

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00062790	<b>2</b> Total pages filed: 100	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Christopher G.	MI 	<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 07/15/2024
	NICKNAME Chris	LAST Turner	SUFFIX 	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE P. O. Box 182093  Arlington, TX 76096			Date Hand-delivered or Date Postmarked
	Receipt #		Amount	Date Processed
	Date Imaged			
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST William D.	MI 	
	NICKNAME Dan	LAST Dipert	SUFFIX 	
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7301 W. Pioneer Pkwy.  Arlington, TX 76013			
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 543-3700	EXTENSION	
<b>8</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
<b>9</b> PERIOD COVERED	Month    Day    Year 01/01/2024	THROUGH		Month    Day    Year 06/30/2024
<b>10</b> ELECTION	ELECTION DATE Month    Day    Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>11</b> OFFICE	OFFICE HELD (if any) State Representative District 101		<b>12</b> OFFICE SOUGHT (if known) State Representative District 101	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 100

<b>13 C / OH NAME</b> Turner, Christopher G. (The Honorable)	<b>14 Filer ID</b> (Ethics Commission Filers) 00062790
--	---

<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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.		
<input type="checkbox"/> Additional Pages	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>	
	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>	
	<input type="checkbox"/> SPECIFIC		
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b>	
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>	

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	82,596.54
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	4,341.82
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	131,943.42
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	468,441.73
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Christopher G. Turner

\_\_\_\_\_  
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**

3 of 100

<b>18 FILER NAME</b> Turner, Christopher G. (The Honorable)		<b>19 Filer ID</b> 00062790	(Ethics Commission Filers)
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	82,596.54
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	91,300.68
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	40,366.09
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	876.65
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	8,364.88

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/24 Rpt: 4/100
2 FILER NAME Turner, Christopher G. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062790
4 Date 01/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Angle, John	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code  Fort Worth, TX 76110-2609	
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) AMM Political Strategies LLC
Date 02/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Angle, John	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76110-2609	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) AMM Political Strategies LLC
Date 03/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Angle, John	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76110-2609	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) AMM Political Strategies LLC
Date 04/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Angle, John	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76110-2609	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) AMM Political Strategies LLC
Date 05/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Angle, John	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Fort Worth, TX 76110-2609	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) AMM Political Strategies LLC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 2/24 Rpt: 5/100
2 FILER NAME Turner, Christopher G. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062790
4 Date 01/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Arlington Professional Firefighters PAC	7 Amount of Contribution (\$) \$5,000.00
	6 Contributor address; City; State; Zip Code  Arlington, TX 76013-1714	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Barnes, Chris	Amount of Contribution (\$) \$26.13
	Contributor address; City; State; Zip Code  Arlington, TX 76002-3894	
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Beckman Coulter
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bell, Gwen	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Houston, TX 77066-2015	
Principal occupation / Job title (See Instructions) Retired Communications Representative		Employer (See Instructions) Retired
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blackridge	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code  Austin, TX 78701-2161	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Border Health PAC	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code  McAllen, TX 78504-3088	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/24 Rpt: 6/100
<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 04/04/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bowen, Naomi	<b>7</b> Amount of Contribution (\$) \$131.34
<b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76001-7513		
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 05/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brinkley, Susan	Amount of Contribution (\$) \$26.13
Contributor address; City; State; Zip Code  Fort Worth, TX 76244-7969		
Principal occupation / Job title (See Instructions) Licensed professional counselor		Employer (See Instructions) Private practice
Date 06/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Britt, Eric Glenn	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code  Arlington, TX 76010-2123		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Buresh, Gary	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Cleburne, TX 76031-7856		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 05/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Buresh, Gary	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Cleburne, TX 76031-7856		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 4/24 Rpt: 7/100
2 FILER NAME Turner, Christopher G. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062790
4 Date 04/04/2024	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00362640 ) Calpine Corporation PAC	7 Amount of Contribution (\$) \$1,500.00
	6 Contributor address; City; State; Zip Code  Houston, TX 77002-2743	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 05/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Campbell, Edna E	Amount of Contribution (\$) \$26.13
	Contributor address; City; State; Zip Code  Fort Worth, TX 76134-4877	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cassidy, Chris	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Arlington, TX 76011-6000	
Principal occupation / Job title (See Instructions) President & CEO		Employer (See Instructions) National Medal of Honor Museum Foundation
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) CenterPoint Energy Incorporated PAC	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code  Houston, TX 77210-4567	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chase, Scott	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Dallas, TX 75208-2503	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Scott Chase

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/24 Rpt: 8/100
<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 01/25/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Currey, Thomas D. (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Grand Prairie, TX 75050-5532	
<b>8</b> Principal occupation / Job title (See Instructions) Registered Representative		<b>9</b> Employer (See Instructions) The TDC Companies
Date 05/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Daryl	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Fort Worth, TX 76123-2752	
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Inspiring Temple Of Praise
Date 05/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Gloria	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Arlington, TX 76018-1270	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 05/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Gloria	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Arlington, TX 76018-1270	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 04/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davis, Teri	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Escondido, CA 92026-5020	
Principal occupation / Job title (See Instructions) Mental health therapist		Employer (See Instructions) Self Employed



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/24 Rpt: 9/100
<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 05/18/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dipert, Dan W.	<b>7</b> Amount of Contribution (\$) \$1,000.00
	<b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76013-1722	
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Dipert Travel & Transportation Ltd.
Date 05/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dipert, Linda (Mrs.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Arlington, TX 76013-1760	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Dipert Travel & Transportation Ltd.
Date 06/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dow, Jim	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Austin, TX 78701-1819	
Principal occupation / Job title (See Instructions) Managing Partner		Employer (See Instructions) Cross Oak Group
Date 01/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dunn, Louise	Amount of Contribution (\$) \$15.69
	Contributor address; City; State; Zip Code  Arlington, TX 76002-2869	
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions) AISD
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dunn, Louise	Amount of Contribution (\$) \$15.69
	Contributor address; City; State; Zip Code  Arlington, TX 76002-2869	
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions) AISD

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/24 Rpt: 10/100
<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 03/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dunn, Louise	<b>7</b> Amount of Contribution (\$)  \$15.69
<b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76002-2869		
<b>8</b> Principal occupation / Job title (See Instructions) Retired Teacher		<b>9</b> Employer (See Instructions) AISD
Date 04/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dunn, Louise	Amount of Contribution (\$)  \$15.69
Contributor address; City; State; Zip Code  Arlington, TX 76002-2869		
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions) AISD
Date 05/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dunn, Louise	Amount of Contribution (\$)  \$15.69
Contributor address; City; State; Zip Code  Arlington, TX 76002-2869		
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions) AISD
Date 05/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dunn, Louise	Amount of Contribution (\$)  \$10.00
Contributor address; City; State; Zip Code  Arlington, TX 76002-2869		
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions) AISD
Date 06/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dunn, Louise	Amount of Contribution (\$)  \$15.69
Contributor address; City; State; Zip Code  Arlington, TX 76002-2869		
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions) AISD

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/24 Rpt: 11/100
<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 01/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Eason, Ed and Lynette	<b>7</b> Amount of Contribution (\$) \$259.00
<b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76016-4555		
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 05/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fickling, Karl	Amount of Contribution (\$) \$26.13
Contributor address; City; State; Zip Code  Grand Prairie, TX 75052-8341		
Principal occupation / Job title (See Instructions) Educator/minister		Employer (See Instructions) B. H. Carroll Seminar
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fickling, Karl	Amount of Contribution (\$) \$26.13
Contributor address; City; State; Zip Code  Grand Prairie, TX 75052-8341		
Principal occupation / Job title (See Instructions) Educator/minister		Employer (See Instructions) B. H. Carroll Seminar
Date 05/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Friends of Baylor Medicine PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Houston, TX 77030-3411		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Friends of the University PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Austin, TX 78763-0552		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/24 Rpt: 12/100
<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 01/02/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fritsche, Patricia <hr/> <b>6</b> Contributor address; City; State; Zip Code  Morgan, TX 76671-3185	<b>7</b> Amount of Contribution (\$)  \$52.00
<b>8</b> Principal occupation / Job title (See Instructions) CPA		<b>9</b> Employer (See Instructions) FMG CPA LLC
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fritsche, Patricia <hr/> Contributor address; City; State; Zip Code  Morgan, TX 76671-3185	Amount of Contribution (\$)  \$52.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) FMG CPA LLC
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Funderburk, Marc <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76016-2650	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gardner, Jonathan <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76116-9314	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garnett, Kevin <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76133-2155	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Researcher/Producer		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/24 Rpt: 13/100
<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 06/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garnett, Richard <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76109-5233	<b>7</b> Amount of Contribution (\$)  \$259.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 05/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Garnett, Richard (Mr.) <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76109-5233	Amount of Contribution (\$)  \$259.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gentry, Patricia (Ms.) <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76015-3838	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Greenhill, Bill D. <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76107-3808	Amount of Contribution (\$)  \$1,552.75
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Haynes and Boone LLP
Date 04/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hall, Gerri <hr/> Contributor address; City; State; Zip Code  Lakeside, TX 76135-5200	Amount of Contribution (\$)  \$52.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/24 Rpt: 14/100
<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 05/15/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haney, Michael D <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76116-1676	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HillCo PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-2458	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hochheim Prairie PAC <hr/> Contributor address; City; State; Zip Code  Yoakum, TX 77995-1318	Amount of Contribution (\$)  \$750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston Police Retired Officers Association PAC <hr/> Contributor address; City; State; Zip Code  Houston, TX 77219-0787	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Scott <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76014-3513	Amount of Contribution (\$)  \$52.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/24 Rpt: 15/100
<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 06/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Keffer, James	<b>7</b> Amount of Contribution (\$) \$500.00
<b>6</b> Contributor address; City; State; Zip Code  Eastland, TX 76448-3450		
<b>8</b> Principal occupation / Job title (See Instructions) Consultant		<b>9</b> Employer (See Instructions) Keffer Consulting LLC
Date 03/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ledford, Grace	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Arlington, TX 76014-1552		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Longbow Consulting Partners LLC	Amount of Contribution (\$) \$350.00
Contributor address; City; State; Zip Code  Austin, TX 78701-2683		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Meeks, Raymond	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Venus, TX 76084-3252		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Raymond M Meeks
Date 02/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Meeks, Raymond	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code  Venus, TX 76084-3252		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Raymond M Meeks

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/24 Rpt: 16/100
<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 03/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Meeks, Raymond	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>6</b> Contributor address; City; State; Zip Code  Venus, TX 76084-3252		
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Raymond M Meeks
Date 04/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Meeks, Raymond	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Venus, TX 76084-3252		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Raymond M Meeks
Date 05/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Meeks, Raymond	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Venus, TX 76084-3252		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Raymond M Meeks
Date 06/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Meeks, Raymond	Amount of Contribution (\$)  \$100.00
Contributor address; City; State; Zip Code  Venus, TX 76084-3252		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Raymond M Meeks
Date 06/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Miller, Robert	Amount of Contribution (\$)  \$500.00
Contributor address; City; State; Zip Code  Dallas, TX 75201-2708		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Locke Lord LLP



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/24 Rpt: 17/100
<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 01/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mitchell, Peggy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Fort Worth, TX 76135-4429	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 02/12/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00366559 ) NRG Energy Inc. Political Action Committee <hr/> Contributor address; City; State; Zip Code  Princeton, NJ 08540-6299	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/23/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00064774 ) NextEra Energy PAC <hr/> Contributor address; City; State; Zip Code  Austin, TX 78749-1983	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Olivo, Dora F. <hr/> Contributor address; City; State; Zip Code  Richmond, TX 77406-0013	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Justice of the Peace		Employer (See Instructions) Fort Bend County
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Padgett, Robyn <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76132-3055	Amount of Contribution (\$)  \$54.07
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/24 Rpt: 18/100
<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 06/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Palmer, Tracy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76018-2930	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Palmer, Tracy <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76018-2930	Amount of Contribution (\$)  \$10.60
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Phillips, Greg <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76104-2221	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self employed
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ressl, Robert <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76013-6446	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Robinson, Jean <hr/> Contributor address; City; State; Zip Code  Fort Worth, TX 76137-2058	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/24 Rpt: 19/100
<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 05/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roemer, Claire <hr/> <b>6</b> Contributor address; City; State; Zip Code  Arlington, TX 76013-1908	<b>7</b> Amount of Contribution (\$)  \$103.75
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 06/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roemer, Ken and Micki <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76013-1908	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rural Friends of Electric Cooperatives <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-2100	Amount of Contribution (\$)  \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Elizabeth <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76016-1830	Amount of Contribution (\$)  \$26.13
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Bruce <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703-1428	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/24 Rpt: 20/100
<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 06/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seidlits Jr., Curtis	<b>7</b> Amount of Contribution (\$) \$250.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78746-6773		
<b>8</b> Principal occupation / Job title (See Instructions) Consultant		<b>9</b> Employer (See Instructions) Focused Advocacy
Date 06/30/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: _____) Sheppard, Joseph	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code  Cuero, TX 77954-0327		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Crain & Sheppard
Date 06/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shipley, George	Amount of Contribution (\$) \$259.00
Contributor address; City; State; Zip Code  Austin, TX 78703-2206		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Shipley & Associates Inc.
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shipton, Patricia A.	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Austin, TX 78701-2157		
Principal occupation / Job title (See Instructions) Government Affairs		Employer (See Instructions) Self-Employed
Date 01/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Cheryl Ann (Ms.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code  Grand Prairie, TX 75052-4581		
Principal occupation / Job title (See Instructions) Legal & Grievance Specialist		Employer (See Instructions) The American Federation.of Teachers

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/24 Rpt: 21/100
<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 02/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Cheryl Ann (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Grand Prairie, TX 75052-4581	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Legal & Grievance Specialist		<b>9</b> Employer (See Instructions) The American Federation.of Teachers
Date 03/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Cheryl Ann (Ms.) <hr/> Contributor address; City; State; Zip Code  Grand Prairie, TX 75052-4581	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Legal & Grievance Specialist		Employer (See Instructions) The American Federation.of Teachers
Date 04/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Cheryl Ann (Ms.) <hr/> Contributor address; City; State; Zip Code  Grand Prairie, TX 75052-4581	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Legal & Grievance Specialist		Employer (See Instructions) The American Federation.of Teachers
Date 05/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Cheryl Ann (Ms.) <hr/> Contributor address; City; State; Zip Code  Grand Prairie, TX 75052-4581	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Legal & Grievance Specialist		Employer (See Instructions) The American Federation.of Teachers
Date 06/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Cheryl Ann (Ms.) <hr/> Contributor address; City; State; Zip Code  Grand Prairie, TX 75052-4581	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Legal & Grievance Specialist		Employer (See Instructions) The American Federation.of Teachers

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/24 Rpt: 22/100
<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 06/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Cheryl Ann (Ms.)	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>6</b> Contributor address; City; State; Zip Code  Grand Prairie, TX 75052-4581		
<b>8</b> Principal occupation / Job title (See Instructions) Legal & Grievance Specialist		<b>9</b> Employer (See Instructions) The American Federation.of Teachers
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Regina C. (Mrs.)	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code  Grand Prairie, TX 75052-8345		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stephens, Sarah	Amount of Contribution (\$)  \$103.75
Contributor address; City; State; Zip Code  Arlington, TX 76013-1783		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Stewart, Thomas	Amount of Contribution (\$)  \$1,000.00
Contributor address; City; State; Zip Code  Austin, TX 78749-3030		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Texas Charity Advocates
Date 05/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Suhm, Mary	Amount of Contribution (\$)  \$50.00
Contributor address; City; State; Zip Code  Austin, TX 78737		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Mary Suhm

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/24 Rpt: 23/100
<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 03/12/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas AFT COPE Fund <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78741	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Association Of Property Tax Professionals PAC <hr/> Contributor address; City; State; Zip Code  Helotes, TX 78023-0933	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Building Branch AGC PAC Account <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-2656	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Lobby Partners LLP <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-2132	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Medical Association PAC (TexPAC) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78701-1624	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/24 Rpt: 24/100
<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 06/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Orthopaedic Political Action Committee	<b>7</b> Amount of Contribution (\$) \$1,500.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701-1665		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 06/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Sands PAC	Amount of Contribution (\$) \$4,500.00
Contributor address; City; State; Zip Code  Austin, TX 78701-4093		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Society of CPAs Political Action Committee (TSCPA PAC)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Addison, TX 75001-3872		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Society of CPAs Political Action Committee (TSCPA PAC)	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Addison, TX 75001-3872		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Trial Lawyers Association PAC	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code  Austin, TX 78767-0788		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/24 Rpt: 25/100
<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 06/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Trial Lawyers Association PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78767-0788	<b>7</b> Amount of Contribution (\$)  \$2,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 05/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Turner, Mary Ann (Mrs.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75228-2758	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 06/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Turner, Mary Ann (Mrs.) <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75228-2758	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 05/16/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00002766 ) United Food & Commercial Workers International Union AFL-CIO CLC <hr/> Contributor address; City; State; Zip Code  Washington, DC 20006-1521	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/11/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00002766 ) United Food & Commercial Workers International Union AFL-CIO CLC <hr/> Contributor address; City; State; Zip Code  Washington, DC 20006-1521	Amount of Contribution (\$)  \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/24 Rpt: 26/100
<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 04/22/2024	<b>5</b> Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00002766 ) United Food and Commercial Workers International Union Action Ballot <hr/> <b>6</b> Contributor address; City; State; Zip Code  Washington, DC 20006-1502	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 06/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Valdez, Jerry A. (Mr.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78711-2031	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 05/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Valenzuela, Terry <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76011-7957	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Toolmaker		Employer (See Instructions) General Motors
Date 01/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vallot, Colette <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75219-7905	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Managing Partner		Employer (See Instructions) Entre Strategic Partners
Date 05/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Watson, Lesta <hr/> Contributor address; City; State; Zip Code  Grand Prairie, TX 75050-1303	Amount of Contribution (\$)  \$3.36
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/24 Rpt: 27/100
<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 06/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wholesale Beer Distributors of Texas PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701-2434	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 05/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wick, Audrey <hr/> Contributor address; City; State; Zip Code  Arlington, TX 76012-2733	Amount of Contribution (\$)  \$52.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 03/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zachry Construction Corporation PAC <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78265-3240	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		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.

<b>1</b> Total pages Schedule F1: Sch: 1/29 Rpt: 28/100	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062790
--	---	--

<b>4</b> Date 02/02/2024	<b>5</b> Payee name 360 Corridor Democratic Action
-----------------------------	---

<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; City; State; Zip Code PO Box 182094  Arlington, TX 76096-2094
----------------------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
---------------------------------	---	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 02/01/2024	Payee name American Express
--------------------	--------------------------------

Amount (\$) \$4,965.69	Payee address; City; State; Zip Code 200 Vesey St  New York, NY 10281-5525
---------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card payment
-------------------------------	--	---

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

Date 03/07/2024	Payee name American Express
--------------------	--------------------------------

Amount (\$) \$14,007.07	Payee address; City; State; Zip Code 200 Vesey St  New York, NY 10281-5525
----------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card payment
-------------------------------	--	---

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.

<b>1</b> Total pages Schedule F1: Sch: 2/29 Rpt: 29/100	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 04/04/2024	<b>5</b> Payee name American Express	
<b>6</b> Amount (\$) \$2,596.10	<b>7</b> Payee address; City; State; Zip Code 200 Vesey St  New York, NY 10281-5525	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Credit Card Payment	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card payment
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/03/2024	Payee name American Express	
Amount (\$) \$3,038.80	Payee address; City; State; Zip Code 200 Vesey St  New York, NY 10281-5525	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card payment
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/24/2024	Payee name American Express	
Amount (\$) \$3,081.76	Payee address; City; State; Zip Code 200 Vesey St  New York, NY 10281-5525	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card payment
Complete ONLY 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.

<b>1</b> Total pages Schedule F1: Sch: 3/29 Rpt: 30/100	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 01/31/2024	<b>5</b> Payee name Dubberke, Tammy	
<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; City; State; Zip Code 3703 Lasalle Dr  Arlington, TX 76016-2930	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/29/2024	Payee name Dubberke, Tammy	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 3703 Lasalle Dr  Arlington, TX 76016-2930	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/29/2024	Payee name Dubberke, Tammy	
Amount (\$) \$283.33	Payee address; City; State; Zip Code 3703 Lasalle Dr  Arlington, TX 76016-2930	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary
Complete ONLY 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.

<b>1</b> Total pages Schedule F1: Sch: 4/29 Rpt: 31/100	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 01/03/2024	<b>5</b> Payee name First Data Merchant Services	
<b>6</b> Amount (\$) \$147.13	<b>7</b> Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/03/2024	Payee name First Data Merchant Services	
Amount (\$) \$331.47	Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/03/2024	Payee name First Data Merchant Services	
Amount (\$) \$30.19	Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY 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.

<b>1</b> Total pages Schedule F1: Sch: 5/29 Rpt: 32/100	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 02/05/2024	<b>5</b> Payee name First Data Merchant Services	
<b>6</b> Amount (\$) \$75.31	<b>7</b> Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/05/2024	Payee name First Data Merchant Services	
Amount (\$) \$27.23	Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/05/2024	Payee name First Data Merchant Services	
Amount (\$) \$82.11	Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
Complete ONLY 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.

<b>1</b> Total pages Schedule F1: Sch: 6/29 Rpt: 33/100	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062790
--	---	--

<b>4</b> Date 03/04/2024	<b>5</b> Payee name First Data Merchant Services
-----------------------------	---

<b>6</b> Amount (\$) \$35.68	<b>7</b> Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651
---------------------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
---------------------------------	---	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 03/04/2024	Payee name First Data Merchant Services
--------------------	--

Amount (\$) \$30.09	Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651
------------------------	---

PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
------------------------	---	--

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

Date 03/04/2024	Payee name First Data Merchant Services
--------------------	--

Amount (\$) \$40.55	Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651
------------------------	---

PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
------------------------	---	--

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.

<b>1</b> Total pages Schedule F1: Sch: 7/29 Rpt: 34/100	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062790
--	---	--

<b>4</b> Date 04/03/2024	<b>5</b> Payee name First Data Merchant Services
-----------------------------	---

<b>6</b> Amount (\$) \$30.09	<b>7</b> Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651
---------------------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
---------------------------------	---	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 04/03/2024	Payee name First Data Merchant Services
--------------------	--

Amount (\$) \$0.02	Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651
-----------------------	---

PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
------------------------	---	--

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

Date 04/03/2024	Payee name First Data Merchant Services
--------------------	--

Amount (\$) \$35.03	Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651
------------------------	---

PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
------------------------	---	--

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.

<b>1</b> Total pages Schedule F1: Sch: 8/29 Rpt: 35/100	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062790
--	---	--

<b>4</b> Date 04/03/2024	<b>5</b> Payee name First Data Merchant Services
-----------------------------	---

<b>6</b> Amount (\$) \$7.40	<b>7</b> Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651
--------------------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
---------------------------------	---	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 05/03/2024	Payee name First Data Merchant Services
--------------------	--

Amount (\$) \$43.39	Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651
------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
------------------------	--	---

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

Date 05/03/2024	Payee name First Data Merchant Services
--------------------	--

Amount (\$) \$7.94	Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651
-----------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
------------------------	--	---

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.

<b>1</b> Total pages Schedule F1: Sch: 9/29 Rpt: 36/100	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062790
--	---	--

<b>4</b> Date 05/03/2024	<b>5</b> Payee name First Data Merchant Services
-----------------------------	---

<b>6</b> Amount (\$) \$22.42	<b>7</b> Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651
---------------------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
---------------------------------	---	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 06/03/2024	Payee name First Data Merchant Services
--------------------	--

Amount (\$) \$103.04	Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651
-------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
------------------------	--	---

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

Date 06/03/2024	Payee name First Data Merchant Services
--------------------	--

Amount (\$) \$28.92	Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651
------------------------	---

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
------------------------	--	---

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.

<b>1</b> Total pages Schedule F1: Sch: 10/29 Rpt:	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062790
--	---	--

<b>4</b> Date 06/03/2024	<b>5</b> Payee name First Data Merchant Services
-----------------------------	---

<b>6</b> Amount (\$) \$21.99	<b>7</b> Payee address; City; State; Zip Code 5565 Glenridge Connector NE Ste 2000 Atlanta, GA 30342-1651
---------------------------------	--

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fee
---------------------------------	---	--

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 01/12/2024	Payee name Grand Prairie Citizen Police Academy Alumni Association
--------------------	---

Amount (\$) \$300.00	Payee address; City; State; Zip Code 2713 Spartacus Dr  Grand Prairie, TX 75052-7011
-------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
-------------------------------	--	--

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

Date 05/28/2024	Payee name Grand Prairie Juneteenth Committee
--------------------	--

Amount (\$) \$250.00	Payee address; City; State; Zip Code PO Box 530744  Grand Prairie, TX 75053-0744
-------------------------	---

<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event contribution
-------------------------------	--	--

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.

<b>1</b> Total pages Schedule F1: Sch: 11/29 Rpt:	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 01/17/2024	<b>5</b> Payee name Gutierrez, Sarah	
<b>6</b> Amount (\$) \$2,000.00	<b>7</b> Payee address; City; State; Zip Code 401 Middle Crk  Buda, TX 78610-2765	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign operations consulting
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/20/2024	Payee name Gutierrez, Sarah	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 401 Middle Crk  Buda, TX 78610-2765	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign operations consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/19/2024	Payee name Gutierrez, Sarah	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 401 Middle Crk  Buda, TX 78610-2765	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign operations consulting
Complete ONLY 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.

<b>1</b> Total pages Schedule F1: Sch: 12/29 Rpt:	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 04/11/2024	<b>5</b> Payee name Gutierrez, Sarah	
<b>6</b> Amount (\$) \$2,000.00	<b>7</b> Payee address; City; State; Zip Code 401 Middle Crk  Buda, TX 78610-2765	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign operations consulting
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/09/2024	Payee name Gutierrez, Sarah	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 401 Middle Crk  Buda, TX 78610-2765	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign operations consulting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/12/2024	Payee name Gutierrez, Sarah	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 401 Middle Crk  Buda, TX 78610-2765	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign operations consulting
Complete ONLY 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.

<b>1</b> Total pages Schedule F1: Sch: 13/29 Rpt:	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 01/12/2024	<b>5</b> Payee name Heart Led Digital	
<b>6</b> Amount (\$) \$525.00	<b>7</b> Payee address; City; State; Zip Code 134 S Cypress Ave  Columbus, OH 43222-1404	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email consulting
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/13/2024	Payee name Historic West Mansfield Texas Community Development Corporation	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1188 W Broad St  Mansfield, TX 76063-4508	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/31/2024	Payee name Internal Revenue Service	
Amount (\$) \$185.63	Payee address; City; State; Zip Code PO Box 970030  Saint Louis, MO 63197-0030	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll taxes
Complete ONLY 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.

<b>1</b>	Total pages Schedule F1: Sch: 14/29 Rpt:	<b>2</b>	FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062790	
<b>4</b>	Date 02/29/2024	<b>5</b>	Payee name Internal Revenue Service			
<b>6</b>	Amount (\$) \$185.62	<b>7</b>	Payee address; City; State; Zip Code PO Box 970030  Saint Louis, MO 63197-0030			
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll taxes			
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 03/31/2024		Payee name Internal Revenue Service			
	Amount (\$) \$188.38		Payee address; City; State; Zip Code PO Box 970030  Saint Louis, MO 63197-0030			
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll taxes			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 04/30/2024		Payee name Internal Revenue Service			
	Amount (\$) \$165.00		Payee address; City; State; Zip Code PO Box 970030  Saint Louis, MO 63197-0030			
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll taxes			
		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.

<b>1</b> Total pages Schedule F1: Sch: 15/29 Rpt:	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 05/31/2024	<b>5</b> Payee name Internal Revenue Service	
<b>6</b> Amount (\$) \$165.00	<b>7</b> Payee address; City; State; Zip Code PO Box 970030  Saint Louis, MO 63197-0030	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll taxes
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/28/2024	Payee name Internal Revenue Service	
Amount (\$) \$82.50	Payee address; City; State; Zip Code PO Box 970030  Saint Louis, MO 63197-0030	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payroll taxes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/16/2024	Payee name Intuit	
Amount (\$) \$73.55	Payee address; City; State; Zip Code 2632 Marine Way  Mountain View, CA 94043-1126	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll processing
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.

<b>1</b> Total pages Schedule F1: Sch: 16/29 Rpt:	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 02/16/2024	<b>5</b> Payee name Intuit	
<b>6</b> Amount (\$) \$73.55	<b>7</b> Payee address; City; State; Zip Code 2632 Marine Way  Mountain View, CA 94043-1126	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll processing
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 03/18/2024	Payee name Intuit	
Amount (\$) \$73.55	Payee address; City; State; Zip Code 2632 Marine Way  Mountain View, CA 94043-1126	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll processing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 04/16/2024	Payee name Intuit	
Amount (\$) \$73.55	Payee address; City; State; Zip Code 2632 Marine Way  Mountain View, CA 94043-1126	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll processing
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.

<b>1</b> Total pages Schedule F1: Sch: 17/29 Rpt:	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 05/16/2024	<b>5</b> Payee name Intuit	
<b>6</b> Amount (\$) \$67.16	<b>7</b> Payee address; City; State; Zip Code 2632 Marine Way  Mountain View, CA 94043-1126	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll processing
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/17/2024	Payee name Intuit	
Amount (\$) \$67.16	Payee address; City; State; Zip Code 2632 Marine Way  Mountain View, CA 94043-1126	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign payroll processing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/10/2024	Payee name Intuit	
Amount (\$) \$8.51	Payee address; City; State; Zip Code 2632 Marine Way  Mountain View, CA 94043-1126	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 2023 1099 Processing
Complete ONLY 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.

<b>1</b> Total pages Schedule F1: Sch: 18/29 Rpt:	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 01/03/2024	<b>5</b> Payee name NGP Van	
<b>6</b> Amount (\$) \$469.04	<b>7</b> Payee address; City; State; Zip Code 655 15th St NW Ste 650 Washington, DC 20005-5738	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign database subscription
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 02/05/2024	Payee name NGP Van	
Amount (\$) \$469.04	Payee address; City; State; Zip Code 655 15th St NW Ste 650 Washington, DC 20005-5738	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign database subscription
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 03/04/2024	Payee name NGP Van	
Amount (\$) \$469.04	Payee address; City; State; Zip Code 655 15th St NW Ste 650 Washington, DC 20005-5738	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign database subscription
	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.

<b>1</b> Total pages Schedule F1: Sch: 19/29 Rpt:	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 04/03/2024	<b>5</b> Payee name NGP Van	
<b>6</b> Amount (\$) \$469.04	<b>7</b> Payee address; City; State; Zip Code 655 15th St NW Ste 650 Washington, DC 20005-5738	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign database subscription
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/03/2024	Payee name NGP Van	
Amount (\$) \$469.04	Payee address; City; State; Zip Code 655 15th St NW Ste 650 Washington, DC 20005-5738	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign database subscription
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/03/2024	Payee name NGP Van	
Amount (\$) \$469.04	Payee address; City; State; Zip Code 655 15th St NW Ste 650 Washington, DC 20005-5738	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign database subscription
Complete ONLY 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.

<b>1</b> Total pages Schedule F1: Sch: 20/29 Rpt:	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 01/31/2024	<b>5</b> Payee name Ngo, Vanna	
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code PO Box 540592  Grand Prairie, TX 75054-0592	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 02/29/2024	Payee name Ngo, Vanna	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 540592  Grand Prairie, TX 75054-0592	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 03/29/2024	Payee name Ngo, Vanna	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 540592  Grand Prairie, TX 75054-0592	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary
	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.

<b>1</b> Total pages Schedule F1: Sch: 21/29 Rpt:	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 04/30/2024	<b>5</b> Payee name Ngo, Vanna	
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code PO Box 540592  Grand Prairie, TX 75054-0592	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/31/2024	Payee name Ngo, Vanna	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 540592  Grand Prairie, TX 75054-0592	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/28/2024	Payee name Ngo, Vanna	
Amount (\$) \$37.52	Payee address; City; State; Zip Code PO Box 540592  Grand Prairie, TX 75054-0592	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage reimbursement
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.

<b>1</b> Total pages Schedule F1: Sch: 22/29 Rpt:	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 06/28/2024	<b>5</b> Payee name Ngo, Vanna	
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code PO Box 540592  Grand Prairie, TX 75054-0592	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/31/2024	Payee name Peterson, Kelly	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1000 San Marcos St Unit 176 Austin, TX 78702-2660	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/29/2024	Payee name Peterson, Kelly	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1000 San Marcos St Unit 176 Austin, TX 78702-2660	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary
Complete ONLY 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.

<b>1</b> Total pages Schedule F1: Sch: 23/29 Rpt:	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 03/29/2024	<b>5</b> Payee name Peterson, Kelly	
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 1000 San Marcos St Unit 176 Austin, TX 78702-2660	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/31/2024	Payee name Peterson, Kelly	
Amount (\$) \$245.63	Payee address; City; State; Zip Code 1000 San Marcos St Unit 176 Austin, TX 78702-2660	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage reimbursement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/30/2024	Payee name Peterson, Kelly	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1000 San Marcos St Unit 176 Austin, TX 78702-2660	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary
Complete ONLY 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.

<b>1</b> Total pages Schedule F1: Sch: 24/29 Rpt:	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 05/31/2024	<b>5</b> Payee name Peterson, Kelly	
<b>6</b> Amount (\$) \$1,000.00	<b>7</b> Payee address; City; State; Zip Code 1000 San Marcos St Unit 176 Austin, TX 78702-2660	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/28/2024	Payee name Peterson, Kelly	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1000 San Marcos St Unit 176 Austin, TX 78702-2660	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign salary
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/03/2024	Payee name Rodman, Megan	
Amount (\$) \$4,000.00	Payee address; City; State; Zip Code 5503 Mercedes Ave  Dallas, TX 75206-5821	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising consulting services
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.

<b>1</b> Total pages Schedule F1: Sch: 25/29 Rpt:	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 02/01/2024	<b>5</b> Payee name Rodman, Megan	
<b>6</b> Amount (\$) \$4,000.00	<b>7</b> Payee address; City; State; Zip Code 5503 Mercedes Ave  Dallas, TX 75206-5821	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising consulting services
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/04/2024	Payee name Rodman, Megan	
Amount (\$) \$4,000.00	Payee address; City; State; Zip Code 5503 Mercedes Ave  Dallas, TX 75206-5821	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising consulting services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/11/2024	Payee name Rodman, Megan	
Amount (\$) \$4,000.00	Payee address; City; State; Zip Code 5503 Mercedes Ave  Dallas, TX 75206-5821	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising consulting services
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.

<b>1</b> Total pages Schedule F1: Sch: 26/29 Rpt:	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 05/06/2024	<b>5</b> Payee name Rodman, Megan	
<b>6</b> Amount (\$) \$4,000.00	<b>7</b> Payee address; City; State; Zip Code 5503 Mercedes Ave  Dallas, TX 75206-5821	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising consulting service
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/04/2024	Payee name Rodman, Megan	
Amount (\$) \$4,000.00	Payee address; City; State; Zip Code 5503 Mercedes Ave  Dallas, TX 75206-5821	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising consulting service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/30/2024	Payee name Texas Democratic Party	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 15707  Austin, TX 78761-5707	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Convention sponsorship
Complete ONLY 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.

<b>1</b> Total pages Schedule F1: Sch: 27/29 Rpt:	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 05/30/2024	<b>5</b> Payee name The Arlington 4th of July Association	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code PO Box 1776  Arlington, TX 76004-1776	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event contribution
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/01/2024	Payee name Turner, Chris	
Amount (\$) \$711.88	Payee address; City; State; Zip Code 3060 Nadar  Grand Prairie, TX 75054-6792	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage reimbursement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/30/2024	Payee name Turner, Chris	
Amount (\$) \$1,551.24	Payee address; City; State; Zip Code 3060 Nadar  Grand Prairie, TX 75054-6792	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage reimbursement
Complete ONLY 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.

<b>1</b> Total pages Schedule F1: Sch: 28/29 Rpt:	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 06/30/2024	<b>5</b> Payee name Turner, Chris	
<b>6</b> Amount (\$) \$473.65	<b>7</b> Payee address; City; State; Zip Code 3060 Nadar  Grand Prairie, TX 75054-6792	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Schedule G reimbursement
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/01/2024	Payee name Turner, Chris	
Amount (\$) \$403.00	Payee address; City; State; Zip Code 3060 Nadar  Grand Prairie, TX 75054-6792	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Schedule G Reimbursement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/04/2024	Payee name UTA Shorthorn	
Amount (\$) \$300.00	Payee address; City; State; Zip Code PO Box 19038  Arlington, TX 76019	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper advertising
Complete ONLY 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.

<b>1</b> Total pages Schedule F1: Sch: 29/29 Rpt:	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062790	
<b>4</b> Date 03/18/2024	<b>5</b> Payee name YMCA of Arlington		
<b>6</b> Amount (\$) \$1,250.00	<b>7</b> Payee address; City; State; Zip Code 1148 W Pioneer Pkwy Ste H Arlington, TX 76013-6385		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event sponsorship	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held



# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 1/33 Rpt: 57/100	<b>2</b>	FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062790
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution American Express		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,635.21
<b>6</b>	PAYMENT	(a) Amount Charged \$1,000.00	(b) Date of Charge 02/13/2024	(c) Date(s) Credit Card Issuer Paid 03/07/2024	
<b>7</b>	PAYEE	(a) Payee name Alma Allen Campaign		(b) Payee address; City, State, Zip Code 3401 Louisiana St Ste 250 Houston, TX 77002-9546	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Political contribution	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$593.85	(b) Date of Charge 02/28/2024	(c) Date(s) Credit Card Issuer Paid 04/04/2024		
<b>PAYEE</b>	(a) Payee name AloFT		(b) Payee address; City, State, Zip Code 200 N Monroe St Tallahassee, FL 32301-7636		
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Campaign travel - Florida legislature visit		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$75.00	(b) Date of Charge 02/15/2024	(c) Date(s) Credit Card Issuer Paid 03/07/2024		
<b>PAYEE</b>	(a) Payee name Amazon		(b) Payee address; City, State, Zip Code 440 Terry Ave N Seattle, WA 98109-5210		
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office supplies		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 2/33 Rpt: 58/100		<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790	
<b>4</b> CREDIT CARD ISSUER		Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,635.21	
<b>6</b> PAYMENT		(a) Amount Charged \$31.49	(b) Date of Charge 04/09/2024	(c) Date(s) Credit Card Issuer Paid 05/03/2024	
<b>7</b> PAYEE		(a) Payee name Amazon		(b) Payee address; City, State, Zip Code 440 Terry Ave N  Seattle, WA 98109-5210	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office supplies	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
				Office held	
<b>PAYMENT</b>		(a) Amount Charged \$112.50	(b) Date of Charge 04/29/2024	(c) Date(s) Credit Card Issuer Paid 06/04/2024	
<b>PAYEE</b>		(a) Payee name Amazon		(b) Payee address; City, State, Zip Code 440 Terry Ave N  Seattle, WA 98109-5210	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office supplies	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
				Office held	
<b>PAYMENT</b>		(a) Amount Charged \$5.39	(b) Date of Charge 04/29/2024	(c) Date(s) Credit Card Issuer Paid 06/04/2024	
<b>PAYEE</b>		(a) Payee name Amazon		(b) Payee address; City, State, Zip Code 440 Terry Ave N  Seattle, WA 98109-5210	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office supplies	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
				Office held	

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 3/33 Rpt: 59/100	<b>2</b>	FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062790
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,635.21
<b>6</b>	PAYMENT	(a) Amount Charged \$34.69	(b) Date of Charge 04/29/2024	(c) Date(s) Credit Card Issuer Paid 06/04/2024	
<b>7</b>	PAYEE	(a) Payee name Amazon		(b) Payee address; City, State, Zip Code 440 Terry Ave N  Seattle, WA 98109-5210	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office supplies	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$650.21	(b) Date of Charge 01/04/2024	(c) Date(s) Credit Card Issuer Paid 02/01/2024	
<b>7</b>	PAYEE	(a) Payee name American Airlines		(b) Payee address; City, State, Zip Code 1 Skyview Dr  Fort Worth, TX 76155-1801	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Officeholder travel to visit Florida Legislature	
(c) <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$536.20	(b) Date of Charge 04/19/2024	(c) Date(s) Credit Card Issuer Paid 05/03/2024	
<b>7</b>	PAYEE	(a) Payee name American Airlines		(b) Payee address; City, State, Zip Code 1 Skyview Dr  Fort Worth, TX 76155-1801	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Travel to McAllen for meetings	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 4/33 Rpt: 60/100	<b>2</b>	FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062790
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,635.21
<b>6</b>	PAYMENT	(a) Amount Charged \$12.00	(b) Date of Charge 05/08/2024	(c) Date(s) Credit Card Issuer Paid 06/04/2024	
<b>7</b>	PAYEE	(a) Payee name American Airlines		(b) Payee address; City, State, Zip Code 1 Skyview Dr Fort Worth, TX 76155-1801	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Travel Wifi	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$45.00	(b) Date of Charge 05/19/2024	(c) Date(s) Credit Card Issuer Paid 06/04/2024	
<b>7</b>	PAYEE	(a) Payee name American Express		(b) Payee address; City, State, Zip Code 200 Vesey St New York, NY 10281-5525	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Membership fee	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$269.54	(b) Date of Charge 04/01/2024	(c) Date(s) Credit Card Issuer Paid 05/03/2024	
<b>7</b>	PAYEE	(a) Payee name Apple		(b) Payee address; City, State, Zip Code 1 Apple Park Way Ms 927-4INV Cupertino, CA 95014-0642	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign computer equipment	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 5/33 Rpt: 61/100	<b>2</b>	FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062790
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,635.21
<b>6</b>	PAYMENT	(a) Amount Charged \$377.16	(b) Date of Charge 05/14/2024	(c) Date(s) Credit Card Issuer Paid 06/04/2024	
<b>7</b>	PAYEE	(a) Payee name Arlington Black Chamber of		(b) Payee address; City, State, Zip Code PO Box 202716 Arlington, TX 76006-8716	
<b>8</b>	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Event sponsorship	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$300.00	(b) Date of Charge 06/05/2024	(c) Date(s) Credit Card Issuer Paid 06/24/2024		
<b>PAYEE</b>	(a) Payee name Arlington Black Chamber of		(b) Payee address; City, State, Zip Code PO Box 202716 Arlington, TX 76006-8716		
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Event sponsorship		
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$350.00	(b) Date of Charge 04/08/2024	(c) Date(s) Credit Card Issuer Paid 03/05/2024		
<b>PAYEE</b>	(a) Payee name Arlington Chamber of Commerce		(b) Payee address; City, State, Zip Code 505 E Broad St Arlington, TX 76010		
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Fees		(b) Description Annual dues		
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 6/33 Rpt: 62/100	<b>2</b>	FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062790
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,635.21
<b>6</b>	PAYMENT	(a) Amount Charged \$600.00	(b) Date of Charge 01/19/2024	(c) Date(s) Credit Card Issuer Paid 02/01/2024	
<b>7</b>	PAYEE	(a) Payee name Arlington ISD Education		(b) Payee address; City, State, Zip Code 1141 W Pioneer Pkwy Ste 103 Arlington, TX 76013-6368	
<b>8</b>	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political		(b) Description Event sponsorship	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$326.43	(b) Date of Charge 02/26/2024	(c) Date(s) Credit Card Issuer Paid 04/04/2024		
<b>PAYEE</b>	(a) Payee name Arlington ISD Education		(b) Payee address; City, State, Zip Code 1141 W Pioneer Pkwy Ste 103 Arlington, TX 76013-6368		
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description Purchase of student artwork auction items		
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$1,000.00	(b) Date of Charge 03/27/2024	(c) Date(s) Credit Card Issuer Paid 05/03/2024		
<b>PAYEE</b>	(a) Payee name Arlington Professional Fire		(b) Payee address; City, State, Zip Code 208 S Fielder Rd Arlington, TX 76013-1714		
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description Contribution		
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 7/33 Rpt: 63/100	<b>2</b>	FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062790
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,635.21
<b>6</b>	PAYMENT	(a) Amount Charged \$46.95	(b) Date of Charge 01/24/2024	(c) Date(s) Credit Card Issuer Paid 03/07/2024	
<b>7</b>	PAYEE	(a) Payee name AT&T		(b) Payee address; City, State, Zip Code 208 S Akard St  Dallas, TX 75202-4206	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign phone serevice	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$46.95	(b) Date of Charge 02/24/2024	(c) Date(s) Credit Card Issuer Paid 04/04/2024		
<b>PAYEE</b>	(a) Payee name AT&T		(b) Payee address; City, State, Zip Code 208 S Akard St  Dallas, TX 75202-4206		
<b>PURPOSE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign phone service	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	
<b>PAYMENT</b>	(a) Amount Charged \$46.95	(b) Date of Charge 03/24/2024	(c) Date(s) Credit Card Issuer Paid 05/03/2024		
<b>PAYEE</b>	(a) Payee name AT&T		(b) Payee address; City, State, Zip Code 208 S Akard St  Dallas, TX 75202-4206		
<b>PURPOSE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign phone service	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 8/33 Rpt: 64/100	<b>2</b>	FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062790
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,635.21
<b>6</b>	PAYMENT	(a) Amount Charged \$46.84	(b) Date of Charge 04/24/2024	(c) Date(s) Credit Card Issuer Paid 06/04/2024	
<b>7</b>	PAYEE	(a) Payee name AT&T		(b) Payee address; City, State, Zip Code 208 S Akard St Dallas, TX 75202-4206	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign phone service	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$46.84	(b) Date of Charge 05/24/2024	(c) Date(s) Credit Card Issuer Paid 06/24/2024	
<b>7</b>	PAYEE	(a) Payee name AT&T		(b) Payee address; City, State, Zip Code 208 S Akard St Dallas, TX 75202-4206	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign phone service	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$1,000.00	(b) Date of Charge 02/13/2024	(c) Date(s) Credit Card Issuer Paid 03/07/2024	
<b>7</b>	PAYEE	(a) Payee name Cassandra Hernandez Campaign		(b) Payee address; City, State, Zip Code PO Box 793671 Dallas, TX 75379-3671	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Political contribution	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held



# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 9/33 Rpt: 65/100	<b>2</b>	FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062790
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,635.21
<b>6</b>	PAYMENT	(a) Amount Charged \$1,000.00	(b) Date of Charge 02/13/2024	(c) Date(s) Credit Card Issuer Paid 03/07/2024	
<b>7</b>	PAYEE	(a) Payee name Christian Manuel Campaign		(b) Payee address; City, State, Zip Code 3801 Turtle Creek Dr Port Arthur, TX 77642-7332	
<b>8</b>	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Political contribution	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$1,000.00	(b) Date of Charge 02/01/2024	(c) Date(s) Credit Card Issuer Paid 03/07/2024		
<b>PAYEE</b>	(a) Payee name Colin Allred Campaign	(b) Payee address; City, State, Zip Code PO Box 601631 Dallas, TX 75360-1631			
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description Political contribution			
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$336.39	(b) Date of Charge 04/17/2024	(c) Date(s) Credit Card Issuer Paid 05/03/2024		
<b>PAYEE</b>	(a) Payee name Dell	(b) Payee address; City, State, Zip Code 1 Dell Way Round Rock, TX 78682-7000			
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Office Overhead/Rental Expense	(b) Description Campaign computer equipment			
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 10/33 Rpt:	<b>2</b>	FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062790
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,635.21
<b>6</b>	PAYMENT	(a) Amount Charged \$64.62	(b) Date of Charge 04/18/2024	(c) Date(s) Credit Card Issuer Paid 05/03/2024	
<b>7</b>	PAYEE	(a) Payee name Dominos Pizza		(b) Payee address; City, State, Zip Code 130 E Bardin Rd Arlington, TX 76018-5260	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meal for UTA students at event	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$158.45	(b) Date of Charge 04/18/2024	(c) Date(s) Credit Card Issuer Paid 05/03/2024		
<b>PAYEE</b>	(a) Payee name Dominos Pizza		(b) Payee address; City, State, Zip Code 130 E Bardin Rd Arlington, TX 76018-5260		
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meal for UTA students at event		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	
<b>PAYMENT</b>	(a) Amount Charged \$100.00	(b) Date of Charge 01/19/2024	(c) Date(s) Credit Card Issuer Paid 02/01/2024		
<b>PAYEE</b>	(a) Payee name Grand Prairie Chamber of		(b) Payee address; City, State, Zip Code 900 Conover Dr Grand Prairie, TX 75051-1520		
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Event tickets		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 11/33 Rpt:	<b>2</b>	FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062790
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,635.21
<b>6</b>	PAYMENT	(a) Amount Charged \$275.00	(b) Date of Charge 04/10/2024	(c) Date(s) Credit Card Issuer Paid 05/03/2024	
<b>7</b>	PAYEE	(a) Payee name Grand Prairie Chamber of		(b) Payee address; City, State, Zip Code 900 Conover Dr Grand Prairie, TX 75051-1520	
<b>8</b>	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description Annual dues	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$275.00	(b) Date of Charge 03/27/2024	(c) Date(s) Credit Card Issuer Paid 05/03/2024	
<b>7</b>	PAYEE	(a) Payee name Greater Grand Prairie Hispanic		(b) Payee address; City, State, Zip Code PO Box 530463 Grand Prairie, TX 75053-0463	
<b>8</b>	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description Annual dues	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
		Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$175.00	(b) Date of Charge 05/02/2024	(c) Date(s) Credit Card Issuer Paid 06/04/2024	
<b>7</b>	PAYEE	(a) Payee name Heart Led Digital		(b) Payee address; City, State, Zip Code 134 S Cypress Ave Columbus, OH 43222-1404	
<b>8</b>	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description Email consulting	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
		Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 12/33 Rpt:	<b>2</b>	FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062790
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,635.21
<b>6</b>	PAYMENT	(a) Amount Charged \$350.00	(b) Date of Charge 06/06/2024	(c) Date(s) Credit Card Issuer Paid 06/24/2024	
<b>7</b>	PAYEE	(a) Payee name Heart Led Digital		(b) Payee address; City, State, Zip Code 134 S Cypress Ave Columbus, OH 43222-1404	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description Email consulting	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$300.00	(b) Date of Charge 03/13/2024	(c) Date(s) Credit Card Issuer Paid 04/04/2024		
<b>PAYEE</b>	(a) Payee name Helping Restore Ability	(b) Payee address; City, State, Zip Code 4300 Beltway Pl Ste 130 Arlington, TX 76018-1041			
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Contribution		
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$507.30	(b) Date of Charge 04/27/2024	(c) Date(s) Credit Card Issuer Paid 06/04/2024		
<b>PAYEE</b>	(a) Payee name Hyatt Austin	(b) Payee address; City, State, Zip Code 721 Congress Ave Austin, TX 78701-3216			
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Lodging in Austin		
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 13/33 Rpt:	<b>2</b>	FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062790
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,635.21
<b>6</b>	PAYMENT	(a) Amount Charged \$239.68	(b) Date of Charge 02/21/2024	(c) Date(s) Credit Card Issuer Paid 04/04/2024	
<b>7</b>	PAYEE	(a) Payee name IL Lusso		(b) Payee address; City, State, Zip Code 201 E Park Ave # 100 Tallahassee, FL 32301-1511	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Travel meal	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$500.00	(b) Date of Charge 04/25/2024	(c) Date(s) Credit Card Issuer Paid 06/04/2024	
<b>7</b>	PAYEE	(a) Payee name Jalisco		(b) Payee address; City, State, Zip Code 3858 Oak Lawn Ave Ste 470 Dallas, TX 75219-4797	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Fundraising event catering deposit	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$677.07	(b) Date of Charge 06/12/2024	(c) Date(s) Credit Card Issuer Paid 06/24/2024	
<b>7</b>	PAYEE	(a) Payee name JW Marriott - Austin		(b) Payee address; City, State, Zip Code 110 E 2nd St Austin, TX 78701-4649	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Lodging in Austin	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 14/33 Rpt:	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,635.21
<b>6</b> PAYMENT	(a) Amount Charged \$360.00	(b) Date of Charge 05/09/2024	(c) Date(s) Credit Card Issuer Paid 06/04/2024
<b>7</b> PAYEE	(a) Payee name Mansfield Area Chamber of	(b) Payee address; City, State, Zip Code 114 N Main St Mansfield, TX 76063-1724	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Membership dues
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$250.00	(b) Date of Charge 02/26/2024	(c) Date(s) Credit Card Issuer Paid 04/04/2024
<b>PAYEE</b>	(a) Payee name Mansfield Business Alliance	(b) Payee address; City, State, Zip Code 601 S Main St Mansfield, TX 76063-3112	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Membership dues
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$202.32	(b) Date of Charge 01/12/2024	(c) Date(s) Credit Card Issuer Paid 02/01/2024
<b>PAYEE</b>	(a) Payee name Michael's	(b) Payee address; City, State, Zip Code 3201 Bee Caves Rd Austin, TX 78746-6771	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Frames for constituent certificates
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 15/33 Rpt:	<b>2</b>	FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062790
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,635.21
<b>6</b>	PAYMENT	(a) Amount Charged \$124.44	(b) Date of Charge 01/05/2024	(c) Date(s) Credit Card Issuer Paid 02/01/2024	
<b>7</b>	PAYEE	(a) Payee name Michael's		(b) Payee address; City, State, Zip Code 3201 Bee Caves Rd Austin, TX 78746-6771	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Frames for constituent certificates	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$344.24	(b) Date of Charge 04/30/2024	(c) Date(s) Credit Card Issuer Paid 06/04/2024		
<b>PAYEE</b>	(a) Payee name Michael's		(b) Payee address; City, State, Zip Code 3201 Bee Caves Rd Austin, TX 78746-6771		
<b>PURPOSE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Frames for constituent certificates	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	
<b>PAYMENT</b>	(a) Amount Charged \$238.10	(b) Date of Charge 05/01/2024	(c) Date(s) Credit Card Issuer Paid 06/04/2024		
<b>PAYEE</b>	(a) Payee name Norton		(b) Payee address; City, State, Zip Code 350 Ellis St Mountain View, CA 94043-2202		
<b>PURPOSE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign antivirus software subscription	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 16/33 Rpt:	<b>2</b>	FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062790
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,635.21
<b>6</b>	PAYMENT	(a) Amount Charged \$2,500.00	(b) Date of Charge 02/01/2024	(c) Date(s) Credit Card Issuer Paid 03/07/2024	
<b>7</b>	PAYEE	(a) Payee name Patrick Moses Campaign		(b) Payee address; City, State, Zip Code PO Box 915 Mansfield, TX 76063-0915	
<b>8</b>	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Political Contribution	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$2,500.00	(b) Date of Charge 04/27/2024	(c) Date(s) Credit Card Issuer Paid 06/04/2024		
<b>PAYEE</b>	(a) Payee name Planned Parenthood Texas Votes		(b) Payee address; City, State, Zip Code PO Box 41646 Austin, TX 78704-0028		
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Event sponsorship		
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$389.70	(b) Date of Charge 06/13/2024	(c) Date(s) Credit Card Issuer Paid 06/24/2024		
<b>PAYEE</b>	(a) Payee name Quorum Report		(b) Payee address; City, State, Zip Code 8407 S 1st St Austin, TX 78748-5412		
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Office Overhead/Rental Expense		(b) Description News subscription		
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held



# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 17/33 Rpt:	<b>2</b>	FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062790
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,635.21
<b>6</b>	PAYMENT	(a) Amount Charged \$1,000.00	(b) Date of Charge 02/13/2024	(c) Date(s) Credit Card Issuer Paid 03/07/2024	
<b>7</b>	PAYEE	(a) Payee name Solomon Ortiz Jr Campaign		(b) Payee address; City, State, Zip Code PO Box 286 Corpus Christi, TX 78403-0286	
<b>8</b>	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Political contribution	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$182.00	(b) Date of Charge 01/16/2024	(c) Date(s) Credit Card Issuer Paid 02/01/2024		
<b>PAYEE</b>	(a) Payee name Store More Storage		(b) Payee address; City, State, Zip Code 4660 S State Highway 360 Grand Prairie, TX 75052-4492		
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Office Overhead/Rental Expense		(b) Description Campaign storage		
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$182.00	(b) Date of Charge 02/15/2024	(c) Date(s) Credit Card Issuer Paid 03/07/2024		
<b>PAYEE</b>	(a) Payee name Store More Storage		(b) Payee address; City, State, Zip Code 4660 S State Highway 360 Grand Prairie, TX 75052-4492		
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Office Overhead/Rental Expense		(b) Description Campaign storage		
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 18/33 Rpt:	<b>2</b>	FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062790
<b>4</b>	<b>CREDIT CARD ISSUER</b>	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,635.21
<b>6</b>	<b>PAYMENT</b>	(a) Amount Charged \$182.00	(b) Date of Charge 03/15/2024	(c) Date(s) Credit Card Issuer Paid 04/04/2024	
<b>7</b>	<b>PAYEE</b>	(a) Payee name Store More Storage		(b) Payee address; City, State, Zip Code 4660 S State Highway 360 Grand Prairie, TX 75052-4492	
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description Campaign storage	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$182.00	(b) Date of Charge 04/15/2024	(c) Date(s) Credit Card Issuer Paid 05/03/2024		
<b>PAYEE</b>	(a) Payee name Store More Storage		(b) Payee address; City, State, Zip Code 4660 S State Highway 360 Grand Prairie, TX 75052-4492		
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description Campaign storage		
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$182.00	(b) Date of Charge 05/15/2024	(c) Date(s) Credit Card Issuer Paid 06/04/2024		
<b>PAYEE</b>	(a) Payee name Store More Storage		(b) Payee address; City, State, Zip Code 4660 S State Highway 360 Grand Prairie, TX 75052-4492		
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(b) Description Campaign storage		
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 19/33 Rpt:	<b>2</b>	FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062790
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,635.21
<b>6</b>	PAYMENT	(a) Amount Charged \$182.00	(b) Date of Charge 06/15/2024	(c) Date(s) Credit Card Issuer Paid 06/24/2024	
<b>7</b>	PAYEE	(a) Payee name Store More Storage		(b) Payee address; City, State, Zip Code 4660 S State Highway 360 Grand Prairie, TX 75052-4492	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign storage	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$18.09	(b) Date of Charge 01/08/2024	(c) Date(s) Credit Card Issuer Paid 02/01/2024		
<b>PAYEE</b>	(a) Payee name Target	(b) Payee address; City, State, Zip Code 554 W Interstate 20 Grand Prairie, TX 75052-6932			
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office supplies		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	
<b>PAYMENT</b>	(a) Amount Charged \$35.54	(b) Date of Charge 02/16/2024	(c) Date(s) Credit Card Issuer Paid 03/07/2024		
<b>PAYEE</b>	(a) Payee name Target	(b) Payee address; City, State, Zip Code 554 W Interstate 20 Grand Prairie, TX 75052-6932			
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office supplies		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 20/33 Rpt:	<b>2</b>	FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062790
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,635.21
<b>6</b>	PAYMENT	(a) Amount Charged \$53.43	(b) Date of Charge 03/25/2024	(c) Date(s) Credit Card Issuer Paid 05/03/2024	
<b>7</b>	PAYEE	(a) Payee name Target		(b) Payee address; City, State, Zip Code 554 W Interstate 20 Grand Prairie, TX 75052-6932	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office supplies	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$50.88	(b) Date of Charge 05/13/2024	(c) Date(s) Credit Card Issuer Paid 06/04/2024		
<b>PAYEE</b>	(a) Payee name Target	(b) Payee address; City, State, Zip Code 554 W Interstate 20 Grand Prairie, TX 75052-6932			
<b>PURPOSE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office supplies	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	
<b>PAYMENT</b>	(a) Amount Charged \$48.68	(b) Date of Charge 06/08/2024	(c) Date(s) Credit Card Issuer Paid 06/24/2024		
<b>PAYEE</b>	(a) Payee name Target	(b) Payee address; City, State, Zip Code 554 W Interstate 20 Grand Prairie, TX 75052-6932			
<b>PURPOSE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office supplies	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held	

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 21/33 Rpt:	<b>2</b>	FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062790
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,635.21
<b>6</b>	PAYMENT	(a) Amount Charged \$225.00	(b) Date of Charge 01/04/2024	(c) Date(s) Credit Card Issuer Paid 02/01/2024	
<b>7</b>	PAYEE	(a) Payee name Tarrant County Democratic Party		(b) Payee address; City, State, Zip Code 685 John B Sias Memorial Pkwy Ste 400 Fort Worth, TX 76134-1304	
<b>8</b>	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Event sponsorship	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b>	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$1,000.00	(b) Date of Charge 02/03/2024	(c) Date(s) Credit Card Issuer Paid 03/07/2024		
<b>PAYEE</b>	(a) Payee name Tarrant County Democratic Party		(b) Payee address; City, State, Zip Code 685 John B Sias Memorial Pkwy Ste 400 Fort Worth, TX 76134-1304		
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Political contribution		
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$290.77	(b) Date of Charge 04/10/2024	(c) Date(s) Credit Card Issuer Paid 05/03/2024		
<b>PAYEE</b>	(a) Payee name Taste of Black Mansfield		(b) Payee address; City, State, Zip Code PO Box 541771 Grand Prairie, TX 75054-1771		
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Event Sponsorship		
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 22/33 Rpt:		<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790	
<b>4</b> CREDIT CARD ISSUER		Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,635.21	
<b>6</b> PAYMENT		(a) Amount Charged \$5,948.86	(b) Date of Charge 05/02/2024	(c) Date(s) Credit Card Issuer Paid 06/04/2024	
<b>7</b> PAYEE		(a) Payee name Texas Live!		(b) Payee address; City, State, Zip Code 1650 E Randol Mill Rd Arlington, TX 76011-6219	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Fundraising event deposit	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
				Office held	
<b>PAYMENT</b>		(a) Amount Charged \$35.31	(b) Date of Charge 06/15/2024	(c) Date(s) Credit Card Issuer Paid 06/24/2024	
<b>PAYEE</b>		(a) Payee name Texas Live!		(b) Payee address; City, State, Zip Code 1650 E Randol Mill Rd Arlington, TX 76011-6219	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meeting meal	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
				Office held	
<b>PAYMENT</b>		(a) Amount Charged \$332.62	(b) Date of Charge 01/16/2024	(c) Date(s) Credit Card Issuer Paid 02/01/2024	
<b>PAYEE</b>		(a) Payee name Texas Tribune		(b) Payee address; City, State, Zip Code 919 Congress Ave Fl 6 Austin, TX 78701-2102	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Annual subscription	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought	
				Office held	

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 23/33 Rpt:	<b>2</b>	FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062790
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,635.21
<b>6</b>	PAYMENT	(a) Amount Charged \$358.43	(b) Date of Charge 02/07/2024	(c) Date(s) Credit Card Issuer Paid 03/07/2024	
<b>7</b>	PAYEE	(a) Payee name The Finch		(b) Payee address; City, State, Zip Code 2955 S State Highway 161 Grand Prairie, TX 75052-7381	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Staff retreat meal	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$44.40	(b) Date of Charge 01/29/2024	(c) Date(s) Credit Card Issuer Paid 03/07/2024	
<b>7</b>	PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Ground transportation	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$47.74	(b) Date of Charge 01/29/2024	(c) Date(s) Credit Card Issuer Paid 03/07/2024	
<b>7</b>	PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Ground transportation	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 24/33 Rpt:	<b>2</b>	FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062790
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,635.21
<b>6</b>	PAYMENT	(a) Amount Charged \$62.99	(b) Date of Charge 02/21/2024	(c) Date(s) Credit Card Issuer Paid 04/04/2024	
<b>7</b>	PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Ground transportation	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$12.59	(b) Date of Charge 02/21/2024	(c) Date(s) Credit Card Issuer Paid 04/04/2024	
<b>7</b>	PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Ground transportation	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$56.80	(b) Date of Charge 02/22/2024	(c) Date(s) Credit Card Issuer Paid 04/04/2024	
<b>7</b>	PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Ground transportation	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held



# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 25/33 Rpt:	<b>2</b>	FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062790
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,635.21
<b>6</b>	PAYMENT	(a) Amount Charged \$5.00	(b) Date of Charge 04/30/2024	(c) Date(s) Credit Card Issuer Paid 06/04/2024	
<b>7</b>	PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Ground transportation	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$21.33	(b) Date of Charge 04/27/2024	(c) Date(s) Credit Card Issuer Paid 06/04/2024	
<b>7</b>	PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Ground transportation	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$18.93	(b) Date of Charge 04/27/2024	(c) Date(s) Credit Card Issuer Paid 06/04/2024	
<b>7</b>	PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Ground transportation	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

**EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 26/33 Rpt:	<b>2</b>	FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062790
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,635.21
<b>6</b>	PAYMENT	(a) Amount Charged \$18.96	(b) Date of Charge 05/09/2024	(c) Date(s) Credit Card Issuer Paid 06/04/2024	
<b>7</b>	PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Ground transportation	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$13.95	(b) Date of Charge 05/09/2024	(c) Date(s) Credit Card Issuer Paid 06/04/2024	
<b>7</b>	PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Ground transportation	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$109.78	(b) Date of Charge 02/08/2024	(c) Date(s) Credit Card Issuer Paid 03/07/2024	
<b>7</b>	PAYEE	(a) Payee name Uber Eats		(b) Payee address; City, State, Zip Code 1455 Market St  San Francisco, CA 94103-1331	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meal for staff	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 27/33 Rpt:	<b>2</b>	FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062790
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,635.21
<b>6</b>	PAYMENT	(a) Amount Charged \$131.75	(b) Date of Charge 02/07/2024	(c) Date(s) Credit Card Issuer Paid 03/07/2024	
<b>7</b>	PAYEE	(a) Payee name Uber Eats		(b) Payee address; City, State, Zip Code 1455 Market St San Francisco, CA 94103-1331	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Staff retreat meal	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$33.03	(b) Date of Charge 04/18/2024	(c) Date(s) Credit Card Issuer Paid 05/03/2024	
<b>7</b>	PAYEE	(a) Payee name Uber Eats		(b) Payee address; City, State, Zip Code 1455 Market St San Francisco, CA 94103-1331	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meal for staff	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$57.40	(b) Date of Charge 05/17/2024	(c) Date(s) Credit Card Issuer Paid 06/04/2024	
<b>7</b>	PAYEE	(a) Payee name Uber Eats		(b) Payee address; City, State, Zip Code 1455 Market St San Francisco, CA 94103-1331	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Meal for staff	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 28/33 Rpt:	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,635.21
<b>6</b> PAYMENT	(a) Amount Charged \$96.42	(b) Date of Charge 01/04/2024	(c) Date(s) Credit Card Issuer Paid 02/01/2024
<b>7</b> PAYEE	(a) Payee name Verizon Wireless	(b) Payee address; City, State, Zip Code 899 Heathrow Park Ln Lake Mary, FL 32746-5612	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign hotspot service
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$96.42	(b) Date of Charge 02/04/2024	(c) Date(s) Credit Card Issuer Paid 03/07/2024
<b>PAYEE</b>	(a) Payee name Verizon Wireless	(b) Payee address; City, State, Zip Code 899 Heathrow Park Ln Lake Mary, FL 32746-5612	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign hotspot service
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$96.42	(b) Date of Charge 03/04/2024	(c) Date(s) Credit Card Issuer Paid 04/04/2024
<b>PAYEE</b>	(a) Payee name Verizon Wireless	(b) Payee address; City, State, Zip Code 899 Heathrow Park Ln Lake Mary, FL 32746-5612	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign hotspot service
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 29/33 Rpt:	<b>2</b>	FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062790
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,635.21
<b>6</b>	PAYMENT	(a) Amount Charged \$96.42	(b) Date of Charge 04/04/2024	(c) Date(s) Credit Card Issuer Paid 05/03/2024	
<b>7</b>	PAYEE	(a) Payee name Verizon Wireless		(b) Payee address; City, State, Zip Code 899 Heathrow Park Ln  Lake Mary, FL 32746-5612	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign hotspot service	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$96.42	(b) Date of Charge 05/04/2024	(c) Date(s) Credit Card Issuer Paid 06/04/2024	
<b>7</b>	PAYEE	(a) Payee name Verizon Wireless		(b) Payee address; City, State, Zip Code 899 Heathrow Park Ln  Lake Mary, FL 32746-5612	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign hotspot service	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$96.42	(b) Date of Charge 06/04/2024	(c) Date(s) Credit Card Issuer Paid 06/24/2024	
<b>7</b>	PAYEE	(a) Payee name Verizon Wireless		(b) Payee address; City, State, Zip Code 899 Heathrow Park Ln  Lake Mary, FL 32746-5612	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign hotspot service	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 30/33 Rpt:	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,635.21
<b>6</b> PAYMENT	(a) Amount Charged \$615.20	(b) Date of Charge 01/22/2024	(c) Date(s) Credit Card Issuer Paid 03/07/2024
<b>7</b> PAYEE	(a) Payee name American Airlines	(b) Payee address; City, State, Zip Code 1 Skyview Dr Fort Worth, TX 76155-1801	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Travel to Austin for AFL-CIO Convention
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$2,275.00	(b) Date of Charge 01/23/2024	(c) Date(s) Credit Card Issuer Paid 03/07/2024
<b>PAYEE</b>	(a) Payee name Tarrant County Democratic Party	(b) Payee address; City, State, Zip Code 685 John B Sias Memorial Pkwy Ste 400 Fort Worth, TX 76134-1304	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Event sponsorship
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$15.28	(b) Date of Charge 06/26/2024	(c) Date(s) Credit Card Issuer Paid
<b>PAYEE</b>	(a) Payee name Uber	(b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Ground transportation
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 31/33 Rpt:	<b>2</b>	FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062790
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,635.21
<b>6</b>	PAYMENT	(a) Amount Charged \$12.09	(b) Date of Charge 06/26/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name Uber		(b) Payee address; City, State, Zip Code 1544 Market St Ste 400 San Francisco, CA 94102-6007	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense		(b) Description Ground transportation	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$341.12	(b) Date of Charge 01/19/2024	(c) Date(s) Credit Card Issuer Paid 02/01/2024	
<b>7</b>	PAYEE	(a) Payee name Intuit		(b) Payee address; City, State, Zip Code 2632 Marine Way Mountain View, CA 94043-1126	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Campaign accounting software subscription	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>6</b>	PAYMENT	(a) Amount Charged \$46.84	(b) Date of Charge 06/24/2024	(c) Date(s) Credit Card Issuer Paid	
<b>7</b>	PAYEE	(a) Payee name AT&T		(b) Payee address; City, State, Zip Code 208 S Akard St Dallas, TX 75202-4206	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign phone service	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F4: Sch: 32/33 Rpt:	<b>2</b>	FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b>	Filer ID (Ethics Commission Filers) 00062790
<b>4</b>	CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b>	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,635.21
<b>6</b>	PAYMENT	(a) Amount Charged \$262.04	(b) Date of Charge 06/10/2024	(c) Date(s) Credit Card Issuer Paid 06/24/2024	
<b>7</b>	PAYEE	(a) Payee name Qi		(b) Payee address; City, State, Zip Code 835 W 6th St # 114 Austin, TX 78703-5421	
<b>8</b>	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Dinner with colleagues	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$29.98	(b) Date of Charge 06/29/2024	(c) Date(s) Credit Card Issuer Paid		
<b>PAYEE</b>	(a) Payee name Target	(b) Payee address; City, State, Zip Code 554 W Interstate 20 Grand Prairie, TX 75052-6932			
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Office supplies		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
<b>PAYMENT</b>	(a) Amount Charged \$277.17	(b) Date of Charge 06/27/2024	(c) Date(s) Credit Card Issuer Paid		
<b>PAYEE</b>	(a) Payee name JW Marriott - Austin	(b) Payee address; City, State, Zip Code 110 E 2nd St Austin, TX 78701-4649			
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Lodging in Austin for campaign fundraising event		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9</b>	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held



# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F4: Sch: 33/33 Rpt:	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> CREDIT CARD ISSUER	Name of financial institution see previous		<b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,635.21
<b>6</b> PAYMENT	(a) Amount Charged \$180.00	(b) Date of Charge 01/24/2024	(c) Date(s) Credit Card Issuer Paid 03/07/2024
<b>7</b> PAYEE	(a) Payee name Grand Prairie Chamber of	(b) Payee address; City, State, Zip Code 900 Conover Dr Grand Prairie, TX 75051-1520	
<b>8</b> PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Event tickets
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<b>PAYMENT</b>	(a) Amount Charged \$552.08	(b) Date of Charge 01/25/2024	(c) Date(s) Credit Card Issuer Paid 03/07/2024
<b>PAYEE</b>	(a) Payee name Capitol Gift Shop	(b) Payee address; City, State, Zip Code 1400 Congress Ave Ste E1.006 Austin, TX 78701-1932	
<b>PURPOSE OF EXPENDITURE</b> <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		(b) Description Ornament purchase for auction donation
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G: Sch: 1/7 Rpt: 90/100	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 01/29/2024	<b>5</b> Payee name AT&T	
<b>6</b> Amount (\$) \$76.94  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 208 S Akard St  Dallas, TX 75202-4206	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign portion of wireless bill
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 03/29/2024	Payee name AT&T	
Amount (\$) \$176.94  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 208 S Akard St  Dallas, TX 75202-4206	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign portion of wireless bill
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 02/29/2024	Payee name AT&T	
Amount (\$) \$76.94  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 208 S Akard St  Dallas, TX 75202-4206	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign portion of wireless bill
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

**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.

<b>1</b> Total pages Schedule G: Sch: 2/7 Rpt: 91/100	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 04/29/2024	<b>5</b> Payee name AT&T	
<b>6</b> Amount (\$) \$128.91  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 208 S Akard St  Dallas, TX 75202-4206	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign portion of wireless bill
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 05/29/2024	Payee name AT&T	
Amount (\$) \$76.94  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 208 S Akard St  Dallas, TX 75202-4206	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign portion of wireless bill
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate/Officeholder name Office sought Office held	
Date 06/29/2024	Payee name AT&T	
Amount (\$) \$76.94  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 208 S Akard St  Dallas, TX 75202-4206	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign portion of wireless bill
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate/Officeholder name Office sought Office held	

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G: Sch: 3/7 Rpt: 92/100	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 02/22/2024	<b>5</b> Payee name AloFT	
<b>6</b> Amount (\$) \$10.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 200 N Monroe St  Tallahassee, FL 32301-7636	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tip for luggage storage
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 01/21/2024	Payee name Apple	
Amount (\$) \$14.06  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1 Apple Park Way Ms 927-4INV Cupertino, CA 95014-0642	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AppleNews+ subscription
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 02/21/2024	Payee name Apple	
Amount (\$) \$14.06  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1 Apple Park Way Ms 927-4INV Cupertino, CA 95014-0642	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AppleNews+ subscription
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G: Sch: 4/7 Rpt: 93/100	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 03/21/2024	<b>5</b> Payee name Apple	
<b>6</b> Amount (\$) \$14.06 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 1 Apple Park Way Ms 927-4INV Cupertino, CA 95014-0642	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AppleNews+ subscription
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 04/21/2024	Payee name Apple	
Amount (\$) \$14.06 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1 Apple Park Way Ms 927-4INV Cupertino, CA 95014-0642	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AppleNews+ subscription
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate/Officeholder name Office sought Office held	
Date 05/21/2024	Payee name Apple	
Amount (\$) \$14.06 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1 Apple Park Way Ms 927-4INV Cupertino, CA 95014-0642	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AppleNews+ subscription
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate/Officeholder name Office sought Office held	

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G: Sch: 5/7 Rpt: 94/100	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 06/21/2024	<b>5</b> Payee name Apple	
<b>6</b> Amount (\$) \$14.06  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 1 Apple Park Way Ms 927-4INV Cupertino, CA 95014-0642	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense AppleNews+ subscription
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 04/19/2024	Payee name Costco Wholesale	
Amount (\$) \$88.68  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 600 W Arbrook Blvd  Arlington, TX 76014-3702	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for striking Teamsters
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 04/09/2024	Payee name Grand Prairie Convention Center	
Amount (\$) \$10.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2925 S State Highway 161  Grand Prairie, TX 75052-7381	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event parking
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

<b>1</b> Total pages Schedule G: Sch: 6/7 Rpt: 95/100	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 05/13/2024	<b>5</b> Payee name Hall Arts Hotel	
<b>6</b> Amount (\$) \$30.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 1717 Leonard St  Dallas, TX 75201-2639	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Valet parking at event
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 05/18/2024	Payee name Lone Star Park	
Amount (\$) \$20.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1000 Lone Star Pkwy  Grand Prairie, TX 75050	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event parking
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 02/13/2024	Payee name Lowe's Arlington Hotel	
Amount (\$) \$10.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 888 Nolan Ryan Expy  Arlington, TX 76011-4924	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Valet tip
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 7/7 Rpt: 96/100	<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 02/13/2024	<b>5</b> Payee name Lowe's Arlington Hotel	
<b>6</b> Amount (\$)  \$10.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 888 Nolan Ryan Expy  Arlington, TX 76011-4924	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Valet tip
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Candidate/Officeholder name _____ Office sought _____ Office held _____		



# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/3 Rpt: 97/100
<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 06/30/2024	<b>5</b> Name of person from whom amount is received American Express	<b>8</b> Amount (\$) \$413.01
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  New York, NY 10285	
	<b>7</b> Purpose for which amount is received Account interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 01/12/2024	Name of person from whom amount is received American Express	Amount (\$) \$10.00
	Address of person from whom amount is received; City; State; Zip Code  New York, NY 10285	
	Purpose for which amount is received Wireless credit <input type="checkbox"/> Check if political contribution returned to filer	
Date 02/12/2024	Name of person from whom amount is received American Express	Amount (\$) \$10.00
	Address of person from whom amount is received; City; State; Zip Code  New York, NY 10285	
	Purpose for which amount is received Wireless credit <input type="checkbox"/> Check if political contribution returned to filer	
Date 03/09/2024	Name of person from whom amount is received American Express	Amount (\$) \$10.00
	Address of person from whom amount is received; City; State; Zip Code  New York, NY 10285	
	Purpose for which amount is received Wireless credit <input type="checkbox"/> Check if political contribution returned to filer	
Date 04/06/2024	Name of person from whom amount is received American Express	Amount (\$) \$10.00
	Address of person from whom amount is received; City; State; Zip Code  New York, NY 10285	
	Purpose for which amount is received Wireless credit <input type="checkbox"/> Check if political contribution returned to filer	

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 2/3 Rpt: 98/100
<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 05/07/2024	<b>5</b> Name of person from whom amount is received American Express	<b>8</b> Amount (\$) \$10.00
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  New York, NY 10285	
	<b>7</b> Purpose for which amount is received Wireless credit <input type="checkbox"/> Check if political contribution returned to filer	
Date 06/06/2024	Name of person from whom amount is received American Express	Amount (\$) \$10.00
	Address of person from whom amount is received; City; State; Zip Code  New York, NY 10285	
	Purpose for which amount is received Wireless credit <input type="checkbox"/> Check if political contribution returned to filer	
Date 04/19/2024	Name of person from whom amount is received American Express	Amount (\$) \$536.20
	Address of person from whom amount is received; City; State; Zip Code  New York, NY 10285	
	Purpose for which amount is received Pay with points airfare <input type="checkbox"/> Check if political contribution returned to filer	
Date 04/20/2024	Name of person from whom amount is received American Express	Amount (\$) \$200.00
	Address of person from whom amount is received; City; State; Zip Code  New York, NY 10285	
	Purpose for which amount is received Dell purchase credit <input type="checkbox"/> Check if political contribution returned to filer	
Date 01/31/2024	Name of person from whom amount is received Audible	Amount (\$) \$97.08
	Address of person from whom amount is received; City; State; Zip Code  Newark, NJ 07102	
	Purpose for which amount is received Refund <input type="checkbox"/> Check if political contribution returned to filer	

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 3/3 Rpt: 99/100
<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Date 06/30/2024	<b>5</b> Name of person from whom amount is received Bank of America <hr style="border-top: 1px dotted black;"/> <b>6</b> Address of person from whom amount is received; City; State; Zip Code  Tampa, FL 33622	<b>8</b> Amount (\$)  \$3,395.33
<b>7</b> Purpose for which amount is received CD interest		<input type="checkbox"/> Check if political contribution returned to filer
Date 06/30/2024	Name of person from whom amount is received Bank of America <hr style="border-top: 1px dotted black;"/> Address of person from whom amount is received; City; State; Zip Code  Tampa, FL 33622	Amount (\$)  \$3,663.26
Purpose for which amount is received CD interest		<input type="checkbox"/> Check if political contribution returned to filer

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule T: Sch: 1/1 Rpt: 100/100
<b>2</b> FILER NAME Turner, Christopher G. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062790
<b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor /Payee American Airlines		
<b>5</b> Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input checked="" type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
<b>6</b> Dates of Travel  02/20/2024  02/20/2024	<b>7</b> Name of person(s) traveling Turner, Chris	
	<b>8</b> Departure city or name of departure location Dallas Fort Worth	
	<b>9</b> Destination city or name of destination location Tallahassee	
<b>10</b> Means of transportation Commercial Airplane	<b>11</b> Purpose of travel (including name of conference, seminar, or other event) Visit Florida Legislature	
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee American Airlines		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input checked="" type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC		
Dates of Travel  02/22/2024  02/22/2024	Name of person(s) traveling Turner, Chris	
	Departure city or name of departure location Tallahassee	
	Destination city or name of destination location Dallas Fort Worth	
Means of transportation Commercial Airplane	Purpose of travel (including name of conference, seminar, or other event) Visit Florida Legislature	