

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00091178	2 Total pages filed: 17								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Jeffery		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/05/2026								
	NICKNAME LAST SUFFIX Bowen										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 8404 Caspian Drive Austin, TX 78749		Date Hand-delivered or Date Postmarked								
			Receipt # Amount								
			Date Processed								
			Date Imaged								
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Jeffery L.										
	NICKNAME LAST SUFFIX Bowen										
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8404 Caspian Drive Austin , TX 78749										
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 280-8640										
8 REPORT TYPE	<table style="width: 100%;"> <tr> <td>☐ January 15</td> <td>☒ 30th day before election</td> <td>☐ Runoff</td> <td>☐ 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td>☐ July 15</td> <td>☐ 8th day before election</td> <td>☐ Exceeded modified reporting limit</td> <td>☐ Final Report (Attach C/OH-FR)</td> </tr> </table>			☐ January 15	☒ 30th day before election	☐ Runoff	☐ 15th day after campaign treasurer appointment (officeholder only)	☐ July 15	☐ 8th day before election	☐ Exceeded modified reporting limit	☐ Final Report (Attach C/OH-FR)
☐ January 15	☒ 30th day before election	☐ Runoff	☐ 15th day after campaign treasurer appointment (officeholder only)								
☐ July 15	☐ 8th day before election	☐ Exceeded modified reporting limit	☐ Final Report (Attach C/OH-FR)								
9 PERIOD COVERED	Month Day Year Month Day Year 07/01/2026 THROUGH 09/30/2026										
10 ELECTION	ELECTION DATE Month Day Year 11/03/2026		ELECTION TYPE ☐ Primary ☐ Runoff ☐ Other ☒ General ☐ Special								
11 OFFICE	OFFICE HELD (if any) None Place Austin District 8 Travis		12 OFFICE SOUGHT (if known) Council Member, District 8								

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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)	\$	8,900.00
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	5,923.34
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	12,664.66
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	\$	8,900.00
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	☐ SCHEDULE E: LOANS	\$	
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	5,923.34
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
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: 4/17
2 FILER NAME Bowen, Jeffery		3 Filer ID (Ethics Commission Filers) 00091178
4 Date 08/26/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) ALTANERO, TIMOTHY 6 Contributor address; City; State; Zip Code 4701 RED STONE CT AUSTIN, TX 78739	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) PROFESSOR		9 Employer (See Instructions) N/A
Date 08/04/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) BAKER, ROGER Contributor address; City; State; Zip Code 1303 BENTWOOD ROAD AUSTIN, TX 78722	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) NONE
Date 09/22/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) BENKER, WILHELM Contributor address; City; State; Zip Code 5920 LOMITA VERDE CIRCLE AUSTIN, TX 78749	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) SALES		Employer (See Instructions) SELF
Date 07/31/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) BURTON, JOSEPH Contributor address; City; State; Zip Code 2113 ZACH SCOTT ST AUSTIN, TX 78723	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions) PDS S&P
Date 08/25/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) CAMERA, CARL Contributor address; City; State; Zip Code 10820 MAELIN DRIVE AUSTIN, TX 78739	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) SOFTWARE ENGINEER		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/9 Rpt: 5/17
2 FILER NAME Bowen, Jeffery		3 Filer ID (Ethics Commission Filers) 00091178
4 Date 09/03/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) CARTER, KAREN 6 Contributor address; City; State; Zip Code 1509 ELTON LANE AUSTIN, TX 78703	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) NONE
Date 07/27/2026	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 (\$) \$300.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) NONE
Date 09/02/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) COX, GEOFFREY Contributor address; City; State; Zip Code 8517 FM 1826 BLDG 2 AUSTIN, TX 78737	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) SOUTH OAKS FAMILY MEDICINE
Date 07/07/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) DARR, SHYRA Contributor address; City; State; Zip Code 4601 MOOSE DRIVE AUSTIN, TX 78749	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A
Date 09/29/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) DAVISON, CINDI Contributor address; City; State; Zip Code 11213 DEAD OAK LANE AUSTIN, TX 78759	Amount of Contribution (\$) \$150.00
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: 3/9 Rpt: 6/17
2 FILER NAME Bowen, Jeffery		3 Filer ID (Ethics Commission Filers) 00091178
4 Date 08/27/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) DEMAREST, SHERYL 6 Contributor address; City; State; Zip Code 2000 FAR GALLANT DRIVE AUSTIN, TX 78746	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) OWNER		9 Employer (See Instructions) SELF
Date 07/16/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) DEMAREST, STEPHEN Contributor address; City; State; Zip Code 2000 FAR GALLANT DRIVE AUSTIN, TX 78746	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) PRINCIPLE		Employer (See Instructions) SDX SERVICES
Date 07/31/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) DEVICK, KRISTEN Contributor address; City; State; Zip Code 10212 STELLAR COVE AUSTIN, TX 78739	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PHYSICIAN ASSISTANT		Employer (See Instructions) Ascension Seton
Date 09/02/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) ENGLISH, EDWIN Contributor address; City; State; Zip Code 12704 EUROPA AUSTIN, TX 78727	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) NONE
Date 08/16/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) FERRO, 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: 4/9 Rpt: 7/17
2 FILER NAME Bowen, Jeffery		3 Filer ID (Ethics Commission Filers) 00091178
4 Date 09/05/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) GIBSON, LAURA 6 Contributor address; City; State; Zip Code 7916 TUSMAN DRIVE AUSTIN, TX 78735	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) NONE
Date 08/27/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) GORMAN, PHILLIP Contributor address; City; State; Zip Code 11019 PEBBLE GARDEN LANE AUSTIN, TX 78739	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) MARTIN MITCHELL
Date 09/03/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) HOOTMAN, JOE Contributor address; City; State; Zip Code 11919 TUSMAN DRIVE AUSTIN, TX 78758	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) NONE
Date 07/18/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) HOWARD, JO SUE Contributor address; City; State; Zip Code 1801 WEST AVE AUSTIN, TX 78701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) PHARMACIST / RETIRED		Employer (See Instructions) NONE
Date 09/24/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) JOURNEAY - KALER, PETER Contributor address; City; State; Zip Code 207 E 34TH ST AUSTIN, TX 78705	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions) SELF

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/9 Rpt: 8/17
2 FILER NAME Bowen, Jeffery		3 Filer ID (Ethics Commission Filers) 00091178
4 Date 08/29/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) KINKADE, MIKKI 6 Contributor address; City; State; Zip Code 5124 CRYSTAL WATER DRIVE AUSTIN, TX 78735	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) HOME MAKER		9 Employer (See Instructions) NONE
Date 08/25/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) KUJAWA, KRAIG Contributor address; City; State; Zip Code 10933 BEACHMONT LANE AUSTIN, TX 78739	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) PRODUCT MANGER		Employer (See Instructions) EA SPORTS
Date 08/25/2026	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 (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) NONE
Date 08/14/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) LEVY, MICHAEL Contributor address; City; State; Zip Code PO BOX 146 AUSTIN, TX 78767	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) NONE
Date 09/23/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) LINNELL, THOMAS Contributor address; City; State; Zip Code 6300 HIGHLAND HILLS DRIVE AUSTIN, TX 78731	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) ASSOCIATE		Employer (See Instructions) HOME DEPOT

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/9 Rpt: 9/17
2 FILER NAME Bowen, Jeffery		3 Filer ID (Ethics Commission Filers) 00091178
4 Date 07/04/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) LOWARY, EARL 6 Contributor address; City; State; Zip Code 10906 BEACHAM COURT AUSTIN, TX 78739	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) N/A
Date 07/31/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) MCMURTRY, ALLAN Contributor address; City; State; Zip Code 2412 GREENLAWN PKWY AUSTIN, TX 78757	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) WHOLESALE		Employer (See Instructions) SELF
Date 08/25/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) MERRITT, CYRESS Contributor address; City; State; Zip Code 2804 TAKU ROAD CEDAR PARK, TX 78613	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) FIRE FIGHTER		Employer (See Instructions) N/A
Date 07/17/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) MOORHEAD, JORDAN Contributor address; City; State; Zip Code 8104 RED ROCK COVE AUSTIN, TX 78749	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) REALTOR		Employer (See Instructions) MOORHEAD TEAM
Date 08/18/2026	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: 7/9 Rpt: 10/17
2 FILER NAME Bowen, Jeffery		3 Filer ID (Ethics Commission Filers) 00091178
4 Date 09/11/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) PETERS, BARBARA 6 Contributor address; City; State; Zip Code 7127 SCENIC BROOK DRIVE AUSTIN, TX 78736	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) NONE
Date 09/02/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) REED, ELLEN Contributor address; City; State; Zip Code 1819 DYWER AVE AUSTIN, TX 78704	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) NONE
Date 09/02/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) ROE, KAY E. Contributor address; City; State; Zip Code 102 JACOBS COVE BASTROP, TX 78602	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) NONE
Date 09/15/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) SHAW, STUART B Contributor address; City; State; Zip Code 6009 ELEOS CIRCLE AUSTIN, TX 78735	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) NONE
Date 08/21/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) SHIELDS, PATRICK Contributor address; City; State; Zip Code 7109 GENTLE OAK DRIVE AUSTIN, TX 78749	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) PRINCIPAL		Employer (See Instructions) SHIELDS DIGITAL

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/9 Rpt: 11/17
2 FILER NAME Bowen, Jeffery		3 Filer ID (Ethics Commission Filers) 00091178
4 Date 08/29/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) SHIVE Jr., JAMES O 6 Contributor address; City; State; Zip Code 6505 AUBURNDAL STREET AUSTIN, TX 78723	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) NONE
Date 07/21/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) THOMPSON, RITA Contributor address; City; State; Zip Code 8813 COLLINGWOOD DRIVE AUSTIN, TX 78748	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) SOCIAL WORKER / RETIRED		Employer (See Instructions) NONE
Date 08/27/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) TORRES, ALEX Contributor address; City; State; Zip Code 9408 COLLAZO WAY AUSTIN, TX 78749	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) NONE
Date 07/27/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) TSCHURR, ANITA Contributor address; City; State; Zip Code 1227 HILLSIDE AVE UNIT B AUSTIN, TX 78704	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) NONE
Date 09/02/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) WELDON, YVONNE Contributor address; City; State; Zip Code 4508 SOUTH 1ST AUSTIN, TX 78745	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) SELF EMPLOYED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/9 Rpt: 12/17
2 FILER NAME Bowen, Jeffery		3 Filer ID (Ethics Commission Filers) 00091178
4 Date 09/02/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) WILLIAMS, LILLIAN 6 Contributor address; City; State; Zip Code 1819 DWYER AVE AUSTIN, TX 78704	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) NONE
Date 07/03/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) WOOD, ELLEN Contributor address; City; State; Zip Code 6836 AUSTIN CENTER BLDG 1, STE 280 AUSTIN, TX 78731	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) VCFO
Date 08/17/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) YEATTS, MALCOM Contributor address; City; State; Zip Code 4811 ALLISON COVE AUSTIN, TX 78741	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) ENGINEER / RETIRED		Employer (See Instructions) NONE

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 13/17
2 FILER NAME Bowen, Jeffery		3 Filer ID (Ethics Commission Filers) 00091178
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender ☐ out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		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 ☐ 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: 1/3 Rpt: 14/17	2 FILER NAME Bowen, Jeffery	3 Filer ID (Ethics Commission Filers) 00091178
4 Date 07/17/2026	5 Payee name AUSTIN PRINTING & MAILING	
6 Amount (\$) \$200.00	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) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense STICKERS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/24/2026	Payee name AUSTIN PRINTING & MAILING	
Amount (\$) \$325.00	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 PUSH CARDS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/10/2026	Payee name AUSTIN PRINTING & MAILING	
Amount (\$) \$1,948.50	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 4 X 4 SIGNS
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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: 2/3 Rpt: 15/17	2 FILER NAME Bowen, Jeffery	3 Filer ID (Ethics Commission Filers) 00091178
4 Date 07/20/2026	5 Payee name CITY OF AUSTIN	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code CITY HALL CITY CLERK AUSTIN, TX 78701	
8 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 CAMPAIGN FEE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2026	Payee name GOSS, DELWIN	
Amount (\$) \$2,280.00	Payee address; City; State; Zip Code 6410 PONCA STREET AUSTIN, TX 78741	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense INSTALLATION OF 4 X 4 SIGNS (LABOR & MATERIALS)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/27/2026	Payee name KELLY GRAPHICS	
Amount (\$) \$286.86	Payee address; City; State; Zip Code 1409 QUAKER RIDGE AUSTIN, TX 78746	
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 PUSH CARDS / UNION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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: 3/3 Rpt: 16/17	2 FILER NAME Bowen, Jeffery	3 Filer ID (Ethics Commission Filers) 00091178
4 Date 07/27/2026	5 Payee name OFFICE MAX	
6 Amount (\$) \$21.64	7 Payee address; City; State; Zip Code AUSTIN, TX 78749	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense LABELS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2026	Payee name SQUARE	
Amount (\$) \$223.34	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) Solicitation/Fundraising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense CREDIT CARDS FEES PAID AT TIME OF CONTRIBUTION THROUGH
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/15/2026	Payee name TCCSA	
Amount (\$) \$138.00	Payee address; City; State; Zip Code 4504 TRAVIS COUNTRY CIRCLE AUSTIN , TX 78735	
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 NEWS LETTER AD / TC NOTES
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 H: Sch: 1/1 Rpt: 17/17	2 FILER NAME Bowen, Jeffery	3 Filer ID (Ethics Commission Filers) 00091178
4 Date	5 Business name	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held