dent child	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS TRUSTS—Details reparallog "Qualified Blind Trusts" approved by the Committee on Ethics and Certain other "excepted trusts" need not be	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years?  If yes, complete and attach Schedule III.	II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold arry reportable asset worth more than \$1,000 at the end of the period?  Yes V  No III yes, complete and attach Schedule II.	Yes No No Piv. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years?  If yes, complete and attach Schedule IV.	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	int clearly in blue or	Status  Candidate for the House of Representatives District:	(Office	Name: Robert C. Lowry, KD. Daytime Telephone:	2013 JUL - 1 AUII: 29	FINANCIAL DISCLOSURE STATEMENT  Period covered: January 1, 2012 - 1002 14, 2013  For use by candidates and new employees  FORM B  For use by candidates and new employees  For use by candidates and new employees
		onse.		\\ \sigma_{88} \\ \Bigsigma_{10} \\ \Bigsigma_{	¥ ₩			shall be assessed dividual who files ays late.	(Office Use Only)	Follows:		1 205 RESOURCE

## SCHEDULE I -- EARNED INCOME (INCLUDING HONORARIA)

Name Robert C LOWING, M.D. Page

D. Page 2 of 16

exceeding \$1,000. See examples below.	exceeding \$1,000. See examples below.	nore during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income	ist the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or	
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Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	ement programs, and benefits re	ceived under the Social S	Security Act.
Course (include date of receipt for honoraria)	Type	Amount	unt
Source (include date of receipt to Horioralia)	iypa	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
7	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	¥
Alamo Healthore Systems of Tyas, L.C.	Salary	128,800	\$ 85,800
I gar Intoino, Tecas			
JCLMR, P.A., Son Antonio, TX	Contracted Medical	185,734	P112,756
(	Services		
			YARAN

San Antonio TX	Moxical Practice	San Antonio 1x	Medical fraction trains	- Alang Healthcure Sys	JT 1st Bank of Paducah, KY accounts	Ехатріев:	SP, SP Mega Corp. Stock	scount and its value at the end of the reporting period.  For rental or other real property held for investment, provide a complete address.  For an ownership interest in a privately-held business that is not publicly traded, state the name of the business that is not publicly traded, state the name of the business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.  Exclude: Your personal residence, including second homes and vacation homes (unises there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left.  For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	BLOCK A  Asset and/or income Source Identity (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.  Provide complete names of stocks and mutual funds (do not use ticker symbols).  For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not assertised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the
	*		9.	×	×	Indefinite	×	None   \$1 - \$1,000   \$1,001 - \$15,000   \$15,001 - \$50,000   \$50,001 - \$100,000   \$100,001 - \$250,000   \$250,001 - \$100,000   \$250,001 - \$1,000,000   \$500,001 - \$1,000,000   \$5,000,001 - \$5,000,000   \$5,000,001 - \$25,000,000   \$0  \$25,000,001 - \$25,000,000   \$0  \$25,000,001 - \$25,000,000   \$0  \$25,000,001 - \$25,000,000   \$0  \$0  \$0  \$0  \$0  \$0  \$0  \$0  \$0	BLOCK B  Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.  If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
	×			х	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income Princes Income (Specify: e.g., Partnership Income or Farm Income)	BLOCK C  Type of income  Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
	<b>X</b>			×	×		×	None	Amount of income  For assets for which you checked "Tax- Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.

SCHEDULE II — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)	ID "UNEAKNED" INCOM		Name Robert C. Lowry M.B.	Page 4 db
BLOCK A	BLOCK B	вгоск с	BLOCK D	
Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	
Ø.P	A B C D E F G H I J K L	Tha	Current Year	Preceding Year
<b>a</b>	00	ncome		1X X X 11114 111   X   X   XI
-	000,00	me rshio li	00	
8	15,000 \$50,000 \$100,00 - \$250,0 - \$500,0 - \$1,000 1 - \$5,00 1 - \$25,00 2 - \$25,00 2 - \$500	SAINS D/BLING RRED of Income	00 ,500 ,000 5,000 50,000 100,000 \$1,000,00 \$5,000 0,000	5,000 50,000 100,000 \$1,000,0 - \$5,000,
	None \$1 - \$1,000 \$1,001 - \$ \$15,001 - \$ \$50,001 - \$ \$250,001 - \$500,001 - \$1,000,001 \$5,000,001 \$25,000,001	NONE DIVIDENDS RENT INTEREST CAPITAL G EXCEPTEI TAX-DEFE Other Type (Specify: e.g. or Farm Inco	None \$1 - \$200 \$201 - \$1,00 \$1,001 - \$2, \$2,501 - \$5, \$5,001 - \$1,000 - \$1,000 - \$1,000 - \$1,000 - \$1,000 - \$1,000 - \$2,000 - \$2,00	\$2,501 - \$5, \$5,001 - \$15,001 - \$6 \$15,001 - \$6 \$50,001 - \$6 \$100,001 - \$6 \$1,000,001 - \$6
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SA- Alano Sup Institute	×	<b>×</b>		
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- Royal Property	×	×	×	×
26145 Wood Chuck				
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None	None	SC) Contin	SCHEDULE II — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)  BLOCK A  BLOCK B	J ÜN	EARNED BLOCK B	̂в   "В" IN		<b>2</b>	вгоск с	Nan	1 8	Robert		Ch	C. LONIN	+ C. LONING M.D.
None	None		Asset and/or Income Source		Value of	Asset		Туре	of Incom	<b>ō</b>			Am	0	ount of	Amount of Income
None   Si - \$1,000   \$1,001 - \$10,000   \$1,001 - \$10,000   \$10,000   \$1,001 - \$25,000   \$1,000 - \$1,000,000   \$1,000,001 - \$10,000,000   \$1,000,001 - \$25,000,000   \$25,000,001 - \$25,000,000   \$25,000,001 - \$25,000,000   \$25,000,001 - \$25,000,000   \$25,000,001 - \$25,000,000   \$25,000,001 - \$25,000,000   \$25,000,001 - \$25,000,000   \$25,000,001 - \$25,000,000   \$25,	None   S1 - \$1,000   S1,001 - \$15,000   S1,001 - \$15,000   S1,001 - \$15,000   S1,001 - \$25,000,000   S25,000,01 - \$25,000,000   S25,000,01 - \$50,000,000   S25,000,000   S25,00	SP,		в С	TI	<b>I</b>		-		•		Current		Year	Year	Year Preceding
None	None	Ä				000	0,000				Ξ	<	≦	XI IIIA BA	XI IIIA RA	X XI IIIA IIA
None	None	8			00,000 250,000	1,000,00 - \$5,000, - <b>\$2</b> 5,000		INS	BLIND T RED	Partnershi		_		0,000	,000 0,000 ,000,000 \$5,000,000	,000 0,000 ,000,000 \$5,000,000
				\$1 - \$1,000 \$1,001 - \$15	\$50,001 - \$100,001 - \$	\$500,001 - \$ \$1,000,001 - \$5,000,001 -	Over \$50,00	RENT INTEREST	TAX-DEFER	(Specify: e.g.,	\$1 – \$200	\$1,001 - \$2,5 \$2,501 - \$5,0	\$5,001 - \$15,	\$5,001 - \$15, \$15,001 - \$50 \$50,001 - \$10 \$100,001 - \$1	\$15,001 - \$50 \$50,001 - \$10 \$100,001 - \$1 \$1,000,001 - Over \$5,000,0	\$15,001 - \$50 \$50,001 - \$10 \$100,001 - \$1 \$1,000,001 -
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## SCHEDULE III — LIABILITIES

Name Rober & C. Lowry M.D.

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ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-

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	7 24 47	Sallie Mae	Sallie Mae	Compos Esques	Example: First Bank of Wilmington, DE	Creditor		
1	l .	Tentro	De 1990	- 2007	May 1998	Liability Incurred mo/year	Date	
	Rividvina Credit	Source Student Loan	Spy 990 Stadent Loan	- 2007 Martage on 261 43 What augh	Mortgage on 123 Main Street, Dover, DE	Type of Liability		
						\$10,001 \$15,000	<b>A</b>	
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## SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States. cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

and positions solely of an honorary nature Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

and positions solely of an individually materior	HAWI'C.
Position	Name of Organization
officer	Alamo Ibalticate Systems of Tegas, L.P.
officer	JCMLR, P.A
8 sticer	Newporn & Herophysidan
Officer	leat recentage 1) a