVENING SKY AUSTIN, TX 78735	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) NONE
Date 04/04/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Wilcox, Cynthia Contributor address; City; State; Zip Code 4925 Trail West Drive Austin, TX 78735	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/14/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) ZIEGLER, LEIGH Contributor address; City; State; Zip Code 4815 TRAIL CREST CIRCLE AUSTIN, TX 78735	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 06/27/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) ZIEGLER, LEIGH Contributor address; City; State; Zip Code 4815 TRAIL CREST CIRCLE AUSTIN, TX 78735	Amount of Contribution (\$) \$230.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) NONE

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 14/16

2 FILER NAME
Bowen, Jeffery

3 Filer ID (Ethics Commission Filers)
00091178

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 15/16
2 FILER NAME Bowen, Jeffery		3 Filer ID (Ethics Commission Filers) 00091178
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan 04/01/2026	7 Name of lender ☐ out-of-state PAC (ID#: _____) BOWEN, JEFFERY (Mr.)	9 Loan Amount (\$) \$30,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code 8404 CASPIAN DRIVE AUSTIN , TX 78749	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions) OWNER		13 Employer (See Instructions) JEFFERY L. BOWEN & ASSOCIATES
14 Description of Collateral ☒ None		15 Check if personal funds were deposited into political account (See Instructions) ☒
16 GUARANTOR INFORMATION ☒ not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 16/16	2 FILER NAME Bowen, Jeffery	3 Filer ID (Ethics Commission Filers) 00091178
4 Date 04/22/2026	5 Payee name AUSTIN PRINTING & MAILING	
6 Amount (\$) \$324.75	7 Payee address; City; State; Zip Code 6906 GUADALUPE ST #307 AUSTIN , TX 78752	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Push Cards
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/27/2026	Candidate/Officeholder name Office sought Office held	
Payee name AUSTIN PRINTING & MAILING		
Amount (\$) \$1,867.31	Payee address; City; State; Zip Code 6906 GUADALUPE ST #307 AUSTIN , TX 78752	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Yard signs
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/30/2026	Candidate/Officeholder name Office sought Office held	
Payee name SQUARE		
Amount (\$) \$168.85	Payee address; City; State; Zip Code 1955 Broadway Oakland, CA 94612	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARD SURCHARGE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		