## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete t	this form.	Filer ID (Ethics Commission 00081719		2 Total pages file 10	
3 CANDIDATE /	MS / MRS / MR FIF	RST		MI	OFFICE U	SE ONLY
OFFICEHOLDER NAME	The Honorable Jo	ohn W.			Date Received  ELECTRONICA	
	NICKNAME LA	 \ST		SUFFIX	07/17/2023	
		urner		30111X		
4 CANDIDATE /	ADDRESS / PO BOX; APT / SU	JITE#; CITY;		ZIP CODE	Date Hand-delivered or I	Date Postmarked
OFFICEHOLDER MAILING ADDRESS	PO Box 25574				Receipt #	Amount
Change of Address	Dallas, TX 75225					
	Danas, 17, 13225				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR FIR	RST		MI		
TREASURER NAME	Mrs. Jes	ssica W.				
	NICKNAME LA	 ST		SUFFIX		
		person		301117		
		, porcon				
6 CAMPAIGN	STREET ADDRESS (NO PO BO)	X PLEASE);	APT / S	UITE#; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	7226 Desco Dr.					
(Residence or Business)	Dallas, TX 75225					
7 CAMPAIGN	AREA CODE PHONE N	IUMBER EX	TENSION			
TREASURER PHONE	(214) 750-9473					
8 REPORT TYPE				<i>"</i>		
''''	January 15	30th day before e	ection Run	Off	15th day after cam appointment (office	
	X July 15	8th day before ele		eeded modified rting limit	Final Report (Attac	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2023	THR	OUGH	06/30/2023	3	
10 ELECTION	ELECTION DATE			LECTION TYPE		
	Month Day Year	Prin	nary	Runoff	Other	
		Ger	eral	Special		
				_		
11 OFFICE	OFFICE HELD (if any)		12	OFFICE SOUGHT (	(if known)	
	State Representative District	114 Dallas				
	1					
		GO TO	PAGE 2			
I						

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 10

13 C / OH NAME	Turner, John W. (The	Honorable)	<b>14</b> Filer ID (I 00081719	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	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.			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
_	GENERAL			
	CDECIFIC	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 1,162.61
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			\$ 39,069.95
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 7,000.00
17 AFFIDAVIT				
		I swear, or affirm, under penals true and correct and includes a under Title 15, Election Code.		
			orable John W. Turne f Candidate or Officehold	
4551/410	TABY 0744B / 0544 AB	·		-
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subscribed before me, by the said day of, this the day of, 20, to certify which, witness my hand and seal of office.			day	
OT	, 20, to co	ertity which, withess my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

# SUBTOTALS - C/OH COVER SHEET PG 3 3 of 10 FILER NAME Turner, John W. (The Honorable) SCHEDULE SUBTOTALS SUBTOTAL AMOUNT

18 FILER NA	(Ethics Commission Filers)		
Turner, J	_		
20 SCHEDUL NAME OF	SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	<b>\$</b> 1,162.61
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
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 CONTRIBUTION	ONS	\$
12. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		<b>\$</b> 40.51	

#### SCHEDULE F1

Advertising Expense Event Exp
Accounting/Banking Fees
Consulting Expense Food/Bev
Contributions/ Donations Made By - Gift/Award
Candidate/Officeholder/Political Committee Legal Ser

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Salaries Magnes/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to cor	-	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/6 Rpt: 4/10	Turner, John W. (The Honorable)		00081719
4	Date	5 Payee name		•
	01/31/2023	Frost Bank		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$5.00	7864 Walnut Hill Ln #100		
		Dallas, TX 75230		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Online banking fees
_				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght	Office held
	Date	Payee name		
	02/28/2023	Frost Bank		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$5.00	7864 Walnut Hill Ln #100		
		Dallas, TX 75230		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				Online banking fee
	Complete ONLY if direct	Candidate/Officeholder name Office sour	ab+	Office held
	expenditure to benefit C/OI	•	ynı	Office field
	Date	Payee name		
	03/31/2023	Frost Bank		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$5.00	7864 Walnut Hill Ln #100		
		Dallas, TX 75230		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Online banking fee
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI	•	9,11	Since Held

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Reimbursement Solicitation/Fundraising Expense
ental Expense Transportation Equipment & Related Expense
Travel in District
ontract Labor OTHER (enter a category not listed above)

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/6 Rpt: 5/10	Turner, John W. (The Honorable) 00081719
4	Date	5 Payee name
	04/30/2023	Frost Bank
6	Amount (\$) \$5.00	7 Payee address; City; State; Zip Code 7864 Walnut Hill Ln #100  Dallas, TX 75230
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Online banking fees
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/31/2023	Frost Bank
	Amount (\$) \$5.00	Payee address; City; State; Zip Code 7864 Walnut Hill Ln #100
		Dallas, TX 75230
	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  Online banking fees
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/30/2023	Frost Bank
	Amount (\$) \$5.00	Payee address; City; State; Zip Code 7864 Walnut Hill Ln #100
		Dallas, TX 75230
	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  Online banking fees
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

Total pages Schedule F1: 2 FILER NAME   Turner, John W. (The Honorable)   Turner, John W. (The Honorable)   Turner, John W. (The Honorable)   O0081719   O0081719		Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
A Date	1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
6 Amount (\$) 7 Payee address; City; State; Zip Code  Soutsdale, AZ 85260  8 PURPOSE OF EXPENDITURE  (A) Category (see Categories listed at the top of this scheaule)  Payee name Office Sought Office Sought  Amount (\$) Payee address; City; State; Zip Code  1600 Amphitheatre Pkwy.  Mountain View, CA 94043  Payee name O2/01/2023  Complete QNLX if direct of Expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office sought Office held  Office		Sch: 3/6 Rpt: 6/10	Turner, John W. (The Honorable) 00081719
Amount (S)   \$239.87   7   Payee address; City; State; Zip Code	4	Date	5 Payee name
\$239.87   14455 North Hayden Road Suite 219		06/01/2023	GoDaddy.com
Scottsdale, AZ 85260  8    PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Fees  (a) Category (see Categories listed at the top of this schedule) Fees  (b) Description Check if Austin, TX, officeholder Inving expende Website renewal fees  (b) Description Check if Austin, TX, officeholder Inving expende Website renewal fees  (c) Complete QNLY if direct QOOgle, Inc.  Amount (s) S19.19  Purpose OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Fees  (b) Description Check if averl outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Inving expense Monthly service fee  (b) Description Check if averl outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly service fee  Complete QNLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office held  Complete QNLY if direct Complet	6	Amount (\$)	7 Payee address; City; State; Zip Code
Second to the content of the conte		\$239.87	14455 North Hayden Road Suite 219
Second to the content of the conte			
Complete ONLY if direct expenditure to benefit C/OH   Candidate/Officeholder name   Office sought   Office held			Scottsdale, AZ 85260
Candidate/Officeholder name   Office sought   Office held	8		
9 Complete ONLY if direct expenditure to benefit C/OH  Date O1/03/2023   Payee name Google, Inc.  Amount (\$)   Payee address: City; State; Zip Code    PURPOSE OF EXPENDITURE   Payee name Google, Inc.  Candidate/Officeholder name Office sought   Object   Texas. Complete Schedule T.    Candidate/Officeholder name Office sought Office held    PURPOSE OF EXPENDITURE   Object   Texas. Complete Schedule T.    Date O2/01/2023   Candidate/Officeholder name Office sought Officeholder name Office held    Date O3/01/2023   Google, Inc.    Amount (\$)   Payee name Google, Inc.    Amount (\$)   Payee address; City; State; Zip Code    Amount (\$)   Payee address; City; State; Zip Code    S19.19   1600 Amphitheatre Pkwy.    Mountain View, CA 94043    PURPOSE OF EXPENDITURE   Object   Texas. Complete Schedule T.    Check It rawed outside of Texas. Complete			
9 Complete ONLY if direct expenditure to benefit C/OH  Date 01/03/2023   Payee name Google, Inc.  Amount (\$)   Payee address; City; State; Zip Code    1600 Amphitheatre Pkwy. Mountain View, CA 94043    PURPOSE OF EXPENDITURE   Payee name Google, Inc.  Complete ONLY if direct expenditure to benefit C/OH  Date O3/01/2023   Category (See Categories listed at the top of this schedule)   Office held    Date O2/01/2023   Payee name Google, Inc.  Amount (\$)   Payee name Google, Inc.  Amount (\$)   Payee name Google, Inc.  Amount (\$)   Payee address; City; State; Zip Code    1600 Amphitheatre Pkwy. Mountain View, CA 94043    PURPOSE OF EXPENDITURE   Office held    Payee name Google, Inc.  Amount (\$)   Payee address; City; State; Zip Code    1600 Amphitheatre Pkwy. Mountain View, CA 94043    PURPOSE OF EXPENDITURE   Office held    PURPOSE OF EXPENDITURE   Office held    PURPOSE OF EXPENDITURE   Office held    Office held    Date O3/01/2023   Office held    Office held    Dote O4/01/2023   Office held    O6/01/2023   Office held    O7/01/2023   Office held    O8/01/2023   Office held    O			
Date 01/03/2023			Woodle Tollowa 1888
Date 01/03/2023	9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
O1/03/2023 Google, Inc.  Amount (\$) Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy.  Mountain View, CA 94043  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Fees  (a) Category (see Categories listed at the top of this schedule) Fees  (b) Description Check it travel outside of Texas. Complete Schedule T. Check it faustin, TX, officeholder living expense Monthly service fee  Complete ONLY if direct expenditure to benefit C/OH  Date O2/01/2023 Google, Inc.  Amount (\$) Payee name Google, Inc.  Amount (\$) Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy. Mountain View, CA 94043  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 travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if taxin, TX, officeholder living expense Monthly service fee			
O1/03/2023  Google, Inc.  Amount (\$) Payee address; City; State; Zip Code  \$19.19 1600 Amphitheatre Pkwy.  Mountain View, CA 94043  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date O2/01/2023  Amount (\$) Payee name Gogogle, Inc.  Amount (\$) Payee address; City; State; Zip Code  \$19.19 Payee address; City; State; Zip Code  \$19.19 Payee address; City; State; Zip Code  1600 Amphitheatre Pkwy.  Mountain View, CA 94043  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if ravel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Monthly service fee		Date	Payee name
S19.19 1600 Amphitheatre Pkwy.  Mountain View, CA 94043  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if I travel outside of Texas. Complete Schedule T. Check if Justin, TX, officeholder living expense Monthly service fee  Complete QNLY if direct expenditure to benefit C/OH  Date 02/01/2023  Amount (\$) Payee andres; City; State; Zip Code 1600 Amphitheatre Pkwy. Mountain View, CA 94043  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if Austin, TX, officeholder inving expense Monthly service fee		01/03/2023	
\$19.19   1600 Amphitheatre Pkwy.   Mountain View, CA 94043		Amount (\$)	Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (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 Monthly service fee  Complete QNLY if direct expenditure to benefit C/OH  Date O2/01/2023  Amount (\$) Payee name Google, Inc.  Amount (\$) Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy. Mountain View, CA 94043  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly service fee		\$19.19	
PURPOSE OF EXPENDITURE  (a) Category Fees  (a) Categories listed at the top of this schedule) Fees  (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly service fee  Complete ONLY if direct expenditure to benefit C/OH  Date O2/01/2023  Amount (\$) Payee name Google, Inc.  Amount (\$) Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy. Mountain View, CA 94043  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if austin, TX, officeholder living expense Monthly service fee			
Complete ONLY if direct expenditure to benefit C/OH			Mountain View, CA 94043
EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Office sought Office held  Oz/01/2023  Amount (\$)  Payee name Google, Inc.  Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy.  Mountain View, CA 94043  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Fees  Ocheck if Austin, TX, officeholder living expense Monthly service fee  Office sought Office held  Office hel			
Complete ONLY if direct expenditure to benefit C/OH  Date O2/01/2023			
Complete ONLY if direct expenditure to benefit C/OH  Date			
Date 02/01/2023 Google, Inc.  Amount (\$) Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy.  Mountain View, CA 94043  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 Monthly service fee			Monthly service rec
Date 02/01/2023 Google, Inc.  Amount (\$) Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy.  Mountain View, CA 94043  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 Monthly service fee		Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
O2/01/2023  Google, Inc.  Amount (\$)  Payee address; City; State; Zip Code  1600 Amphitheatre Pkwy.  Mountain View, CA 94043  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 Monthly service fee			
O2/01/2023  Google, Inc.  Amount (\$)  Payee address; City; State; Zip Code  1600 Amphitheatre Pkwy.  Mountain View, CA 94043  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 Monthly service fee	H	Date	Pavee name
Amount (\$)  \$19.19  Payee address; City; State; Zip Code  1600 Amphitheatre Pkwy.  Mountain View, CA 94043  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 Monthly service fee			
\$19.19 1600 Amphitheatre Pkwy.  Mountain View, CA 94043  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 Monthly service fee	_		<u> </u>
Mountain View, CA 94043  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 Monthly service fee			
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 Monthly service fee		<b>ФТЭ.Т</b> 9	1000 Amphiliteatie Pkwy.
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 Monthly service fee			Mountain View, CA 94043
Fees  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Monthly service fee		PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
Check if Austin, TX, officeholder living expense  Monthly service fee			
		EXPENDITURE	Check if Austin, TX, officeholder living expense
Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Monthly service fee
L Complete ONLY it direct Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH		Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
		poa.taro to boriont 0/01	

#### SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/6 Rpt: 7/10	Turner, John W. (The Honorable) 00081719
4	Date	5 Payee name
	03/01/2023	Google, Inc.
6	Amount (\$) \$19.19	7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy.
Ļ		Mountain View, CA 94043
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  Monthly service fee
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/03/2023	Google, Inc.
	Amount (\$) \$19.19	Payee address; City; State; Zip Code  1600 Amphitheatre Pkwy.  Mountain View, CA 94043
_	2::22005	Mountain View, CA 94043
	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  Monthly service fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/02/2023	Name.com
	Amount (\$) \$17.98	Payee address; City; State; Zip Code 414 14th Street #200 Denver, CO 80202
	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  Renewal fee for website
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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)

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 5/6 Rpt: 8/10	Turner, John W. (The Honorable)		00081719
4	Date	5 Payee name		
l	01/03/2023	Public Storage, Inc.		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de	
	\$128.00	7568 Greenville Ave.		
l				
l		Dallas, TX 75231		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
l				Check if Austin, TX, officeholder living expense  Rent
				Kent
9	Complete ONLY if direct	Candidate/Officeholder name Office souc	ht	Office held
	expenditure to benefit C/O		,	
F	Date	Payee name		
l	02/03/2023	Public Storage, Inc.		
⊢	Amount (\$)	Payee address; City; State; Zip Coo	<u></u>	
l	\$128.00	7568 Greenville Ave.	10	
l	<b>4120.00</b>	rose crosinime rive.		
l		Dallas, TX 75231		
⊢	PURPOSE		(h)	Deparintion
l	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(15)	Description  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Omoc Overneau/Nemai Expense		Check if Austin, TX, officeholder living expense
l				Rent
L				
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ght	Office held
┡				
l	Date	Payee name		
L	03/03/2023	Public Storage, Inc.		
l	Amount (\$)	Payee address; City; State; Zip Coo	de	
l	\$147.00	7568 Greenville Ave.		
l		D. II TV 75004		
L		Dallas, TX 75231		
l	PURPOSE OF	,	(b)	Description  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
l				Rent
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/Ol	1		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/6 Rpt: 9/10	Turner, John W. (The Honorable) 00081719
4	Date	5 Payee name
	04/03/2023	Public Storage, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$147.00	7568 Greenville Ave.
		Dallas, TX 75231
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Rent
_		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/15/2023	USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$248.00	8604 Turtle Creek
		Dallas, TX 75225-9998
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Renewal of rental of postal box
	0 1 0 0 1 1 1 1	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
1		

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 10/10 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Turner, John W. (The Honorable) 00081719 5 Name of person from whom amount is received 8 Amount (\$) 01/04/2023 \$40.51 John, Turner (Rep.) 6 Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75230 Purpose for which amount is received Check if political contribution returned to filer Reimbursement / purchase of framed office photos