CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complet	e this form.	1 Filer ID (Ethics Comm 00062790		2 Total pages f	iled: .00
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Christopher G.			Date Received ELECTRONIC	ALLY FILED
	NICKNAME	LAST	••••••	SUFFIX	07/15/2024	
	Chris	Turner				
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	P. O. Box 182093				Receipt #	Amount
Change of Address	Arlington, TX 76096					
	g.c.,				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	•	
TREASURER NAME	Mr.	William D.				
	NICKNAME I	 _AST		SUFFIX		
		Dipert				
6 CAMPAIGN	STREET ADDRESS (NO PO B	OV DI EVSE).	ΛD	T / SUITE #; CIT	·V· ST	ATE; ZIP CODE
TREASURER ADDRESS	7301 W. Pioneer Pkwy.	OXTELACE),	Ai	173011E#, CIT	1, 31	ATE, ZII CODE
(Residence or Business)	Arlington, TX 76013					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE (817) 543-3700	NUMBER E	XTENSION			
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after ca	ampaign treasurer iceholder only)
	X July 15	8th day before e	election	Exceeded modified reporting limit	Final Report (Att	ach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	y Year	
COVERED	01/01/2024	TH	ROUGH	06/30/20	024	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Pr	rimary	Runoff	Other	
	11/05/2024	ΧG	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	HT (if known)	
	State Representative Distric	ct 101		State Represe	entative District 101	L
	1			1		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 100

13 C / OH NAME	(Ethics 0	Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted o These expenditures may have b officeholders are required to re	een made without the candidate	e's or officeholder's	s knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
ш°	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTION ES OF LOANS, OR CONTRIBU			0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARA	NTEES OF LOANS)	\$	82,596.54
EXPENDITURE TOTALS	\$	4,341.82			
	4. TOTAL POLITIC	AL EXPENDITURES		\$	131,943.42
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAII RIOD	IED AS OF THE LAST DAY OF	* THE	468,441.73
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANTING PERIOD	IDING LOANS AS OF THE LAS	ST DAY \$	0.00
17 AFFIDAVIT		true and cor	firm, under penalty of perjury, the ect and includes all information 5, Election Code.		
			The Honorable Christop	her G. Turner	
			Signature of Candidate or	r Officeholder	_
AFFIX NO	TARY STAMP / SEAL ABO	OVE			
Sworn to and subs	cribed before me, by the s	aid	, this the		day
		rtify which, witness my hand and			
Signature of office	cer administering	Printed name of officer adr	ninistering Titl	e of officer admini	stering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 of 100

					9 61 100
18 FII	ER NAM	ΛΕ	19 Filer ID	(Eth	ics Commission Filers)
Τι	ırner, C	hristopher G. (The Honorable)	00062790		
		E SUBTOTALS			SUBTOTAL AMOUNT
N/	AME OF	SCHEDULE		_	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	82,596.54
2.		\$			
3.		\$			
4.		\$			
5.	X	\$	91,300.68		
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	40,366.09
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	876.65
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	8,364.88

	MONEI	ARY POLITICAL CONTRIBUTI	Or	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	for	rm.	1	Total pages Schedule A1: Sch: 1/24 Rpt: 4/100	
2	FILER NAME	etenher C. (The Henerable)			3	Filer ID (Ethics Commission	n Filers)
		stopher G. (The Honorable)				00062790	
4	Date 01/18/2024	 Full name of contributor out-of-state PAC (ID# Angle, John Contributor address; City; State; Zip Code 	#:)	7	Amount of Contribution (\$)	\$100.00
		Fort Worth, TX 76110-2609					
8		pation / Job title (See Instructions)	9	Employer (See Instructions			
	Consultant			AMM Political Strategies	s L	LC	
	Date 02/18/2024	Full name of contributor out-of-state PAC (ID# Angle, John Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$100.00
		Fort Worth, TX 76110-2609					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Consultant			AMM Political Strategies	s L	LC	
	Date 03/18/2024	Full name of contributor out-of-state PAC (ID# Angle, John Contributor address; City; State; Zip Code	#:			Amount of Contribution (\$)	\$100.00
		Fort Worth, TX 76110-2609					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Consultant			AMM Political Strategies	s L	LC	
	Date 04/18/2024	Full name of contributor out-of-state PAC (ID# Angle, John Contributor address; City; State; Zip Code Fort Worth, TX 76110-2609	#:			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Consultant			AMM Political Strategies	s L	LC	
	Date 05/18/2024	Full name of contributor out-of-state PAC (ID# Angle, John Contributor address; City; State; Zip Code Fort Worth, TX 76110-2609	#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	T	Employer (See Instructions	L 5)		
	Consultant			AMM Political Strategies		LC	

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/24 Rpt: 5/100	
2	FILER NAME	stopher G. (The Honorable)		3	Filer ID (Ethics Commission 00062790	on Filers)
4	Date 01/30/2024	Full name of contributor)	7	Amount of Contribution (\$)	\$5,000.00
_	Deire in all a service	Arlington, TX 76013-1714				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 06/22/2024	Full name of contributor out-of-state PAC (ID#:_ Barnes, Chris Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$26.13
	Dringing agg	Arlington, TX 76002-3894 upation / Job title (See Instructions)	Employer (See Instructions			
		Beckman Coulter)			
	Date 06/27/2024	Full name of contributor out-of-state PAC (ID#:_ Bell, Gwen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
		Houston, TX 77066-2015				
		pation / Job title (See Instructions) nmunications Representative	Employer (See Instructions Retired)		
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_Blackridge Contributor address; City; State; Zip Code Austin, TX 78701-2161			Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/16/2024	Full name of contributor out-of-state PAC (ID#:_ Border Health PAC Contributor address; City; State; Zip Code McAllen, TX 78504-3088			Amount of Contribution (\$)	\$5,000.00
	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions)		

	MONEI	ARY POLITICAL CONTRIBUTION	ON	15		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 3/24 Rpt: 6/100	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Turner, Chris	stopher G. (The Honorable)				00062790	
4	Date 04/04/2024	 Full name of contributor out-of-state PAC (ID#: Bowen, Naomi Contributor address; City; State; Zip Code 	:		7	Amount of Contribution (\$)	\$131.34
8	Principal occu	Arlington, TX 76001-7513 pation / Job title (See Instructions)	<u> </u> 9	Employer (See Instructions	(s)		
•	Retired	paner, cos ano (cos monecaste)		Retired	,		
	Date 05/26/2024	Full name of contributor out-of-state PAC (ID#: Brinkley, Susan Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$26.13
		Fort Worth, TX 76244-7969			<u> </u>		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
			Private practice	_			
	Date 06/20/2024	Full name of contributor out-of-state PAC (ID#: Britt, Eric Glenn Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$500.00
		Arlington, TX 76010-2123					
	Principal occu	pation / Job title (See Instructions)	T	Employer (See Instructions	;) [
	Not Employe			Not Employed	,		
	Date 01/01/2024	Full name of contributor out-of-state PAC (ID#: Buresh, Gary Contributor address; City; State; Zip Code Cleburne, TX 76031-7856	:)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 05/30/2024	Full name of contributor out-of-state PAC (ID#: Buresh, Gary Contributor address; City; State; Zip Code Cleburne, TX 76031-7856	:			Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CONTRIBUT	TIONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete th	is form.	1	Total pages Schedule A1: Sch: 4/24 Rpt: 7/100	
2	FILER NAME Turner, Chris	stopher G. (The Honorable)		3	Filer ID (Ethics Commission 00062790	on Filers)
4	Date 04/04/2024	 Full name of contributor x out-of-state PAC (I Calpine Corporation PAC Contributor address; City; State; Zip Code 	D#: <u>C00362640</u>	7	Amount of Contribution (\$)	\$1,500.00
•	Principal occu	Houston, TX 77002-2743 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	Fillicipal occu	pation / Job title (See Instructions)	9 Employer (See instructions	15)		
	Date 05/27/2024	Full name of contributor out-of-state PAC (I Campbell, Edna E Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$26.13
	Principal occu	Fort Worth, TX 76134-4877 pation / Job title (See Instructions)	Employer (See Instructions) 		
	Retired	pation 7 300 title (See Instructions)	Retired	13)		
	Date 06/21/2024	Full name of contributor out-of-state PAC (I Cassidy, Chris Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$500.00
		Arlington, TX 76011-6000				
	Principal occu President &	pation / Job title (See Instructions) CEO	Employer (See Instructions National Medal of Hono	•	useum Foundation	
	Date 06/28/2024	Full name of contributor out-of-state PAC (I CenterPoint Energy Incorporated PAC Contributor address; City; State; Zip Code Houston, TX 77210-4567	D#:)		Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)		
	Date 01/04/2024	Full name of contributor out-of-state PAC (I Chase, Scott Contributor address; City; State; Zip Code Dallas, TX 75208-2503	D#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Scott Chase	ıs)		
			•			

	MONEI	ARY POLITICAL CONTRIBU	HOI	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete tl	his fo	rm.	1	Total pages Schedule A1: Sch: 5/24 Rpt: 8/100	
2	FILER NAME Turner, Chris	stopher G. (The Honorable)			3	Filer ID (Ethics Commission 00062790	n Filers)
4	Date 01/25/2024	 5 Full name of contributor out-of-state PAC Currey, Thomas D. (Mr.) 6 Contributor address; City; State; Zip Code 	(ID#:)	7	Amount of Contribution (\$)	\$100.00
Ω	Principal occu	pation / Job title (See Instructions)	l o	Employer (See Instructions	·)		
0		Representative	ا	The TDC Companies	')		
	Date 05/20/2024	Full name of contributor out-of-state PAC Davis, Daryl Contributor address; City; State; Zip Code	(ID#:			Amount of Contribution (\$)	\$50.00
		Fort Worth, TX 76123-2752					
	Principal occu Executive	pation / Job title (See Instructions)		Employer (See Instructions Inspiring Temple Of Pra			
		inspiring remple of Fra	130	Assessment of Ossatzila discretions (d)			
	05/16/2024	Full name of contributor out-of-state PAC Davis, Gloria Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00
		Arlington, TX 76018-1270					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	i)		
	Date 05/16/2024	Full name of contributor out-of-state PAC Davis, Gloria Contributor address; City; State; Zip Code Arlington, TX 76018-1270	(ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	()		
	Date 04/04/2024	Full name of contributor out-of-state PAC Davis, Teri Contributor address; City; State; Zip Code Escondido, CA 92026-5020	(ID#:			Amount of Contribution (\$)	\$50.00
	Principal occu Mental healt	pation / Job title (See Instructions) h therapist		Employer (See Instructions Self Employed	5)		

	MONEI	ARY POLITICAL CONTRI	BUTION	IS	SCHEDULE A1
	The Instruc	ction Guide explains how to comple	ete this form	n.	1 Total pages Schedule A1: Sch: 6/24 Rpt: 9/100
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
	Turner, Chris	stopher G. (The Honorable)			00062790
4	Date 05/18/2024	 5 Full name of contributor uut-of-state out-of-state out-of-state Dipert, Dan W. 6 Contributor address; City; State; Zip Code 	PAC (ID#:)	7 Amount of Contribution (\$) \$1,000.00
		Arlington, TX 76013-1722			
8		pation / Job title (See Instructions)	9	Employer (See Instructions	
	Owner			Dipert Travel & Transpo	rtation Ltd.
	Date 05/18/2024	Dipert, Linda (Mrs.) Contributor address; City; State; Zip Code	PAC (ID#:)	Amount of Contribution (\$) \$1,000.00
		Arlington, TX 76013-1760			
		pation / Job title (See Instructions)		Employer (See Instructions	
	Owner			Dipert Travel & Transpo	rtation Ltd.
	Date 06/12/2024	Full name of contributor out-of-state Dow, Jim Contributor address; City; State; Zip Code	PAC (ID#:)	Amount of Contribution (\$) \$500.00
		Austin, TX 78701-1819			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)
	Managing Pa	artner		Cross Oak Group	
	Date 01/07/2024	Full name of contributor out-of-state Dunn, Louise Contributor address; City; State; Zip Code Arlington, TX 76002-2869	PAC (ID#:		Amount of Contribution (\$) \$15.69
	Principal occu Retired Teac	pation / Job title (See Instructions) her		Employer (See Instructions AISD	5)
	Date 02/07/2024	Full name of contributor out-of-state Dunn, Louise Contributor address; City; State; Zip Code Arlington, TX 76002-2869	PAC (ID#:)	Amount of Contribution (\$) \$15.69
	Principal occu Retired Teac	pation / Job title (See Instructions) cher		Employer (See Instructions AISD))

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 7/24 Rpt: 10/100	
2	FILER NAME Turner, Chris	stopher G. (The Honorable)			3	Filer ID (Ethics Commission 00062790	Filers)
4	Date 03/07/2024	 Full name of contributor out-of-state PAC (ID#:_Dunn, Louise Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$15.69
8	Principal occu	Arlington, TX 76002-2869 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	Retired Teac			AISD	,		
	Date 04/07/2024	Full name of contributor out-of-state PAC (ID#:_ Dunn, Louise Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$15.69
		Arlington, TX 76002-2869	_				
		Employer (See Instructions AISD	s)				
	Date 05/02/2024	Full name of contributor out-of-state PAC (ID#:_ Dunn, Louise Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$15.69
		Arlington, TX 76002-2869					
	Principal occu Retired Teac	pation / Job title (See Instructions) cher		Employer (See Instructions AISD	s)		
	Date 05/16/2024	Full name of contributor out-of-state PAC (ID#:_ Dunn, Louise Contributor address; City; State; Zip Code Arlington, TX 76002-2869)		Amount of Contribution (\$)	\$10.00
	Principal occu Retired Teac	pation / Job title (See Instructions) cher		Employer (See Instructions	5)		
	Date 06/02/2024	Full name of contributor out-of-state PAC (ID#:_ Dunn, Louise Contributor address; City; State; Zip Code Arlington, TX 76002-2869				Amount of Contribution (\$)	\$15.69
	Principal occu Retired Teac	pation / Job title (See Instructions) cher		Employer (See Instructions	s)		
			<u> </u>				

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDUI	E A1
	The Instru	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 8/24 Rpt: 11/100	
2	FILER NAME Turner, Chris	stopher G. (The Honorable)			3	Filer ID (Ethics Commission 00062790	on Filers)
4	Date 01/08/2024	5 Full name of contributor out-of-state PAC (ID#:_ Eason, Ed and Lynette 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$259.00
8	Principal occu	Arlington, TX 76016-4555 pation / Job title (See Instructions)	9	Employer (See Instructions			
Ū	Retired	pation / oob title (occ motivations)	٠	Retired	,		
	Date 05/15/2024	Full name of contributor out-of-state PAC (ID#:_ Fickling, Karl Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$26.13
		Grand Prairie, TX 75052-8341			<u></u>		
	Educator/mir	pation / Job title (See Instructions) nister		Employer (See Instructions B. H. Carroll Seminar	5)		
	Date 06/27/2024	Full name of contributor out-of-state PAC (ID#:_ Fickling, Karl Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$26.13
		Grand Prairie, TX 75052-8341					
	Principal occu Educator/mir	pation / Job title (See Instructions) nister		Employer (See Instructions B. H. Carroll Seminar	5)		
	Date 05/28/2024	Full name of contributor out-of-state PAC (ID#:_ Friends of Baylor Medicine PAC Contributor address; City; State; Zip Code Houston, TX 77030-3411)	•	Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 04/24/2024	Full name of contributor out-of-state PAC (ID#:_ Friends of the University PAC Contributor address; City; State; Zip Code Austin, TX 78763-0552)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
		•					

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 9/24 Rpt: 12/100	
2	FILER NAME Turner, Chris	stopher G. (The Honorable)			3	Filer ID (Ethics Commission 00062790	n Filers)
4	Date 01/02/2024	 Full name of contributor out-of-state PAC (I Fritsche, Patricia Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$52.00
_		Morgan, TX 76671-3185	- 1-				
8	Principal occu CPA	pation / Job title (See Instructions)	9	Employer (See Instructions FMG CPA LLC	s) 		
	Date 06/27/2024	Full name of contributor out-of-state PAC (I Fritsche, Patricia Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$52.00
	Principal occu	Morgan, TX 76671-3185 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	CPA	,		FMG CPA LLC	,		
	Date 06/27/2024	Full name of contributor out-of-state PAC (I Funderburk, Marc Contributor address; City; State; Zip Code	D#:			Amount of Contribution (\$)	\$50.00
		Arlington, TX 76016-2650					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 06/27/2024	Full name of contributor out-of-state PAC (I Gardner, Jonathan Contributor address; City; State; Zip Code Fort Worth, TX 76116-9314)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 01/02/2024	Full name of contributor out-of-state PAC (I Garnett, Kevin Contributor address; City; State; Zip Code Fort Worth, TX 76133-2155			•	Amount of Contribution (\$)	\$250.00
	Principal occu Researcher/	pation / Job title (See Instructions) Producer		Employer (See Instructions Self Employed	5)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 10/24 Rpt: 13/100	
2	FILER NAME Turner, Chris	stopher G. (The Honorable)			3	Filer ID (Ethics Commission 00062790	n Filers)
4	Date 06/30/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$259.00
8	Principal occu	Fort Worth, TX 76109-5233 pation / Job title (See Instructions)	9	Employer (See Instructions	 - s)		
	Retired			Retired			
	Date 05/28/2024	Full name of contributor out-of-state PAC (ID# Garnett, Richard (Mr.) Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$259.00
		Fort Worth, TX 76109-5233	_				
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 06/11/2024	Full name of contributor	:			Amount of Contribution (\$)	\$20.00
		Arlington, TX 76015-3838					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 06/26/2024	Full name of contributor out-of-state PAC (ID# Greenhill, Bill D. Contributor address; City; State; Zip Code Fort Worth, TX 76107-3808				Amount of Contribution (\$)	\$1,552.75
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Haynes and Boone LLP			
	Date 04/04/2024	Full name of contributor out-of-state PAC (ID# Hall, Gerri Contributor address; City; State; Zip Code Lakeside, TX 76135-5200				Amount of Contribution (\$)	\$52.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this fo	orn	n.	1	Total pages Schedule A1: Sch: 11/24 Rpt: 14/100
2	FILER NAME Turner, Chris	stopher G. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00062790
4	Date 05/15/2024	 Full name of contributor)	7	Amount of Contribution (\$) \$500.00
8	Principal occu	Fort Worth, TX 76116-1676 pation / Job title (See Instructions)	9	Employer (See Instructions		
_	Retired	salion, con the (coe mendations)		Retired	,	
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_ HillCo PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$2,500.00
	Dringinal accu	Austin, TX 78701-2458 pation / Job title (See Instructions)		Employer (See Instructions		
	r inicipal occu	oation 7 300 title (See matractions)		Employer (See instructions	,	
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_ Hochheim Prairie PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$750.00
		Yoakum, TX 77995-1318				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_ Houston Police Retired Officers Association PAC Contributor address; City; State; Zip Code Houston, TX 77219-0787)		Amount of Contribution (\$) \$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	
	Date 05/16/2024	Full name of contributor out-of-state PAC (ID#:_ Jones, Scott Contributor address; City; State; Zip Code Arlington, TX 76014-3513				Amount of Contribution (\$) \$52.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)	
		,				

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A			
	The Instru	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 12/24 Rpt: 15/100	
2	FILER NAME Turner, Chris	stopher G. (The Honorable)			3	Filer ID (Ethics Commission 00062790	n Filers)
4	Date 06/28/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$500.00
_		Eastland, TX 76448-3450	_				
8	Principal occu Consultant	pation / Job title (See Instructions)	9	Employer (See Instructions Keffer Consulting LLC	5)		
	Date 03/07/2024	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
	Principal occu	Arlington, TX 76014-1552 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Not Employe			Not Employed			
	Date 01/03/2024	Full name of contributor)		Amount of Contribution (\$)	\$350.00
		Austin, TX 78701-2683					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 01/19/2024	Full name of contributor out-of-state PAC (ID#:_ Meeks, Raymond Contributor address; City; State; Zip Code Venus, TX 76084-3252				Amount of Contribution (\$)	\$100.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Raymond M Meeks	<u>. </u>		
	Date 02/19/2024	Full name of contributor out-of-state PAC (ID#:_ Meeks, Raymond Contributor address; City; State; Zip Code Venus, TX 76084-3252				Amount of Contribution (\$)	\$100.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Raymond M Meeks	5)		
				.,			

	MONET	ARY POLITICAL CO		SCHEDUL	E A1		
	The Instru	ction Guide explains how t	o complete this form	n.	1	Total pages Schedule A1: Sch: 13/24 Rpt: 16/100	
2	FILER NAME Turner, Chris	stopher G. (The Honorable)			3	Filer ID (Ethics Commission 00062790	n Filers)
4	Date 03/19/2024	5 Full name of contributor Meeks, Raymond6 Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Venus, TX 76084-3252 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Attorney	,		Raymond M Meeks	,		
	Date 04/19/2024	Full name of contributor Meeks, Raymond Contributor address; City; State)		Amount of Contribution (\$)	\$100.00
		Venus, TX 76084-3252					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Raymond M Meeks	i)		
	Date 05/19/2024	Full name of contributor Meeks, Raymond Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$100.00
		Venus, TX 76084-3252					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Raymond M Meeks	5)		
	Date 06/19/2024	Full name of contributor Meeks, Raymond Contributor address; City; State Venus, TX 76084-3252	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Raymond M Meeks)		
	Date 06/20/2024	Full name of contributor Miller, Robert Contributor address; City; State Dallas, TX 75201-2708	out-of-state PAC (ID#:e; Zip Code)		Amount of Contribution (\$)	\$500.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Locke Lord LLP	5)		
			,				

	MONET	ARY POLITICAL CONTRIBUTION	DNS	SCHEDULE A			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/24 Rpt: 17/100		
2	FILER NAME Turner, Chris	stopher G. (The Honorable)		3	Filer ID (Ethics Commission 00062790	on Filers)	
4	Date 01/14/2024	5 Full name of contributor out-of-state PAC (ID#:_ Mitchell, Peggy 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$25.00	
_	Poincia di con	Fort Worth, TX 76135-4429					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))			
	Date 02/12/2024	Full name of contributor x out-of-state PAC (ID#: NRG Energy Inc. Political Action Committee Contributor address; City; State; Zip Code	C00366559)		Amount of Contribution (\$)	\$2,000.00	
	Principal occu	Princeton, NJ 08540-6299 pation / Job title (See Instructions)	Employer (See Instructions))			
	Date 02/23/2024	Full name of contributor x out-of-state PAC (ID#: 4 NextEra Energy PAC Contributor address; City; State; Zip Code Austin, TX 78749-1983	C00064774)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 04/05/2024	Full name of contributor out-of-state PAC (ID#:_Olivo, Dora F. Contributor address; City; State; Zip Code Richmond, TX 77406-0013			Amount of Contribution (\$)	\$100.00	
	Principal occu Justice of the	pation / Job title (See Instructions) e Peace	Employer (See Instructions) Fort Bend County)			
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_ Padgett, Robyn Contributor address; City; State; Zip Code Fort Worth, TX 76132-3055			Amount of Contribution (\$)	\$54.07	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions) Retired)			

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/24 Rpt: 18/100		
2	FILER NAME Turner, Chris	stopher G. (The Honorable)		3	Filer ID (Ethics Commission 00062790	n Filers)	
4	Date 06/20/2024	5 Full name of contributor out-of-state PAC (ID#:_ Palmer, Tracy 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$50.00	
_	<u> </u>	Arlington, TX 76018-2930					
8	Retired	ipation / Job title (See Instructions)	9 Employer (See Instructions Retired)			
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_Palmer, Tracy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.60	
	Principal occu	Arlington, TX 76018-2930	Employer (See Instructions)			
	Retired	pation 7 oos tillo (eee metadolono)	Retired				
	Date 06/20/2024	Full name of contributor out-of-state PAC (ID#:_ Phillips, Greg Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00	
		Fort Worth, TX 76104-2221					
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Self employed)			
	Date 01/15/2024	Full name of contributor out-of-state PAC (ID#:_ Ressl, Robert Contributor address; City; State; Zip Code Arlington, TX 76013-6446			Amount of Contribution (\$)	\$50.00	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)			
	Date 06/27/2024	Full name of contributor out-of-state PAC (ID#:_ Robinson, Jean Contributor address; City; State; Zip Code Fort Worth, TX 76137-2058			Amount of Contribution (\$)	\$50.00	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)			

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/24 Rpt: 19/100		
2	FILER NAME Turner, Chris	stopher G. (The Honorable)		3	Filer ID (Ethics Commission 00062790	n Filers)	
4	Date 05/26/2024	 Full name of contributor out-of-state PAC (ID#:_Roemer, Claire Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$103.75	
_	Delicalis al acces	Arlington, TX 76013-1908	O Farely (Control of the Control of				
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions Retired)			
	Date 06/15/2024	Full name of contributor out-of-state PAC (ID#:_ Roemer, Ken and Micki Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
	Principal occu	Arlington, TX 76013-1908 pation / Job title (See Instructions)	Employer (See Instructions)			
	Retired	patient y cos title (ese metastione)	Retired	,			
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_ Rural Friends of Electric Cooperatives Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$2,000.00	
	D: : 1	Austin, TX 78701-2100					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 05/26/2024	Full name of contributor out-of-state PAC (ID#:_Sanchez, Elizabeth Contributor address; City; State; Zip Code Arlington, TX 76016-1830)		Amount of Contribution (\$)	\$26.13	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)			
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_ Scott, Bruce Contributor address; City; State; Zip Code Austin, TX 78703-1428)		Amount of Contribution (\$)	\$150.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

8 Principal occupation / Job title (See Instructions) Consultant Date 06/30/2024 Full name of contributor		MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1			
Turner, Christopher G. (The Honorable) 4 Date S Full name of contributor out-of-state PAC (ID# Amount of Contribution (\$) Setdits Jr., Curtis Setdits Jr., Curtis J		The Instru	ction Guide explains how to complete this fo	orr	n.	1		
Date Full name of contributor Qui-of-state PAC (ID#	2		stopher G. (The Honorable)			3		on Filers)
8 Principal occupation / Job title (See Instructions) Consultant Date 06/30/2024 Full name of contributor Sheppard, Joseph Contributor address; City; State; Zip Code Cuero, TX 77954-0327 Principal occupation / Job title (See Instructions) Attorney Date 06/30/2024 Full name of contributor Shipley, George Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Crain & Sheppard O6/30/2024 Principal occupation / Job title (See Instructions) Attorney Date O6/30/2024 Principal occupation / Job title (See Instructions) Consultant Date O6/30/2024 Full name of contributor O6/28/2024 Principal occupation / Job title (See Instructions) Consultant Date O6/28/2024 Full name of contributor O6/28/2024 Full name of contributor O6/28/2024 Shipton, Patricia A. Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Shipton, Patricia A. Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Self-Employed Date O1/14/2024 Full name of contributor O1	4	Date	5 Full name of contributor)	7		\$250.00
Consultant Date Sheppard, Joseph Special Advocacy Special Adv			Austin, TX 78746-6773					
O6/30/2024 Sheppard, Joseph Contributor address; City; State; Zip Code Cuero, TX 77954-0327 Principal occupation / Job title (See Instructions) Attorney Date O6/30/2024 Shipley, George Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Consultant Date O6/30/2024 Shipley, George Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Consultant Date O6/28/2024 Shipton, Patricia A. Contributor address; City; State; Zip Code Austin, TX 78701-2157 Principal occupation / Job title (See Instructions) Government Affairs Date O1/14/2024 Full name of contributor out-of-state PAC (ID#: Self-Employed) Date O1/14/2024 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Self-Employed Date O1/14/2024 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Self-Employed Date O1/14/2024 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Self-Employed Date O1/14/2024 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Self-Employed Principal occupation / Job title (See Instructions) Self-Employer (See Instructions)	8		pation / Job title (See Instructions)	9		5)		
Principal occupation / Job title (See Instructions) Attorney Date			Sheppard, Joseph)		Amount of Contribution (\$)	\$250.00
Attorney Date O6/30/2024 Full name of contributor Shipley, George Contributor address; City; State; Zip Code Austin, TX 78703-2206 Principal occupation / Job title (See Instructions) Consultant Date O6/28/2024 Shipton, Patricia A. Contributor address; City; State; Zip Code Austin, TX 78701-2157 Principal occupation / Job title (See Instructions) Shipley & Associates Inc. Amount of Contribution (\$) \$1,000 Austin, TX 78701-2157 Principal occupation / Job title (See Instructions) Government Affairs Date O1/14/2024 Full name of contributor O1/14/2024		B			5 1 (0 1 : :			
Shipley, George Contributor address; City; State; Zip Code Austin, TX 78703-2206 Principal occupation / Job title (See Instructions) Consultant Date 06/28/2024 Shipton, Patricia A. Contributor address; City; State; Zip Code Austin, TX 78701-2157 Principal occupation / Job title (See Instructions) Government Affairs Self-Employed Date 01/14/2024 Smith, Cheryl Ann (Ms.) Contributor address; City; State; Zip Code Grand Prairie, TX 75052-4581 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self-Employed Amount of Contribution (\$) \$25			ipation / Job title (See Instructions)			5)		
Principal occupation / Job title (See Instructions) Consultant Date O6/28/2024 Shipton, Patricia A. Contributor address; City; State; Zip Code Austin, TX 78701-2157 Principal occupation / Job title (See Instructions) Government Affairs Date O1/14/2024 Full name of contributor Austin, TX 78701-2157 Principal occupation / Job title (See Instructions) Government Affairs Date O1/14/2024 Grand Prairie, TX 75052-4581 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self-Employed Amount of Contribution (\$) \$2! Principal occupation / Job title (See Instructions) Employer (See Instructions) Self-Employed Employer (See Instructions) \$2!			Shipley, George)		Amount of Contribution (\$)	\$259.00
Consultant Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)			Austin, TX 78703-2206					
O6/28/2024 Shipton, Patricia A. \$1,000 Contributor address; City; State; Zip Code Austin, TX 78701-2157 Principal occupation / Job title (See Instructions) Government Affairs Date O1/14/2024 Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code Grand Prairie, TX 75052-4581 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$2!		·	pation / Job title (See Instructions)		. , `	•		
Government Affairs Self-Employed Sulf name of contributor out-of-state PAC (ID#:			Shipton, Patricia A. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$1,000.00
01/14/2024 Smith, Cheryl Ann (Ms.) Contributor address; City; State; Zip Code Grand Prairie, TX 75052-4581 Principal occupation / Job title (See Instructions) Employer (See Instructions)		•	' '			<u>(</u>		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			Smith, Cheryl Ann (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$25.00
Legal & Grievance Specialist The American Federation.of Teachers		•	upation / Job title (See Instructions)					
		Legal & Grie	evance Specialist		The American Federation	n.o	of Teachers	

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 18/24 Rpt: 21/100	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Turner, Chris	stopher G. (The Honorable)				00062790	
4	Date 02/14/2024	5 Full name of contributor Smith, Cheryl Ann (Ms.)6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$25.00
		Grand Prairie, TX 75052-4	4581				
8	Principal occu	pation / Job title (See Instructions) [9	Employer (See Instructions	5)		
	Legal & Grie	vance Specialist		The American Federation	n.o	of Teachers	
	Date 03/14/2024	Full name of contributor Smith, Cheryl Ann (Ms.) Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)	•	Amount of Contribution (\$)	\$25.00
		Grand Prairie, TX 75052-4	1581				
		pation / Job title (See Instructions)	Employer (See Instructions			
	Legal & Grie	vance Specialist		The American Federation	n.c	of Teachers	
	Date 04/14/2024	Full name of contributor Smith, Cheryl Ann (Ms.) Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$25.00
		Grand Prairie, TX 75052-4	1581				
		pation / Job title (See Instructions vance Specialist)	Employer (See Instructions The American Federation		of Teachers	
	Date 05/14/2024	Full name of contributor Smith, Cheryl Ann (Ms.) Contributor address; City; St Grand Prairie, TX 75052-2)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Legal & Grie	vance Specialist		The American Federation	n.o	of Teachers	
	Date 06/14/2024	Full name of contributor Smith, Cheryl Ann (Ms.) Contributor address; City; St Grand Prairie, TX 75052-2			•	Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Legal & Grie	vance Specialist		The American Federation	n.o	of Teachers	
			<u> </u>				

	MONEI	ARY POLITICAL C	ONTRIBUTIO)NS	SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1 Total pages Schedule A1: Sch: 19/24 Rpt: 22/100	
2	FILER NAME Turner, Chris	stopher G. (The Honorable)			3 Filer ID (Ethics Commission 00062790	ı Filers)
4	Date 06/20/2024	5 Full name of contributor Smith, Cheryl Ann (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#:		7 Amount of Contribution (\$)	\$50.00
		Grand Prairie, TX 75052-4				
8		upation / Job title (See Instructions) evance Specialist		9 Employer (See Instructions The American Federation	on.of Teachers	
	Date 01/30/2024	Full name of contributor Smith, Regina C. (Mrs.) Contributor address; City; Sta			Amount of Contribution (\$)	\$250.00
	Principal occu	upation / Job title (See Instructions)	-	Employer (See Instructions	I (s)	
	Date 05/27/2024	Full name of contributor Stephens, Sarah Contributor address; City; Sta	·		Amount of Contribution (\$)	\$103.75
		Arlington, TX 76013-1783 upation / Job title (See Instructions)	-	Employer (See Instructions	<u> </u> 	
	Date 06/26/2024	Full name of contributor Stewart, Thomas Contributor address; City; Sta		Retired	Amount of Contribution (\$)	\$1,000.00
	Principal occu Consultant	upation / Job title (See Instructions)		Employer (See Instructions Texas Charity Advocate		
	Date 05/26/2024	Full name of contributor Suhm, Mary Contributor address; City; Sta	out-of-state PAC (ID#:_		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	upation / Job title (See Instructions)		Employer (See Instructions Mary Suhm))	

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 20/24 Rpt: 23/100		
2	FILER NAME	stopher G. (The Honorable)		3	Filer ID (Ethics Commission 00062790	on Filers)	
4	Date 03/12/2024	Full name of contributor)	7	Amount of Contribution (\$)	\$250.00	
_		Austin, TX 78741					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Association Of Property Tax Professional Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	Helotes, TX 78023-0933 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 02/21/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Building Branch AGC PAC Account Contributor address; City; State; Zip Code Austin, TX 78701-2656			Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Lobby Partners LLP Contributor address; City; State; Zip Code Austin, TX 78701-2132)		Amount of Contribution (\$)	\$1,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 06/28/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Medical Association PAC (TexPAC) Contributor address; City; State; Zip Code Austin, TX 78701-1624			Amount of Contribution (\$)	\$5,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 21/24 Rpt: 24/100		
2	FILER NAME	stopher G. (The Honorable)		3	Filer ID (Ethics Commission 00062790	on Filers)	
_		·		_			
4	Date 06/28/2024	 Full name of contributor out-of-state PAC (ID#:_ Texas Orthopaedic Political Action Committee Contributor address; City; State; Zip Code 		1	Amount of Contribution (\$)	\$1,500.00	
		Austin, TX 78701-1665					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)		
	06/28/2024	Texas Sands PAC				\$4,500.00	
	Contributor address; City; State; Zip Code						
		Austin, TX 78701-4093					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date Full name of contributor out-of-state PAC (ID#:) 03/12/2024 Texas Society of CPAs Political Action Committee (TSCPA PAC) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)		
					\$1,000.00		
		Addison, TX 75001-3872					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)		
	03/12/2024	Texas Society of CPAs Political Action Committee	ee (TSCPA PAC)			\$1,000.00	
		Contributor address; City; State; Zip Code					
		Addison, TX 75001-3872					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)		
	02/06/2024	Texas Trial Lawyers Association PAC				\$5,000.00	
		Contributor address; City; State; Zip Code					
		Austin, TX 78767-0788					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL CON	MONETARY POLITICAL CONTRIBUTIONS							
	The Instru	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 22/24 Rpt: 25/100				
2	FILER NAME Turner, Chris	stopher G. (The Honorable)			3	Filer ID (Ethics Commission 00062790	on Filers)			
4	Date 06/28/2024	 Full name of contributor out out Texas Trial Lawyers Association Contributor address; City; State; Zip)	7	Amount of Contribution (\$)	\$2,500.00			
		Austin, TX 78767-0788								
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)					
	Date 05/26/2024	Full name of contributor out Turner, Mary Ann (Mrs.) Contributor address; City; State; Zip	t-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00			
	Principal occu	Dallas, TX 75228-2758 pation / Job title (See Instructions)		Employer (See Instructions)					
	Retired			Retired						
	Date 06/21/2024	Full name of contributor out Turner, Mary Ann (Mrs.) Contributor address; City; State; Zip	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$200.00			
		Dallas, TX 75228-2758								
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)					
	Date Full name of contributor O5/16/2024 United Food & Commercial Workers International Union AFL-CIO CLC Contributor address; City; State; Zip Code Washington, DC 20006-1521					Amount of Contribution (\$)	\$5,000.00			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)					
	Date 06/11/2024	United Food & Commercial Wor		nion AFL-CIO CLC		Amount of Contribution (\$)	\$10,000.00			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)					
			 							

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE A1				
	The Instru	ction Guide explains how t	o complete this fo	orm.	1	Total pages Schedule A1: Sch: 23/24 Rpt: 26/100				
2	FILER NAME Turner, Chris	stopher G. (The Honorable)			3	Filer ID (Ethics Commission 00062790	n Filers)			
4	Date 04/22/2024	5 Full name of contributorUnited Food and Commerci6 Contributor address; City; Stat		nal Union Action Ballot	7	Amount of Contribution (\$)	\$250.00			
		Washington, DC 20006-150								
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)					
	Date 06/26/2024	Full name of contributor Valdez, Jerry A. (Mr.) Contributor address; City; Stat				Amount of Contribution (\$)	\$500.00			
		Austin, TX 78711-2031	,							
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	i)					
	Date 05/27/2024	Full name of contributor Valenzuela, Terry Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00			
		Arlington, TX 76011-7957								
	Principal occu Toolmaker	pation / Job title (See Instructions)		Employer (See Instructions General Motors	i)					
	Date 01/10/2024	Full name of contributor Vallot, Colette Contributor address; City; Stat Dallas, TX 75219-7905				Amount of Contribution (\$)	\$250.00			
	Principal occu Managing Pa	pation / Job title (See Instructions) artner		Employer (See Instructions Entre Strategic Partners						
	Date 05/26/2024	Full name of contributor Watson, Lesta Contributor address; City; Stat Grand Prairie, TX 75050-13)		Amount of Contribution (\$)	\$3.36			
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	i)					

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 24/24 Rpt: 27/100	
2	FILER NAME	stopher G. (The Honorable)		3	Filer ID (Ethics Commissi 00062790	on Filers)
4	Date 06/28/2024	 Full name of contributor out-of-state PAC (ID#:_ Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701-2434				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	S) 		
	Date 05/27/2024	Full name of contributor out-of-state PAC (ID#: Wick, Audrey Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$52.00
		Arlington, TX 76012-2733				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
	Date 03/12/2024	Full name of contributor out-of-state PAC (ID#:_ Zachry Construction Corporation PAC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	D: : 1	San Antonio, TX 78265-3240	5 1 (0 1 1 1	Ĺ		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 1/29 Rpt: 28/100	Turner, Christopher G. (The Honorable) 00062790
4	Date	5 Payee name
	02/02/2024	360 Corridor Democratic Action
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	PO Box 182094
		Arlington, TX 76096-2094
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	02/01/2024	American Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,965.69	200 Vesey St
		New York, NY 10281-5525
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	03/07/2024	American Express
	Amount (\$)	Payee address; City; State; Zip Code
	\$14,007.07	200 Vesey St
		New York, NY 10281-5525
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

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 The Instruction Guide explains h	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 2/29 Rpt: 29/100		Turner, Christopher G. (The Honorable))			00062790		
4	Date	5	Payee name						
	04/04/2024		American Express						
6	Amount (\$) \$2,596.10		Payee address; City; State; 200 Vesey St New York, NY 10281-5525	Zip Co	de				
8	PURPOSE OF EXPENDITURE	(a)	Credit Card Payment (b) Description Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit card payment						
9	Complete ONLY if direct expenditure to benefit C/Oh		andidate/Officeholder name Of	ffice sou	ght		Office held		
	Date		Payee name						
	05/03/2024		American Express						
	Amount (\$)	l		Zip Co	de				
	\$3,038.80	\$3,038.80 200 Vesey St New York, NY 10281-5525							
	PURPOSE	├		dulo)	(b) Description				
	OF EXPENDITURE Credit Card Payment Credit Card Payment					avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense d payment			
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name Of	ffice sou	ght		Office held		
	Date		Payee name						
	06/24/2024		American Express						
	Amount (\$) \$3,081.76	ı	Payee address; City; State; 200 Vesey St	Zip Co	de				
			New York, NY 10281-5525						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schere Credit Card Payment	dule)	ш	, TX,	de of Texas. Complete Schedule T. officeholder living expense nent		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name Of	ffice sou	ght		Office held		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Cabadula F1:	1
1	Total pages Schedule F1: Sch: 3/29 Rpt: 30/100	2 FILER NAME Turner, Christopher G. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062790
Ļ	•	
4	Date	5 Payee name
L	01/31/2024	Dubberke, Tammy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	3703 Lasalle Dr
		Arlington, TX 76016-2930
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign salary
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	02/29/2024	Dubberke, Tammy
_	Amount (\$)	
	\$250.00	Payee address; City; State; Zip Code 3703 Lasalle Dr
	Φ250.00	STOS LASAIIC DI
		Arlington, TX 76016-2930
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign salary
		Campaign salary
<u> </u>	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
L		
	Date	Payee name
L	03/29/2024	Dubberke, Tammy
	Amount (\$)	Payee address; City; State; Zip Code
	\$283.33	3703 Lasalle Dr
		Arlington, TX 76016-2930
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign salary
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Polling Expense Travel in Printing Expense Travel OSalaries/Wages/Contract Labor OTHER

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

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		mmittee	Gift/Awards/Memorial Legal Services The Instruction G	•		/ages	/Contract Labor		Travel Out OTHER (er		trict category not listed above)	
Ļ	-	<u> </u>	EU E5		uiue expiaiiis	11044 10 001	iiipie	te una ioiiii.	<u> </u>	- 1 :-		(Filtra 0 - 1 - 1 - 1 - 1 - 1
1	Total pages Schedule F1:	2				,			3	Filer ID		(Ethics Commission Filers)
	Sch: 5/29 Rpt: 32/100		Turner, Chr	stopher G. (Th	e Honorable	=)				000627	90	
4	Date	5	Payee name					<u> </u>				
	02/05/2024		First Data M	lerchant Servic	es							
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de					
	\$75.31		-	dge Connector	NE	-						
			Ste 2000	•								
				20242 1651								
Ļ		<u> </u>		30342-1651								
8	PURPOSE OF	(a)		ee Categories listed at	the top of this sch	nedule)	(b)	Description			_	
	EXPENDITURE		Accounting/	Banking				Check if travel of Check if Austin				plete Schedule T.
								Credit card p				одренае
								oroun ouru pi	. 50	Journa II		
<u>_</u>	Complete ONLY if direct	Ц,	Condidate /Cff	aahaldar ======		Office servi	ab+			Oh:	- d o	ald.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Januidate/Offi	ceholder name	(Office sou	ynt			Offic	e he	eiu
		_										
	Date		Payee name									
	02/05/2024		First Data M	lerchant Servic	es							
	Amount (\$)		Payee addres	ss; City;	State	; Zip Co	de					
	\$27.23		5565 Glenri	dge Connector	NE							
			Ste 2000									
				30342-1651								
	DLIDDOCE	(2)				1	(h)	Descripti				
	PURPOSE OF	^(a)		ee Categories listed at	the top of this sch	nedule)	(n)	Description Check if travel	Outsi	de of Texas	Com	plete Schedule T.
	EXPENDITURE		Accounting/	вапкing				Check if Austin				
								Credit card p				•
										3		
	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Offic	e he	eld
	expenditure to benefit C/OI	Н										
H	Date		Payee name									
	02/05/2024		,	lerchant Servic	es							
_		\vdash				. 7: 0	- ام					
	Amount (\$)		Payee addres			; Zip Co	ue					
	\$82.11			dge Connector	NE							
			Ste 2000									
			Atlanta, GA	30342-1651								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Accounting/			·		ш				plete Schedule T.
	LAFLINDITORE							Check if Austin				expense
								Credit card p	roc	essing fe	ee	
	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Offic	e he	eld
L	expenditure to benefit C/O	1										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		mmittee	Gift/Awards/Memorial Legal Services			/ages	/Contract Labor		Travel Out OTHER (e		strict category not listed above)	
		_		The Instruction C	uiue expiains	HOW TO COL	npie	ete uns form.	_			
1	Total pages Schedule F1:	2							3			(Ethics Commission Filers)
_	Sch: 6/29 Rpt: 33/100	L		istopher G. (Th	e Honorable	e)				000627	'90	
4	Date	5	Payee name									
L	03/04/2024		First Data M	lerchant Servic	es							
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					
	\$35.68		5565 Glenri	dge Connector	· NE							
			Ste 2000									
				30342-1651								
8	PURPOSE	(2)					(h)	Docorintian				
°	OF	(a)		ee Categories listed at	the top of this sch	nedule)	(D)	Description Check if travel	outsi	ide of Texas	Com	plete Schedule T.
	EXPENDITURE		Accounting/	Danking				Check if Austin				
								Credit card p				
								·		-		
9	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Offic	ce he	eld
	expenditure to benefit C/OI	Н					_					
	Date		Payee name									
L	03/04/2024		First Data M	lerchant Servic	es							
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					
	\$30.09		5565 Glenri	dge Connector	· NE							
			Ste 2000									
			Atlanta, GA	30342-1651								
	PURPOSE	(a)		ee Categories listed at	the ten of this ask	odulo)	(b)	Description				
	OF	,	Accounting/		are top of this SCI	icuuie)	. ,	_	outsi	ide of Texas	. Com	plete Schedule T.
	EXPENDITURE		cccariariy/	-a				Check if Austin				
								Credit card p	roc	essing f	ee	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	(Office sou	ght			Offi	ce he	eld
⊨	Date	Π	Payoe nama									
	03/04/2024		Payee name	lerchant Servic	200							
	Amount (\$)		Payee addre	•		; Zip Co	de					
	\$40.55		5565 Glenri	dge Connector	NE							
			Ste 2000									
			Atlanta, GA	30342-1651								
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	nedule)	(b)	Description				
	OF EXPENDITURE		Accounting/		•							plete Schedule T.
	LAFLINDITORE							Check if Austin				gexpense
								Credit card p	roc	essing f	ee	
	Complete ONLY if direct	Ļ	Candidata/Off:	ceholder name		Office com	abt			O#:	ce he	7ld
	Complete ONLY if direct expenditure to benefit C/OH		Janunuale/OM	cenoider name	(Office sou	yııl			Oifi	re ue	z iu

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total nagge Schodule F1:	
Ė	Total pages Schedule F1: Sch: 7/29 Rpt: 34/100	Turner, Christopher G. (The Honorable) General General Commission Files) 00062790
4	Date	5 Payee name
	04/03/2024	First Data Merchant Services
6	Amount (\$) \$30.09	7 Payee address; City; State; Zip Code
	φ30.09	5565 Glenridge Connector NE Ste 2000
		Atlanta, GA 30342-1651
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card processing fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	04/03/2024	First Data Merchant Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$0.02	5565 Glenridge Connector NE
		Ste 2000
		Atlanta, GA 30342-1651
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card processing fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/03/2024	First Data Merchant Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.03	5565 Glenridge Connector NE
		Ste 2000
		Atlanta, GA 30342-1651
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Credit card processing fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	onponditure to belieff 0/01	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/29 Rpt: 35/100	Turner, Christopher G. (The Honorable) 00062790
4	Date	5 Payee name
	04/03/2024	First Data Merchant Services
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.40	5565 Glenridge Connector NE
		Ste 2000
		Atlanta, GA 30342-1651
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit card processing fee
		Credit card processing fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/03/2024	First Data Merchant Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$43.39	5565 Glenridge Connector NE
		Ste 2000
		Atlanta, GA 30342-1651
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Credit card processing fee
		Credit card processing fee
┢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/03/2024	First Data Merchant Services
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.94	5565 Glenridge Connector NE
		Ste 2000
		Atlanta, GA 30342-1651
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Credit card processing fee
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
Г		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services The Instruction Guide ex	se Printin Salarie	-	se //Contract Labor		Travel in District Travel Out of Dist OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 9/29 Rpt: 36/100	Turner, Chri	istopher G. (The Hon	orable)				00062790	
4	Date	5 Payee name							
	05/03/2024	First Data M	lerchant Services						
6	Amount (\$)	7 Payee addres	ss; City;	State; Zip	Code				
	\$22.42	5565 Glenri	dge Connector NE						
		Ste 2000							
		Atlanta, GA	30342-1651						
8	PURPOSE	(a) Category	ee Categories listed at the top o	of this schedule)	(b)	Description			
	OF	Accounting/		i tilis scriedule)	`´		outsio	de of Texas. Comp	olete Schedule T.
	EXPENDITURE		•			ш		officeholder living	expense
						Credit card p	roce	essing fee	
					1				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Offi	ceholder name	Office s	ought			Office he	ld
	Date	Payee name							
	06/03/2024	First Data M	lerchant Services						
	Amount (\$)	Payee addres	ss; City;	State; Zip	Code				
	\$103.04	5565 Glenri	dge Connector NE						
		Ste 2000							
		Atlanta, GA	30342-1651						
	PURPOSE	(a) Category	ee Categories listed at the top o	of this schedule)	(b)	Description			
	OF EXPENDITURE	Accounting/		i tilio scricuale)	'	_	outsio	de of Texas. Comp	olete Schedule T.
	EXPENDITORE	_	_			_		officeholder living	expense
						Credit card p	roce	essing fee	
	Operation ONE V. C. P.	0		6‴				0//: :	1.1
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Offi	cenolder name	Office s	ought			Office he	10
	Date	Payee name							
L	06/03/2024	First Data M	lerchant Services						
	Amount (\$)	Payee addres	ss; City;	State; Zip	Code				
	\$28.92	5565 Glenri	dge Connector NE						
		Ste 2000							
		Atlanta, GA	30342-1651						
	PURPOSE	(a) Category (Se	ee Categories listed at the top of	of this schedule)	(b)	Description			
	OF EXPENDITURE	Accounting/		,				de of Texas. Comp	
	LAI LADITORE					ш		officeholder living	expense
						Credit card p	1OC6	essing tee	
	Complete ONLY if divert	Candidata/Off:	ooholdar nama	Office	ought.			Office he	Id
	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office s	ougfil			Office he	iu
	•								
	<u> </u>								
	<u> </u>								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-		Expense //Wages/Contract Labor complete this form.	Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:				3 Filer ID (Ethics Commission Filers)	
	Sch: 10/29 Rpt:	Turner, Christopher G. (The	e Honorable)		00062790 (Ethics Commission Filers)	
4	Date	Payee name				
	06/03/2024	First Data Merchant Service	es			
6	Amount (\$) \$21.99	Payee address; City; 5565 Glenridge Connector Ste 2000 Atlanta, GA 30342-1651	State; Zip C	code		
8	PURPOSE	Category (See Categories listed at t	the top of this schedule)	(b) Description		
	OF EXPENDITURE	Accounting/Banking		I <u>—</u>	outside of Texas. Complete Schedule T. , TX, officeholder living expense	
				ı —	rocessing fee	
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name	Office so	pught	Office held	
	Date	Payee name				
	01/12/2024	Grand Prairie Citizen Police	e Academy Alumni	Association		
	Amount (\$)	Payee address; City;	State; Zip C	Code		
	\$300.00	2713 Spartacus Dr				
		Grand Prairie, TX 75052-70		In.		
	PURPOSE OF	Category (See Categories listed at t		(b) Description	outside of Toyas, Complete Schodule T	
	EXPENDITURE	Contributions/Donations Ma Candidate/Officeholder/Pol		<u> -</u>	outside of Texas. Complete Schedule T. , TX, officeholder living expense	
		· · · · · · · · · · · · · · · · · · ·		Contribution		
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name	Office so	pught	Office held	
	Date	Payee name				
	05/28/2024	Grand Prairie Juneteenth C	Committee			
	Amount (\$)	Payee address; City;	State; Zip C	code		
	\$250.00	PO Box 530744				
		Grand Prairie, TX 75053-07	744			
	PURPOSE OF	Category (See Categories listed at t		(b) Description		
	EXPENDITURE	Contributions/Donations Ma Candidate/Officeholder/Pol		I <u>—</u>	outside of Texas. Complete Schedule T. , TX, officeholder living expense	
		Candidate/Officefiolidef/P0f	inicai Comminiee	Event contrib	* '	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name	Office so	ught	Office held	
_	 					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/29 Rpt:	Turner, Christopher G. (The Honorable) 00062790
4	Date	5 Payee name
	01/17/2024	Gutierrez, Sarah
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	401 Middle Crk
		Buda, TX 78610-2765
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign operations consulting
		Campaigh operations consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
\vdash	Date	Davies same
		Payee name
	02/20/2024	Gutierrez, Sarah
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	401 Middle Crk
		Buda, TX 78610-2765
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign operations consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/19/2024	Gutierrez, Sarah
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	401 Middle Crk
	Ψ2,000.00	401 Middle Off
		Buda, TX 78610-2765
_	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Consulting Expense Check if Austin, TX, officeholder living expense
		Campaign operations consulting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/29 Rpt:	Turner, Christopher G. (The Honorable) 00062790
4	Date	5 Payee name
	04/11/2024	Gutierrez, Sarah
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	401 Middle Crk
		Buda, TX 78610-2765
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign operations consulting
		Campaigh operations consulting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	05/09/2024	Gutierrez, Sarah
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	401 Middle Crk
		Buda, TX 78610-2765
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Compaign operations consulting
		Campaign operations consulting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	06/12/2024	Gutierrez, Sarah
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	401 Middle Crk
		Buda, TX 78610-2765
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign operations consulting
		Campaigh operations consulting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 13/29 Rpt:	Turner, Christopher G. (The Honorable) 00062790			
4	Date	5 Payee name			
	01/12/2024	Heart Led Digital			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$525.00	134 S Cypress Ave			
		Columbus, OH 43222-1404			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Email consulting			
		Email consulting			
_					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	02/13/2024	Historic West Mansfield Texas Community Development Corporation			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1,000.00	1188 W Broad St			
		Mansfield, TX 76063-4508			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Contributions/Donations Made By			
		Candidate/Officeholder/Political Committee			
		Contribution			
	Occupated ONLY if alice at	Our did to 10 ff as had done as many			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	'				
	Date	Payee name			
	01/31/2024	Internal Revenue Service			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$185.63	PO Box 970030			
		Saint Louis, MO 63197-0030			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Salaries/Wages/Contract Labor			
		Check if Austin, TX, officeholder living expense			
		Payroll taxes			
	Compulate ONU V if alice	Condidate/Officeholder name			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/29 Rpt:	Turner, Christopher G. (The Honorable) 00062790
4	Date	5 Payee name
	02/29/2024	Internal Revenue Service
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$185.62	PO Box 970030
		Saint Louis, MO 63197-0030
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Payroll taxes
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	the state of the s
_	Date	Payee name
	03/31/2024	Internal Revenue Service
	Amount (\$) \$188.38	Payee address; City; State; Zip Code PO Box 970030
	\$188.38	PO BOX 970030
		Saint Louis, MO 63197-0030
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Payroll taxes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
_	Date	Payee name
	04/30/2024	Internal Revenue Service
	Amount (\$) \$165.00	Payee address; City; State; Zip Code PO Box 970030
	\$105.00	PO BOX 970030
		0.1.1.1.1.10.00107.0000
		Saint Louis, MO 63197-0030
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		Payroll taxes
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this fo	rm.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 16/29 Rpt:	Turner, Christopher G. (The Honorable)	00062790
4	Date	5 Payee name	'
	02/16/2024	Intuit	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$73.55	2632 Marine Way	
		,	
		Mountain View, CA 94043-1126	
8	PURPOSE		tion
	OF	· · · · · · · · · · · · · · · · · · ·	iform if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check	if Austin, TX, officeholder living expense
		Campa	ign payroll processing
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experialture to beriefft C/Oi	1	
	Date	Payee name	
	03/18/2024	Intuit	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$73.55	2632 Marine Way	
		Mountain View, CA 94043-1126	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	tion
	OF EXPENDITURE		if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check	if Austin, TX, officeholder living expense
		Campa	ign payroll processing
			25.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	<u>'</u>		
	Date	Payee name	
	04/16/2024	Intuit	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$73.55	2632 Marine Way	
		Mountain View, CA 94043-1126	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	tion
	OF EXPENDITURE	/ Ccounting/Banking	rif travel outside of Texas. Complete Schedule T.
			if Austin, TX, officeholder living expense ign payroll processing
		Саттра	iign payroli processing
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Onice field

SCHEDULE F1

Advertising Expense Ever Accounting/Banking Fee: Consulting Expense Foor Contributions/ Donations Made By - Gift/

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
Ļ		1				
1	Total pages Schedule F1:					
	Sch: 17/29 Rpt:	Turner, Christopher G. (The Honorable) 00062790				
4	Date	5 Payee name				
	05/16/2024	Intuit				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$67.16	2632 Marine Way				
		Mountain View, CA 94043-1126				
8	PURPOSE	1				
١	OF	,				
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Campaign payroll processing				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
H	Date	Payee name				
	06/17/2024	Intuit				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$67.16	2632 Marine Way				
		Mountain View, CA 94043-1126				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.				
	LAI LINDITORE	Check if Austin, TX, officeholder living expense				
		Campaign payroll processing				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	- CAPOTICITO TO BOTTOTIC GAOT					
	Date	Payee name				
L	01/10/2024	Intuit				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$8.51	2632 Marine Way				
		Mountain View, CA 94043-1126				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		2023 1099 Processing				
L						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	1				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services The Instruction Guide ex	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 18/29 Rpt:	Turner, Chri	stopher G. (The Hone	orable)				00062790	
4	Date	5 Payee name							
	01/03/2024	NGP Van							
6	Amount (\$)	7 Payee addres	s; City;	State; Zip C	ode				
	\$469.04	655 15th St	NW						
		Ste 650							
		Washington	, DC 20005-5738						
8	PURPOSE	(a) Category (Se	e Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE	Office Overh	nead/Rental Expense					de of Texas. Com officeholder living	
						Campaign da			
									F 1. 2. 1
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Offic	ceholder name	Office so	ught			Office he	eld
	Date	Payee name							
	02/05/2024	NGP Van							
	Amount (\$)	Payee addres	s; City;	State; Zip C	ode				
	\$469.04	655 15th St	NW						
		Ste 650							
		Washington	, DC 20005-5738						
	PURPOSE OF		e Categories listed at the top of		(b)	Description			
	EXPENDITURE	Office Overh	nead/Rental Expense			=		de of Texas. Com officeholder living	
						Campaign da			
									•
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Offic	ceholder name	Office sor	ught			Office he	eld
	Date	Payee name							
	03/04/2024	NGP Van							
	Amount (\$)	Payee addres	s; City;	State; Zip C	ode				
	\$469.04	655 15th St	NW						
		Ste 650							
		Washington	, DC 20005-5738						
	PURPOSE	(a) Category (Se	e Categories listed at the top of	this schedule)	(b)	Description			
	OF EXPENDITURE	1	nead/Rental Expense			Check if travel		de of Texas. Com	
	EXPENDITORE					_		officeholder living	
						Campaign da	uar	ase subscri	puon
	Complete ONLY if direct	Candidate/Offic	ceholder name	Office so	l uaht			Office he	eld
	expenditure to benefit C/OI			255 300	9			200 110	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/29 Rpt:	Turner, Christopher G. (The Honorable) 00062790
4	Date	5 Payee name
	04/03/2024	NGP Van
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$469.04	655 15th St NW
		Ste 650
		Washington, DC 20005-5738
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign database subscription
		Campaigh database subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	and the second of the second o
	Date	Payee name
	05/03/2024	NGP Van
	Amount (\$)	Payee address; City; State; Zip Code
	\$469.04	655 15th St NW
		Ste 650
		Washington, DC 20005-5738
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign database subscription
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	Ч
	Date	Payee name
	06/03/2024	NGP Van
	Amount (\$)	Payee address; City; State; Zip Code
	\$469.04	655 15th St NW
		Ste 650
		Washington, DC 20005-5738
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign database subscription
	Operation ONLY if direct	Out distance (Office holds are not as a constant of the consta
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

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

Fees Off Food/Beverage Expense Po Gift/Awards/Memorials Expense Pri Legal Services Sa

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

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

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 22/29 Rpt: Turner, Christopher G. (The Honorable) 00062790 4 Date Payee name 06/28/2024 Ngo, Vanna 6 Amount (\$) Payee address; City; State; Zip Code \$1,000.00 PO Box 540592 Grand Prairie, TX 75054-0592 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign salary Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/31/2024 Peterson, Kelly Amount (\$) Payee address; City; State; Zip Code \$1,000.00 1000 San Marcos St **Unit 176** Austin, TX 78702-2660 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign salary Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/29/2024 Peterson, Kelly Amount (\$) Payee address: City; State; Zip Code \$1.000.00 1000 San Marcos St **Unit 176** Austin, TX 78702-2660 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Campaign salary Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:								
	Sch: 23/29 Rpt:	Turner, Christopher G. (The Honorable) 00062790							
4	Date	5 Payee name							
	03/29/2024	Peterson, Kelly							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$1,000.00	1000 San Marcos St							
		Unit 176							
		Austin, TX 78702-2660							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Salaries/Wages/Contract Labor							
	LAI LIIDITORE	Check if Austin, TX, officeholder living expense							
		Campaign salary							
_	Operation ONLY if direct	Our distance (Office health as marries and Office health							
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							
_									
	Date	Payee name							
	03/31/2024	Peterson, Kelly							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$245.63	1000 San Marcos St							
		Unit 176							
		Austin, TX 78702-2660							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense Mileage reimbursement							
		willeage reimbarsement							
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								
_	Date	Payee name							
	04/30/2024	Peterson, Kelly							
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1000 San Marcos St							
	Φ1,000.00								
		Unit 176							
		Austin, TX 78702-2660							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Salaries/Wages/Contract Labor							
		Campaign salary							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/29 Rpt:	Turner, Christopher G. (The Honorable) 00062790
4	Date	5 Payee name
	05/31/2024	Peterson, Kelly
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	1000 San Marcos St
		Unit 176
		Austin, TX 78702-2660
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Campaign salary
		Campaign Salary
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	06/28/2024	Peterson, Kelly
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	1000 San Marcos St
		Unit 176
		Austin, TX 78702-2660
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	-	Campaign salary
		Campaign Salary
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/03/2024	Rodman, Megan
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,000.00	5503 Mercedes Ave
		Dallas, TX 75206-5821
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising consulting services
		Fundraising consulting services
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

l	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		_
	Sch: 25/29 Rpt:	Turner, Christopher G. (The Honorable) 00062790	
4	Date	5 Payee name	_
	02/01/2024	Rodman, Megan	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$4,000.00	5503 Mercedes Ave	
		Dallas, TX 75206-5821	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Fundraising consulting services	
		r undraising consulting services	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/OI		
⊨	Date	Payee name	_
	03/04/2024	Rodman, Megan	
┝	Amount (\$)	Payee address; City; State; Zip Code	_
	\$4,000.00	5503 Mercedes Ave	
	Ψ4,000.00	3303 Merceues Ave	
		Dallag TV 75206 5021	
L	DUDD 005	Dallas, TX 75206-5821	_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Fundraising consulting services	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/OI	1	
	Date	Payee name	
	04/11/2024	Rodman, Megan	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$4,000.00	5503 Mercedes Ave	
		Dallas, TX 75206-5821	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
	LXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Fundraising consulting services	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
\vdash			
L			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/29 Rpt:	Turner, Christopher G. (The Honorable) 00062790
4	Date	5 Payee name
	05/06/2024	Rodman, Megan
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,000.00	5503 Mercedes Ave
		Dallas, TX 75206-5821
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Fundraising consulting service
		Fundraising consulting service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_	Date	Dougo nomo
	06/04/2024	Payee name
		Rodman, Megan
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,000.00	5503 Mercedes Ave
		Dallas, TX 75206-5821
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Fundraising consulting service
		Fundraising consulting service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Device same
	05/30/2024	Payee name Toyas Domocratic Party
		Texas Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO Box 15707
		Austin, TX 78761-5707
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Convention aponaoranip
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 27/29 Rpt:	2 FILER NAME Turner, Christopher G. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062790
4	Date 05/30/2024	5 Payee name The Arlington 4th of July Association
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 1776 Arlington, TX 76004-1776
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event contribution
9	Complete ONLY if direct expenditure to benefit C/O	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	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Mileage reimbursement
	Complete ONLY if direct expenditure to benefit C/O	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	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Mileage reimbursement
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Polling Expense Travel in District
Printing Expense Travel Out of Dis
Salaries/Wages/Contract Labor OTHER (enter a

	Credit Card Payment		The Instruction Guide explains how to co	omple	ete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 28/29 Rpt:		Turner, Christopher G. (The Honorable)		00062790
4	Date	5	Payee name		•
	06/30/2024		Turner, Chris		
6	Amount (\$)	7	Payee address; City; State; Zip C	ode	
	\$473.65		3060 Nadar		
			Grand Prairie, TX 75054-6792		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	``	Loan Repayment/Reimbursement	()	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		, ,		Check if Austin, TX, officeholder living expense
					Schedule G reimbursement
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office so	ught	Office held
		_			
	Date		Payee name		
	04/01/2024		Turner, Chris		
	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$403.00		3060 Nadar		
			Grand Prairie, TX 75054-6792		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Loan Repayment/Reimbursement		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense Schedule G Reimbursement
					Schedule & Reimbursement
	Complete ONLY if direct	_	Candidate/Officeholder name Office so	ıaht	Office held
	expenditure to benefit C/O		Candidate/Onicerolder name Onice sol	agrit	Office field
	D-4-	_			
	Date 06/04/2024		Payee name UTA Shorthorn		
	Amount (\$)		Payee address; City; State; Zip C	ode	
	\$300.00		PO Box 19038		
			Arlington, TX 76019		
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE		Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
					Newspaper advertising
	Complete ONLY if direct	Щ	Candidate/Officeholder name Office soil	ught	Office held
	expenditure to benefit C/O			•	
_					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- G I Committee L	Food/Beverage Expense Sift/Awards/Memorials Expense Legal Services The Instruction Guide explair		se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:		otophor C (The Honorch	olo)		1	Filer ID	(Ethics Commission Filers)
Ļ	Sch: 29/29 Rpt:		stopher G. (The Honoral	<u> </u>			00062790	
4	Date 03/18/2024	5 Payee name YMCA of Arli	inaton					
_		7 Payee address		te; Zip Code				
ľ	Amount (\$) \$1,250.00	1148 W Pion	•	ie, zip Coue				
	Ψ1,230.00	Ste H	icci i kwy					
			(76013-6385					
8	PURPOSE			(h)	December			
°	OF		e Categories listed at the top of this s S/Donations Made By	schedule)	Description Check if travel	outsio	de of Texas. Com	olete Schedule T.
	EXPENDITURE		fficeholder/Political Com	mittee	_		officeholder living	
					Event sponso	orsh	ip	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Office	eholder name	Office sought			Office he	eld

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

The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)							
Sch: 1/33 Rpt: 57/100	Turner, Christopher	r G. (The Honorable)		00062790						
4 CREDIT CARD ISSUER		ncial institution n Express	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	3,635.21					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid						
	\$1,000.00	02/13/2024	03/07/2024							
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	Alma Allen Campai	ign	3401 Louisiana St Ste 250 Houston, TX 77002-9546							
8 PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE X Political	(See Categories listed at the top Contributions/Donation Candidate/Officeholde		Political contribution							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense					
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged \$593.85	(b) Date of Charge 02/28/2024	(c) Date(s) Credit Card Issue 04/04/2024	er Paid						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	AloFT		200 N Monroe St							
DUDDOCE OF	(a) Catagony		Tallahassee, FL 32301-7636 (b) Description							
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Travel Out of District	of this schedule)	Campaign travel - Florida legislature visit							
Non-Political	(a) Chapte if traval autoids	of Toyloo Complete Cabadyla T	Chook if Austin TV	officebolder living even						
	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense te sought Office held							
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Oniceriolider	name Ome	c sought	Office field						
PAYMENT	(a) Amount Charged \$75.00	(b) Date of Charge 02/15/2024	(c) Date(s) Credit Card Issue 03/07/2024	er Paid						
PAYEE	(a) Payee name	<u> </u>	(b) Payee address;	City,	State,	Zip Code				
			440 Terry Ave N							
	Amazon		Seattle, WA 98109-5210							
PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top Office Overhead/Ren	•	Office supplies							
X Political										
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held						
	•	-	·							

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

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,		
1	1 Total pages Schedule F4: 2 FILER NAME						3 Filer ID (Ethics Commission Filers)			
	Sch: 2/33 Rpt: 58/100	Turner, Christopher G. (The Honorable)				00062790				
4	CREDIT CARD ISSUER	EXPENDIT			OF UNITEMIZED IDITURES GED TO A CREDIT	\$	3,635.2	21		
6	PAYMENT	(a) Amount Charged \$31.49	(b) Date of Charge 04/09/2024	(c) Date(s 05/03/20) Credit Card Issue 124	r Paid				
7	PAYEE	(a) Payee name Amazon	City,	State,	Zip Code					
8	PURPOSE OF EXPENDITURE X Political	ITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense Office Supplies			ption					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	l	Check if Austin, TX,	officeholder living exp	ense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
e	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged \$112.50	(b) Date of Charge 04/29/2024	(c) Date(s 06/04/20) Credit Card Issue 124	r Paid				
	PAYEE	(a) Payee name		(b) Payee 440 Terr		City,	State,	Zip Code		
		Amazon		Seattle.	WA 98109-5210					
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Office supplies						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Check if Austin, TX	officeholder living exp	ense			
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$5.39	(b) Date of Charge 04/29/2024	(c) Date(s 06/04/20) Credit Card Issue 024	r Paid				
PAYEE		(a) Payee name Amazon		(b) Payee 440 Terr Seattle,		City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descri Office su	•					
L	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX	officeholder living exp	ense			
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				

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

The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)							
Sch: 3/33 Rpt: 59/100	Turner, Christopher	r G. (The Honorable)		00062790						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 3,635.21							
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid						
	\$34.69	04/29/2024	06/04/2024							
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State, Zip Code					
	Amazon		440 Terry Ave N							
			Seattle, WA 98109-5210							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description							
X Political	Office Overhead/Rent		Office supplies							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense	,					
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid						
	\$650.21	01/04/2024	02/01/2024							
PAYEE	(a) Payee name	-	(b) Payee address;	City,	State, Zip Code					
	American Airlines		1 Skyview Dr							
			Fort Worth, TX 76155-1801							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Officeholder travel to visit Florida Legislature							
X Political	Travel Out of District									
Non-Political	(C) X Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense	;					
Complete ONLY if direct	Candidate/Officeholder	name Offic	ce sought Office held							
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer Paid							
	\$536.20	04/19/2024	05/03/2024							
PAYEE	(a) Payee name	1	(b) Payee address;	City,	State, Zip Code					
			1 Skyview Dr							
	American Airlines									
			Fort Worth, TX 76155-18	01						
PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodule)	(b) Description							
EXPENDITURE	Travel Out of District	of this scriedule)	Travel to McAllen for med	etings						
X Political										
Non-Political	\(\frac{1}{2} \)	of Texas. Complete Schedule T.	<u> </u>	, officeholder living expense	<u>;</u>					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held						
I										

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

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4: 2 FILER NAME							3 Filer ID (Ethics Commission Filers)				
	Sch: 4/33 Rpt: 60/100						00062790				
4	CREDIT CARD	Name of financial institution 5 TOTAL OF UNITEMIZED EXPENDITURES					¢	3,635.2	01		
	ISSUER	see pi	revious			TO A CREDIT	\$	21			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge			edit Card Issuer	Paid				
		\$12.00	05/08/2024	06/04/20	24						
7	PAYEE	(a) Payee name		(b) Payee	add	ress;	City,	State,	Zip Code		
		American Airlines		1 Skyviev	w D	r					
L						TX 76155-180	1				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip		1					
		Fees	of this scriedule)	Travel W	IŤI						
	X Political										
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living expe	nse			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought			Office held				
e:	xpenditure to benefit C/OH	() 1	[(1) D () (0)	1() 5 (()	_	E 0 11	B : 1				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 06/04/20		edit Card Issuer	Paid				
		\$45.00	05/19/2024								
	PAYEE	(a) Payee name		(b) Payee	add	ress;	City,	State,	Zip Code		
		Amorican Evaross	200 Vese	ey S	St						
		American Express									
		() 2		New York, NY 10281-5525							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description Membership fee							
	_	Fees	,	Membership lee							
	X Political	—									
_	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.	o oought	Ц	Check if Austin, TX,	office load				
_	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought			Office held				
-	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Data(s)	Cr	adit Card Issuer	Daid				
	TATMENT		` '	(c) Date(s) Credit Card Issuer Paid 05/03/2024							
		\$269.54	04/01/2024								
\vdash	PAYEE	(a) Payee name	<u> </u>	(b) Payee	add	ress;	City,	State,	Zip Code		
				1 Apple F			•		·		
		Apple		Ms 927-4INV							
				Cupertino	o, C	A 95014-0642	2				
	PURPOSE OF	(a) Category		(b) Descrip							
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Campaig	n c	omputer equip	oment				
	X Political	- Silios Sveilleau/Neill	LAPONOO								
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living expe	nse			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought			Office held				
e	xpenditure to benefit C/OH										
l											

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

	The Instruction Guide explains how to complete this form.										
1	1 Total pages Schedule F4: 2 FILER NAME						3 Filer ID (Ethics Commission Filers)				
	Sch: 5/33 Rpt: 61/100	Turner, Christopher G. (The Honorable)				00062790					
4	CREDIT CARD ISSUER	coo provious			OF UNITEMIZED IDITURES GED TO A CREDIT	\$	3,635.2	21			
6	PAYMENT	(a) Amount Charged \$377.16	(b) Date of Charge 05/14/2024	(c) Date(s) 06/04/20) Credit Card Issuei 24	r Paid					
7	PAYEE	(a) Payee name (b) Payee address; PO Box 202716				City,	State,	Zip Code			
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee			otion						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
	PAYMENT	(a) Amount Charged \$300.00	(b) Date of Charge 06/05/2024	(c) Date(s) 06/24/20) Credit Card Issuei 24	r Paid					
PAYEE		(a) Payee name Arlington Black Chamber of		(b) Payee	202716	City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	Arlington, TX 76006-8716 (b) Description Event sponsorship							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
	PAYMENT	(a) Amount Charged \$350.00	(b) Date of Charge 04/08/2024	(c) Date(s) 03/05/20) Credit Card Issuei 24	r Paid					
PAYEE		(a) Payee name Arlington Chamber of Commerce		(b) Payee address; City, State, 505 E Broad St Arlington, TX 76010			State,	Zip Code			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descrip Annual d							
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
ı											

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

Arlington ISD Education Arlington ISD Education Arlington, TX 76013-6368 B PURPOSE OF EXPENDITURE Political Non-Political Contributions/Donations Made By Candidate/Officeholder/Political Committee (c) Contributions/Donations Made By Candidate/Officeholder name Office sought Office sought Office held PAYMENT (a) Amount Charged (b) Date of Charge Arlington ISD Education PURPOSE OF EXPENDITURE Arlington ISD Education (a) Category (b) Date of Charge O2/26/2024 (c) Date(s) Credit Card Issuer Paid O4/04/2024 (b) Payee address; City, State, Zip Contributions/Donations Made By Candidate/Officeholder/Political Committee (a) Purpose OF EXPENDITURE X Political Non-Political Complete QNLY if direct expenditure to benefit C/OH PAYMENT (a) Category (b) Category (c) Date(s) Credit Card Issuer Paid O4/04/2024 (b) Payee address; City, State, Zip Contributions/Donations Made By Candidate/Officeholder/Political Committee (c) Contributions/Donations Made By Candidate/Officeholder/Political Committee Complete QNLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge (c) Detect if travel outside at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder name Office sought Office sought Office held O5/03/2024		THE IIISU	raction Galac explains now	to complete this form.			
A CREDIT CARD ISSUER Name of financial institution See previous S TOTAL OF UNITEMIZED EXPENDITURED CHARGED TO A CREDIT CARD	1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)
A CREDIT CARD Name of financial institution See previous S	Sch: 6/33 Rpt: 62/100	Turner, Christopher	G. (The Honorable)		00062790		
Section	4 CREDIT CARD	Name of final	ncial institution	EXPENDITURES CHARGED TO A CREDIT			
Arlington ISD Education Ste 103	6 PAYMENT	` '	. ,		r Paid		
EXPENDITURE	7 PAYEE		ation	1141 W Pioneer Pkwy Ste 103	,	State,	Zip Code
9 Complete QNLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged \$326.43 (b) Date of Charge 02/26/2024 (c) Date(s) Credit Card Issuer Paid 04/04/2024 PAYEE (a) Payee name Arlington ISD Education (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder name Office sought Od/04/2024 (b) Payee address; City, State, Zip Contributions/Donations Made By Candidate/Officeholder name (b) Payee address; City, State, Zip Contributions/Donations Made By Candidate/Officeholder/Political Committee (c) Complete QNLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge S1,000.00 (a) Category (b) Date of Charge S1,000.00 (b) Date of Charge (c) Date(s) Credit Card Issuer Paid O5/03/2024 (c) Date(s) Credit Card Issuer Paid O5/03/2024 PAYEE (a) Payee name Arlington Professional Fire (b) Payee address; City, State, Zip Contributions/Donations Made By Candidate/Officeholder/Political Committee (c) Date(s) Credit Card Issuer Paid O5/03/2024 (d) Date(s) Credit Card Issuer Paid O5/03/2024 (d) Date(s) Credit Card Issuer Paid O5/03/2024 (d) Payee name (b) Payee address; City, State, Zip Contributions/Donations Made By Candidate/Officeholder/Political Committee (a) Category (see Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Contribution Contribution Contribution Officeholder/Political Committee (c) Check it ravel oxistite of exas. Complete Schedule T. Check if Austin, TX, officeholder living expense	EXPENDITURE Political	(See Categories listed at the top Contributions/Donatio	ns Made By	1,,			
expenditure to benefit C/OH PAYMENT (a) Amount Charged \$326.43 (b) Date of Charge 04/04/2024 (c) Date(s) Credit Card Issuer Paid 04/04/2024 PAYEE (a) Payee name Arlington ISD Education (b) Payee address; City, State, Zip Contribution State, State	X Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
PAYEE (a) Payee name Arlington ISD Education (a) Category (See Categories listed at the top of this schedule) (Complete ONLY if direct expenditure to benefit C/OH PAYEE (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (b) Payee address; City, State, Zip Conditions Arlington, TX 76013-6368 (b) Description (c) Description (c) Complete ONLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid (d) Date(s) Credit Card Issuer Paid (d) Date(s) Credit Card Issuer Paid (d) Payee address; City, State, Zip Conditions Contributions/Donations Made By (c) Date(s) Credit Card Issuer Paid (d) Payee address; City, State, Zip Conditions Contributions/Donations Made By (d) Payee address; City, State, Zip Conditions Contributions/Donations Made By (e) Date(s) Credit Card Issuer Paid (f) Date(s) Credit Card Issuer Paid (g) Payee address; City, State, Zip Conditions Contributions/Donations Made By (g) Description (g) Cardidate/Officeholder/Political Committee (g) Contributions/Donations Made By (g) Description (contributions/Donations Made By (g) Description (contributions/Donations Made By (g) Cardidate/Officeholder/Political Committee (g) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (g) Cardidate/Officeholder/Political Committee (g) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (g) Cardidate/Officeholder Political Committee (g) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (g) Cardidate/Officeholder Political Committee		<u></u>			Office held		
Arlington ISD Education Arlington ISD Education PURPOSE OF EXPENDITURE See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH PAYMENT (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder name Office sought Office sought Office held PAYMENT (a) Amount Charged \$1,000.00 O3/27/2024 (b) Date of Charge (c) Date(s) Credit Card Issuer Paid O5/03/2024 PAYEE (a) Payee name Arlington Professional Fire PURPOSE OF EXPENDITURE Arlington See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Ontributions/Donations Made By Candidate/Officeholder/Political Committee Complete ONLY if direct Candidate/Officeholder name Office sought Office held Office held Office held Contribution Ontribution Contribution	PAYMENT				r Paid		
See Categories listed at the top of this schedule)	PAYEE		ation	1141 W Pioneer Pkwy Ste 103		State,	Zip Code
Complete ONLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged \$1,000.00 (b) Date of Charge 05/03/2024 (c) Date(s) Credit Card Issuer Paid 05/03/2024 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 208 S Fielder Rd Arlington Professional Fire Arlington, TX 76013-1714 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (c) Date(s) Credit Card Issuer Paid 05/03/2024 (b) Payee address; City, State, Zip Code 208 S Fielder Rd Arlington, TX 76013-1714 (b) Description Contribution Contributi	EXPENDITURE 	(See Categories listed at the top Contributions/Donatio	ns Made By	' '	ork auction item	S	
expenditure to benefit C/OH PAYMENT (a) Amount Charged \$1,000.00 (b) Date of Charge 05/03/2024 (c) Date(s) Credit Card Issuer Paid 05/03/2024 PAYEE (a) Payee name Arlington Professional Fire Arlington, TX 76013-1714 PURPOSE OF EXPENDITURE X Political Non-Political Non-Political Complete QNLY if direct (a) Amount Charged (b) Date of Charge 05/03/2024 (b) Payee address; City, State, Zip Cod 208 S Fielder Rd Arlington, TX 76013-1714 (b) Description Contribution Contribution Contribution Contribution Contribution Contribution Check if Austin, TX, officeholder living expense Candidate/Officeholder name Office sought Office held	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
PAYEE (a) Payee name Arlington Professional Fire (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Non-Political Complete ONLY if direct (a) Category (See Categories listed at the top of this schedule) Contribution (b) Payee address; City, State, Zip Cod 208 S Fielder Rd Arlington, TX 76013-1714 (b) Description Contribution		Candidate/Officeholder	name Office	e sought	Office held		
Arlington Professional Fire 208 S Fielder Rd Arlington, TX 76013-1714 PURPOSE OF (See Categories listed at the top of this schedule) (See Categories listed at the top of this schedule) (Contributions/Donations Made By Candidate/Officeholder/Political Committee) Non-Political (C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held	PAYMENT	l ` ′	` '		r Paid		
EXPENDITURE (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct Candidate/Officeholder name Office sought Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution Contribution	PAYEE		ional Fire 208 S Fielder Rd		,	State,	Zip Code
Complete ONLY if direct	EXPENDITURE X Political	(See Categories listed at the top Contributions/Donatio	ns Made By	' '			
		(*) —	·	<u> </u>		ense	
		Candidate/Officeholder	name Office	e sought	Office held		

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Candidate/Onicendiden/		ruction Guide explains how	•	TIER (enter a categor	y not listeu a	bove)	
Total pages Schedule		·	·	3 Filer ID (Ethic	s Commis	sion Filers)	
Sch: 7/33 Rpt: 63/1		r G. (The Honorable)		00062790		,	
4 CREDIT CARD ISSUER	Name of fina	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	3,635.2	21	
6 PAYMENT	(a) Amount Charged \$46.95	(b) Date of Charge 01/24/2024	(c) Date(s) Credit Card Issuer 03/07/2024	Paid			
7 PAYEE	(a) Payee name AT&T		(b) Payee address; 208 S Akard St Dallas, TX 75202-4206	City,	State,	Zip Code	
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Ren	•	(b) Description Campaign phone serevice)			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct candidate/Officeholder name of expenditure to benefit C/OH			e sought	Office held			
PAYMENT	(a) Amount Charged \$46.95	(b) Date of Charge 02/24/2024	(c) Date(s) Credit Card Issuer 04/04/2024	Paid			
PAYEE	(a) Payee name AT&T			City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Ren		Dallas, TX 75202-4206 (b) Description Campaign phone service				
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if dire expenditure to benefit C		r name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged \$46.95	(b) Date of Charge 03/24/2024	(c) Date(s) Credit Card Issuer 05/03/2024	Paid			
PAYEE (a) Payee name AT&T		(b) Payee address; 208 S Akard St Dallas, TX 75202-4206	City,	State,	Zip Code		
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign phone service				
Non-Political		of Texas. Complete Schedule T.	<u> </u>	officeholder living exp	ense		
Complete ONLY if dire expenditure to benefit C							

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

	The Inst	ruction Guide explains how	to complete thi	s form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 8/33 Rpt: 64/100	Turner, Christopher	G. (The Honorable)			00062790		
4 CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$	3,635.2	21
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		redit Card Issuer	Paid		
	\$46.84	04/24/2024	06/04/2024	1			
7 PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code
	AT&T		208 S Akar	d St			
			Dallas, TX	75202-4206			
8 PURPOSE OF	(a) Category		(b) Description	on			
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		Campaign	phone service			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	_	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	` ' ' ' '	redit Card Issuer	Paid		
	\$46.84	05/24/2024	06/24/2024	1			
PAYEE	(a) Payee name		(b) Payee ad	ldress;	City,	State,	Zip Code
	AT&T		208 S Akar	d St			
			Dallas, TX	75202-4206			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		Campaign phone service				
X Political		<u>_</u> /,poee					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	1 ' '	redit Card Issuer	Paid		
	\$1,000.00	02/13/2024	03/07/2024	!			
PAYEE	(a) Payee name	l	(b) Payee ac	ldress;	City,	State,	Zip Code
			PO Box 79	3671			
	Cassandra Hernan	dez Campaign					
			Dallas, TX	75379-3671			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Contributions/Donatio	,	Political co	ntribution			
X Political	Candidate/Officeholde						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							

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

	The Instr	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 9/33 Rpt: 65/100	Turner, Christopher	G. (The Honorable)			00062790		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$	3,635.2	21
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	Paid		
	\$1,000.00	02/13/2024	03/07/2024	4			
7 PAYEE	(a) Payee name		(b) Payee ad	ddress;	City,	State,	Zip Code
	Christian Manuel C	ampaign	3801 Turtle				
	() 0 :			, TX 77642-733	32		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descripti Political co				
X Political	Contributions/Donatio	ns Made By	Political co	THIBUHOTI			
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	·				Office held		
expenditure to benefit C/OH		T					
PAYMENT	(a) Amount Charged \$1,000.00	(b) Date of Charge 02/01/2024	(c) Date(s) 0 03/07/2024	Credit Card Issuei 4	r Paid		
PAYEE (a) Payee name			(b) Payee ad	ddress;	City,	State,	Zip Code
	Colin Allred Campa	iign	PO Box 60	1631			
			Dallas, TX	75360-1631			
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE X Political	(See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	Political co	ntribution			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Г	Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	_	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid		
	\$336.39	04/17/2024	05/03/2024		. r ald		
PAYEE	(a) Payee name	I	(b) Payee ac	ddress;	City,	State,	Zip Code
			1 Dell Way	,			
	Dell						
			Round Roo	ck, TX 78682-70	000		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodule)	(b) Description				
l <u> </u>	Office Overhead/Rent		Campaign	computer equip	oment		
X Political							
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought		Office held		
experiorare to benefit C/OH	<u> </u>						

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

	The Inst	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Etl	hics Commiss	sion Filers)	
Sch: 10/33 Rpt:	Turner, Christopher	r G. (The Honorable)		00062790			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CRICARD	\$	3,635.2	21	
6 PAYMENT	(a) Amount Charged \$64.62	(b) Date of Charge 04/18/2024	(c) Date(s) Credit Card I 05/03/2024	ssuer Paid			
7 PAYEE	(a) Payee name Dominos Pizza		(b) Payee address; 130 E Bardin Rd Arlington, TX 76018-5	City, 5260	State,	Zip Code	
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Meal for UTA student				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living e	officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged \$158.45	(b) Date of Charge 04/18/2024	(c) Date(s) Credit Card I 05/03/2024	ssuer Paid			
PAYEE	(a) Payee name Dominos Pizza		(b) Payee address; 130 E Bardin Rd Arlington, TX 76018-5	City,	State,	Zip Code	
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	· ·	(b) Description Meal for UTA student				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			
PAYMENT	(a) Amount Charged \$100.00	(b) Date of Charge 01/19/2024	(c) Date(s) Credit Card I 02/01/2024	ssuer Paid			
PAYEE (a) Payee name Grand Prairie Chamber of		(b) Payee address; 900 Conover Dr Grand Prairie, TX 750	City, 051-1520	State,	Zip Code		
PURPOSE OF EXPENDITURE X Political		ons Made By er/Political Committee	(b) Description Event tickets				
Non-Political Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Offic	Check if Aust e sought	in, TX, officeholder living e: Office held	xpense		

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

		The Inst	ruction Guide explains how	to complete	this form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	nics Commiss	sion Filers)
	Sch: 11/33 Rpt:	Turner, Christophe	G. (The Honorable)			00062790		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	3,635.2	21
6	PAYMENT	(a) Amount Charged \$275.00	(b) Date of Charge 04/10/2024	(c) Date(s) 05/03/20	Credit Card Issue 24	er Paid		
7	PAYEE	(a) Payee name Grand Prairie Chan	nber of	(b) Payee 900 Cond		City, -1520	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descrip	otion			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living ex	kpense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
L	xpenditure to benefit C/OH	(a) A	(h) Data at Obania	(-) D-+-(-)	Out die Outel In out	- Daid		
	PAYMENT	(a) Amount Charged \$275.00	(b) Date of Charge 03/27/2024	05/03/20) Credit Card Issue 24	er Paid		
	PAYEE	(a) Payee name Greater Grand Prairie Hispanic		(b) Payee PO Box ! Grand Pr		City, -0463	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descrip Annual d	otion			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX	, officeholder living ex	kpense	
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$175.00	(b) Date of Charge 05/02/2024	(c) Date(s) 06/04/20	Credit Card Issue 24	er Paid		
	PAYEE	(a) Payee name Heart Led Digital	1		address; rpress Ave s, OH 43222-14	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political Non-Political	(a) Category (See Categories listed at the top Consulting Expense	,	(b) Descrip Email co	nsulting			
					kpense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Office	- souyiii		Office held		
ı								

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

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commis	sion Filers)
	Sch: 12/33 Rpt:	Turner, Christophe	G. (The Honorable)			00062790		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	3,635.2	21
6	PAYMENT	(a) Amount Charged \$350.00	(b) Date of Charge 06/06/2024	(c) Date(s 06/24/20) Credit Card Issuei 124	r Paid		
7	PAYEE	(a) Payee name Heart Led Digital			address; /press Ave Is, OH 43222-140	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Consulting Expense	of this schedule)	(b) Descri Email co	ption	J4		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$300.00	(b) Date of Charge 03/13/2024	(c) Date(s 04/04/20) Credit Card Issuei)24	r Paid		
	PAYEE	Helping Restore Ability		(b) Payee 4300 Bel Ste 130 Arlington		City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde		(b) Descri	ption			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$507.30	(b) Date of Charge 04/27/2024	(c) Date(s 06/04/20) Credit Card Issuer)24	r Paid		
	PAYEE	(a) Payee name Hyatt Austin			address; gress Ave TX 78701-3216	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Descri Lodging	•			
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
1								

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

		The Inst	ruction Guide explains how	to complete this form.			
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics	Commiss	ion Filers)
	Sch: 13/33 Rpt:	Turner, Christopher	G. (The Honorable)		00062790		
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	1 '	3,635.2	21
6	PAYMENT	(a) Amount Charged \$239.68	(b) Date of Charge 02/21/2024	(c) Date(s) Credit Card Issuel 04/04/2024	Paid		
7	PAYEE	(a) Payee name IL Lusso		(b) Payee address; 201 E Park Ave # 100 Tallahassee, FL 32301-15	City, 511	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Description Travel meal			
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	officeholder living expens	se	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
H	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid		
	. Atment	\$500.00	04/25/2024	06/04/2024	T did		
	PAYEE	Jalisco 38		(b) Payee address; 3858 Oak Lawn Ave Ste 470 Dallas, TX 75219-4797	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Description Fundraising event catering	g deposit		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expens	se	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged \$677.07	(b) Date of Charge 06/12/2024	(c) Date(s) Credit Card Issuer 06/24/2024	r Paid		
	PAYEE	JW Marriott - Austin		(b) Payee address; 110 E 2nd St Austin, TX 78701-4649	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Lodging in Austin			
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	officeholder living expens	se	
е	Complete ONLY if direct candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						

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

		The Inst	ruction Guide explains how	to complete	this form.	(* ** ** ******************************	,	,	
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)	
	Sch: 14/33 Rpt:	Turner, Christopher	G. (The Honorable)			00062790			
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	3,635.2	21	
6	PAYMENT	(a) Amount Charged \$360.00	(b) Date of Charge 05/09/2024	(c) Date(s 06/04/20) Credit Card Issuel 124	r Paid			
7	PAYEE	(a) Payee name Mansfield Area Cha	amber of	(b) Payee 114 N M		City,	State,	Zip Code	
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Membership dues					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ring expense		
9 Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office				e sought		Office held			
	PAYMENT	(a) Amount Charged \$250.00	(b) Date of Charge 02/26/2024	(c) Date(s 04/04/20) Credit Card Issue 124	r Paid			
	PAYEE	(a) Payee name Mansfield Business Alliance		(b) Payee 601 S Ma		City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descri					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	•	Check if Austin, TX,	officeholder living exp	ense		
E	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$202.32	(b) Date of Charge 01/12/2024	(c) Date(s 02/01/20) Credit Card Issue 124	r Paid			
	PAYEE	(a) Payee name Michael's			address; e Caves Rd X 78746-6771	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Descri Frames 1	ption for constituent ce	rtificates			
L	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Ę	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
1									

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

	Candidate/Officeriolder/Folitica	3	ruction Guide explains how	•	TILK (enter a category	not iisteu a	bove)	
1	Total pages Schedule F4:		·	·	3 Filer ID (Ethics	Commiss	sion Filers)	
	Sch: 15/33 Rpt:		G. (The Honorable)		00062790		,	
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	3,635.2	21	
6	PAYMENT	(a) Amount Charged \$124.44	(b) Date of Charge 01/05/2024	(c) Date(s) Credit Card Issuel 02/01/2024	r Paid			
7	PAYEE	(a) Payee name Michael's		(b) Payee address; 3201 Bee Caves Rd Austin, TX 78746-6771	City,	State,	Zip Code	
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Description Frames for constituent cel	rtificates			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exper	ıse		
Complete ONLY if direct				e sought	Office held			
	PAYMENT	(a) Amount Charged \$344.24	(b) Date of Charge 04/30/2024	(c) Date(s) Credit Card Issuel 06/04/2024	r Paid			
		(a) Payee name Michael's		(b) Payee address; 3201 Bee Caves Rd Austin, TX 78746-6771	City,	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Gift/Awards/Memorial		(b) Description Frames for constituent cer	rtificates			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exper	ise		
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
	•	(a) Amount Charged \$238.10	(b) Date of Charge 05/01/2024	(c) Date(s) Credit Card Issuel 06/04/2024	r Paid			
PAYEE (a) Payee name Norton		(b) Payee address; 350 Ellis St Mountain View, CA 94043	City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE X Political	EXPENDITURE (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Campaign antivirus softwa				
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exper	ise		
е	Complete ONLY if direct xpenditure to benefit C/OH	Complete ONLY if direct						
l								

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

	The Insti	ruction Guide explains how	to complete this form.				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	ics Commiss	sion Filers)	
Sch: 16/33 Rpt:	Turner, Christopher	G. (The Honorable)		00062790			
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$	3,635.2	21	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid			
	\$2,500.00	02/01/2024	03/07/2024				
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
	Patrick Moses Cam	npaign	PO Box 915				
			Mansfield, TX 76063-09	15			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description				
X Political	Contributions/Donatio	ns Made By	Political Contribution				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living ex	pense		
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$2,500.00	(b) Date of Charge 04/27/2024	(c) Date(s) Credit Card Issu 06/04/2024	er Paid			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Planned Parenthoo	d Texas Votes	PO Box 41646				
			Austin, TX 78704-0028				
PURPOSE OF	(a) Category (See Categories listed at the top	of this cabadula)	(b) Description				
EXPENDITURE X Political	Contributions/Donatio	ns Made By	Event sponsorship				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living ex	pense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged \$389.70	(b) Date of Charge 06/13/2024	(c) Date(s) Credit Card Issu 06/24/2024	er Paid			
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Quorum Report		8407 S 1st St				
			Austin, TX 78748-5412				
PURPOSE OF	(a) Category		(b) Description				
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	,	News subscription				
X Political							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living ex	pense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held			

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

l		The Inst	ruction Guide explains how	to complete thi	s form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commis	sion Filers)
l	Sch: 17/33 Rpt:	Turner, Christopher	r G. (The Honorable)			00062790		
4	CREDIT CARD ISSUER		ncial institution revious	EXPENDI	F UNITEMIZED TURES D TO A CREDIT	\$	3,635.2	21
6	PAYMENT	(a) Amount Charged \$1,000.00	(b) Date of Charge 02/13/2024	(c) Date(s) C 03/07/2024	redit Card Issuer 1	Paid		
7	PAYEE	(a) Payee name Solomon Ortiz Jr C	ampaign	(b) Payee ac PO Box 28	6	City,	State,	Zip Code
L		() -			risti, TX 78403-	·0286		
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde		(b) Description Politcal cor				
l	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
	expenditure to benefit C/OH			e sought		Office held		
	PAYMENT	(a) Amount Charged \$182.00	(b) Date of Charge 01/16/2024	(c) Date(s) C 02/01/2024	redit Card Issuer I	^r Paid		
	PAYEE (a) Payee name			(b) Payee ac	ldress;	City,	State,	Zip Code
		Store More Storage	9		te Highway 360			
L				 	rie, TX 75052-4	1492		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	*	(b) Description Campaign				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin. TX.	officeholder living exp	ense	
H	Complete ONLY if direct	Candidate/Officeholder		e sought	1	Office held		
6	expenditure to benefit C/OH			· ·				
	PAYMENT	(a) Amount Charged \$182.00	(b) Date of Charge 02/15/2024	(c) Date(s) C 03/07/2024	redit Card Issuer 1	Paid		
	PAYEE	(a) Payee name Store More Storage			dress; te Highway 360 rie, TX 75052-4		State,	Zip Code
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			(b) Description Campaign			_	_
L	Non-Political	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
e	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		

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

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4: 2 FILER NAME					3 Filer ID (Ethio	cs Commiss	sion Filers)		
	Sch: 18/33 Rpt:	Turner, Christopher	G. (The Honorable)			00062790				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$	3,635.2	21		
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid				
		\$182.00	03/15/2024	04/04/202	4					
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code		
		Store More Storage	:	4660 S Sta	ate Highway 360	0				
				Grand Prairie, TX 75052-4492						
8	PURPOSE OF	(a) Category (See Categories listed at the top	of this cohodula)	(b) Descripti						
	EXPENDITURE X Political	Office Overhead/Rent		Campaign	storage					
	Non-Political	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
9	Complete ONLY if direct Candidate/Officeholder name Office sought			Office held						
ex	penditure to benefit C/OH	benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid				
		\$182.00	04/15/2024	05/03/202	4					
	PAYEE (a) Payee name (b) Payee address;		ddress;	City,	State,	Zip Code				
		Store More Storege		4660 S Sta	ate Highway 360	0				
		Store More Storage	•	Grand Pra	irie, TX 75052-4	1402				
	PURPOSE OF	(a) Category		(b) Descripti		+492				
	EXPENDITURE	(See Categories listed at the top		Campaign storage						
	X Political	Office Overhead/Rent	tal Expense							
	Non-Political	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense						
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
ex	kpenditure to benefit C/OH	() 1	L (1) D (1 (10)	105.00	2 17 0 11	D ::1				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (06/04/202	Credit Card Issuer 4	Paid				
		\$182.00	05/15/2024	00/01/202	•					
\vdash	PAYEE	(a) Payee name	l	(b) Payee a	ddress;	City,	State,	Zip Code		
				4660 S Sta	ate Highway 360	0				
		Store More Storage)							
				Grand Pra	irie, TX 75052-4	1492				
PURPOSE OF (a) Category			-6 db:bdul-)	(b) Descripti						
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	,	Campaign	storage					
	X Political									
	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
ex	kpenditure to benefit C/OH									

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

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethic	s Commiss	sion Filers)					
Sch: 19/33 Rpt:	Turner, Christopher	G. (The Honorable)		00062790						
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	3,635.2	<u>'</u> 1				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid						
	\$182.00	06/15/2024	06/24/2024							
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
	Store More Storage)	4660 S State Highway 36	0						
			Grand Prairie, TX 75052-4492							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description							
X Political	Office Overhead/Rent	· · · · · · · · · · · · · · · · · · ·	Campaign storage							
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense					
9 Complete ONLY if direct	·			Office held						
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid						
	\$18.09	01/08/2024	02/01/2024							
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code				
	Target		554 W Interstate 20							
			Grand Prairie, TX 75052-	6932						
PURPOSE OF	(a) Category	of this cabadula)	(b) Description							
EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		Office supplies							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin TX	, officeholder living expe	nse					
Complete ONLY if direct	Candidate/Officeholder		e sought	Office held	,113C					
expenditure to benefit C/OH										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid						
	\$35.54	02/16/2024	03/07/2024							
	Ψ55.54	02/10/2024								
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code				
			554 W Interstate 20							
	Target									
			Grand Prairie, TX 75052-	6932						
PURPOSE OF	(a) Category		(b) Description							
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	•	Office supplies							
X Political	2.1100 0 voirioud/1(citi									
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense					
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held						
expenditure to benefit C/OH										

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

		The Inst	ruction Guide explains how	to complete	this form.				
1	' '					3 Filer ID (Ethi	cs Commis	sion Filers)	
	Sch: 20/33 Rpt:	Turner, Christophe	Turner, Christopher G. (The Honorable) 00						
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	3,635.2	21	
6	PAYMENT	(a) Amount Charged \$53.43	(b) Date of Charge 03/25/2024	(c) Date(s) 05/03/20	Credit Card Issue 24	r Paid			
7	PAYEE	(a) Payee name Target			address; terstate 20 airie, TX 75052-	City, 6932	State,	Zip Code	
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	•	(b) Description Office supplies					
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$50.88	(b) Date of Charge 05/13/2024	(c) Date(s) 06/04/20	Credit Card Issue 24	r Paid			
	PAYEE	(a) Payee name (b) Payee address; 554 W Interstate 20			City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip		0332			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense					
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged \$48.68	(b) Date of Charge 06/08/2024	(c) Date(s) 06/24/20	Credit Card Issue 24	r Paid			
	PAYEE	(a) Payee name Target			address; terstate 20 rairie, TX 75052-	City, 6932	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Reni	tal Expense	(b) Description Office supplies					
L	Non-Political	(7)	of Texas. Complete Schedule T.	o cought	Check if Austin, TX,	officeholder living exp	ense		
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
I									

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

	The Insti	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethi	cs Commiss	sion Filers)	
Sch: 21/33 Rpt:	Turner, Christopher	r G. (The Honorable)		00062790		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$	3,635.2	21
6 PAYMENT	(a) Amount Charged \$225.00	(b) Date of Charge 01/04/2024	(c) Date(s) Credit Card Issu 02/01/2024	er Paid		
7 PAYEE	(a) Payee name Tarrant County Der	mocratic Party	(b) Payee address; 685 John B Sias Memor Ste 400 Fort Worth, TX 76134-13	-	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	(b) Description Event sponsorship			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		X, officeholder living exp	oense	
9 Complete ONLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card I				Office held		
PAYMENT	(a) Amount Charged \$1,000.00	(b) Date of Charge 02/03/2024	(c) Date(s) Credit Card Issu 03/07/2024	er Paid		
PAYEE	PAYEE (a) Payee name Tarrant County Democratic Party			City, ial Pkwy 304	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ns Made By	(b) Description Political contribution			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living exp	oense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$290.77	(b) Date of Charge 04/10/2024	(c) Date(s) Credit Card Issu 05/03/2024	er Paid		
PAYEE	(a) Payee name Taste of Black Man	sfield	(b) Payee address; PO Box 541771 Grand Prairie, TX 75054	City, !-1771	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde	ons Made By er/Political Committee	(b) Description Event Sponsorship			
Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Office	Check if Austin, T	X, officeholder living exp	pense	

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

		The Inst	ruction Guide explains how	to complete	this form.	(1 11 11 11 11 11 11 11 11 11 11 11 11 1	,	,
1	Total pages Schedule F4: 2 FILER NAME					3 Filer ID (Ethic	cs Commiss	sion Filers)
	Sch: 22/33 Rpt:	Turner, Christopher	G. (The Honorable)			00062790		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	21	
6	PAYMENT	(a) Amount Charged \$5,948.86	(b) Date of Charge 05/02/2024	(c) Date(s) 06/04/20	Credit Card Issuer 24	Paid		
7	PAYEE	(a) Payee name Texas Live!			Randol Mill Rd	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Event Expense	of this schedule)	(b) Descrip	, TX 76011-6219 otion ing event deposit			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	expenditure to benefit C/OH			Office held				
	PAYMENT	(a) Amount Charged \$35.31	(b) Date of Charge 06/15/2024	(c) Date(s) 06/24/20	Credit Card Issuer 24	Paid		
	PAYEE	(a) Payee name Texas Live!			andol Mill Rd	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descrip				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$332.62	(b) Date of Charge 01/16/2024	(c) Date(s) 02/01/20	Credit Card Issuer 24	Paid		
	PAYEE	(a) Payee name Texas Tribune		FI 6	address; gress Ave X 78701-2102	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Descrip Annual s	otion ubscription			
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
1								

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

		The Inst	ruction Guide explains how	to complete this	form.				
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	s Commiss	sion Filers)	
l	Sch: 23/33 Rpt:	Turner, Christophei	r G. (The Honorable)			00062790			
4	CREDIT CARD ISSUER		ncial institution revious	EXPENDIT	FUNITEMIZED FURES D TO A CREDIT	\$	3,635.2	21	
6	PAYMENT	(a) Amount Charged \$358.43	(b) Date of Charge 02/07/2024	(c) Date(s) Cr 03/07/2024	redit Card Issuer	Paid			
7	PAYEE	(a) Payee name The Finch			e Highway 161		State,	Zip Code	
L					ie, TX 75052-7	⁷ 381			
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe		(b) Descriptio Staff retreat					
	Non-Political	(c) desirate attendance of total complete constant in			Check if Austin, TX,	officeholder living exp	ense		
9	expenditure to benefit C/OH			e sought		Office held			
	PAYMENT	(a) Amount Charged \$44.40	(b) Date of Charge 01/29/2024	(c) Date(s) Cr 03/07/2024	redit Card Issuer	Paid			
Г	PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code	
		Uber		1544 Marke Ste 400 San Francis	et St sco, CA 94102-	-6007			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense		(b) Descriptio Ground tran					
	Non-Political	— ·	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense					
-	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder		e sought		Office held			
	PAYMENT	(a) Amount Charged \$47.74	(b) Date of Charge 01/29/2024	(c) Date(s) Cr 03/07/2024	redit Card Issuer	Paid			
	PAYEE	(a) Payee name Uber		(b) Payee address; 1544 Market St Ste 400 San Francisco, CA 94102		City, -6007	State,	Zip Code	
	PURPOSE OF EXPENDITURE X Political	EXPENDITURE (See Categories listed at the top of this schedule) Transportation Equipment And Related		(b) Descriptio Ground tran					
L	Non-Political	(7)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
6	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			

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

The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)			
Sch: 24/33 Rpt:	Turner, Christopher	r G. (The Honorable)		00062790					
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	3,635.2	21			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid					
	\$62.99	02/21/2024	04/04/2024						
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	Uber		1544 Market St Ste 400 San Francisco, CA 94102	2-6007					
8 PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE X Political	(See Categories listed at the top Transportation Equipr Expense	,	Ground transportation						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	oense				
Complete ONLY if direct Candidate/Officeholder name Office sought			Office held						
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged \$12.59	(b) Date of Charge 02/21/2024	(c) Date(s) Credit Card Issue 04/04/2024	er Paid					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
	Uber		1544 Market St Ste 400 San Francisco, CA 94102	2-6007					
PURPOSE OF	(a) Category		(b) Description	2 0001					
EXPENDITURE X Political	(See Categories listed at the top Transportation Equipr Expense		Ground transportation						
Non-Political		of Texas. Complete Schedule T.	Check if Austin TX	officeholder living ex	nense				
Complete ONLY if direct	Candidate/Officeholder	<u> </u>	T. Check if Austin, TX, officeholder living expense ifice sought Office held						
expenditure to benefit C/OH									
PAYMENT	(a) Amount Charged \$56.80	(b) Date of Charge 02/22/2024	(c) Date(s) Credit Card Issue 04/04/2024	er Paid					
PAYEE	(a) Payee name	l .	(b) Payee address;	City,	State,	Zip Code			
			1544 Market St						
	Uber		Ste 400						
			San Francisco, CA 94102	2-6007					
PURPOSE OF	(a) Category		(b) Description						
EXPENDITURE	(See Categories listed at the top Transportation Equipr	,	Ground transportation						
X Political	Expense								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	oense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	ce sought	Office held					
1									

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

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Eth	nics Commiss	sion Filers)	
Sch: 25/33 Rpt:	Turner, Christopher	r G. (The Honorable)		00062790		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CREE CARD	\$	3,635.2	21
6 PAYMENT	(a) Amount Charged \$5.00	(b) Date of Charge 04/30/2024	(c) Date(s) Credit Card Iss 06/04/2024	uer Paid		
7 PAYEE	(a) Payee name Uber		(b) Payee address; 1544 Market St Ste 400 San Francisco, CA 941	City, .02-6007	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense		(b) Description Ground transportation			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		TX, officeholder living ex	xpense	
9 Complete ONLY if direct expenditure to benefit C/OH PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credi			•	Office held		
	(a) Amount Charged \$21.33	(b) Date of Charge 04/27/2024	(c) Date(s) Credit Card Iss 06/04/2024	uer Paid		
PAYEE	PAYEE (a) Payee name Uber			City, .02-6007	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense		(b) Description Ground transportation			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	xpense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$18.93	(b) Date of Charge 04/27/2024	(c) Date(s) Credit Card Iss 06/04/2024	uer Paid		
PAYEE	(a) Payee name Uber	,	(b) Payee address; 1544 Market St Ste 400 San Francisco, CA 941	City, 02-6007	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	EXPENDITURE (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense					
Non-Political Complete ONLY if direct expenditure to benefit C/OH	(c) L Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. r name Office	Check if Austin, e sought	TX, officeholder living ex Office held	kpense	

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

	The Instruction Guide explains how to complete this form.									
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commiss	sion Filers)			
Sch: 26/33 Rpt:	Turner, Christopher	G. (The Honorable)			00062790					
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	DF UNITEMIZED DITURES ED TO A CREDIT	\$	3,635.2	21			
6 PAYMENT	(a) Amount Charged \$18.96	(b) Date of Charge 05/09/2024	(c) Date(s) 0 06/04/202	Credit Card Issuer 4	Paid					
7 PAYEE	(a) Payee name Uber		(b) Payee a 1544 Mark Ste 400 San Franc		City, -6007	State,	Zip Code			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense		(b) Description Ground transportation							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
9 Complete ONLY if direct expenditure to benefit C/OH	expenditure to benefit C/OH			Office held						
PAYMENT	\$13.95 05/09/2024 06/04/2024			Paid						
PAYEE	Uber (5) t dyce dataless, 1544 Market St Ste 400				City,	State,	Zip Code			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Transportation Equipr Expense		(b) Descript		-0007					
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense							
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
PAYMENT	(a) Amount Charged \$109.78	(b) Date of Charge 02/08/2024	(c) Date(s) (03/07/202	Credit Card Issuer 4	Paid					
PAYEE	(a) Payee name Uber Eats		(b) Payee a 1455 Mark San Franc		City, -1331	State,	Zip Code			
PURPOSE OF	(a) Category		(b) Descript							
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Meal for st	taff						
X Political	1 Ood/Deverage Exper	1130								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
	•									

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

	The Insti	ruction Guide explains how	to complete thi	is form.			
1 Total pages Schedule F4:	· -				3 Filer ID (Ethi	cs Commiss	sion Filers)
Sch: 27/33 Rpt:	Turner, Christopher	G. (The Honorable)			00062790		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$	3,635.2	21
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issue	Paid		
	\$131.75	02/07/2024	03/07/2024	4			
7 PAYEE	(a) Payee name		(b) Payee ac	ldress;	City,	State,	Zip Code
	Uber Eats		1455 Mark	et St			
				sco, CA 94103	-1331		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
X Political	Food/Beverage Exper	· ·	Staff retrea	it meal			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct Candidate/Officeholder name Office sought				Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge		redit Card Issue	r Paid		
	\$33.03	04/18/2024	05/03/2024	4			
PAYEE	(a) Payee name	•	(b) Payee ac	ldress;	City,	State,	Zip Code
	Uber Eats		1455 Mark	et St			
			San Franci	sco, CA 94103	-1331		
PURPOSE OF	(a) Category	-f.4b-illl)	(b) Descripti				
EXPENDITURE	(See Categories listed at the top Food/Beverage Exper	· ·	Meal for st	aff			
X Political	μ-						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) C 06/04/2024	Credit Card Issuer	r Paid		
	\$57.40	05/17/2024	00/04/2024	+			
PAYEE	(a) Payee name	<u> </u>	(b) Payee ac	ddress;	City,	State,	Zip Code
			1455 Mark		<i>3.</i>	,	
	Uber Eats						
			San Franci	sco, CA 94103	-1331		
PURPOSE OF	(a) Category		(b) Descripti	on			
EXPENDITURE	(See Categories listed at the top Food/Beverage Exper	•	Meal for st	aff			
X Political	1 Journe verage Exper	iioC					
Non-Political	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							

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

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4: 2 FILER NAME					3 Filer ID (Ethic	cs Commis	sion Filers)		
	Sch: 28/33 Rpt:	Turner, Christophe	Turner, Christopher G. (The Honorable) 000							
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES SED TO A CREDIT	\$	3,635.2	21		
6	PAYMENT	(a) Amount Charged \$96.42	(b) Date of Charge 01/04/2024	(c) Date(s) 02/01/20	Credit Card Issuer 24	Paid				
7	PAYEE	(a) Payee name Verizon Wireless			address; hrow Park Ln ry, FL 32746-561	City,	State,	Zip Code		
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Reni	*	(b) Descrip						
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	9 Complete ONLY if direct expenditure to benefit C/OH (a) Amount Charged (b) Details (c) Pata(c) Credit Card Issuer			Office held						
	PAYMENT	(a) Amount Charged \$96.42	(b) Date of Charge 02/04/2024	(c) Date(s) 03/07/20	Credit Card Issuer 24	Paid				
	PAYEE (a) Payee name (b) Payee address; 899 Heathrow Park Li Verizon Wireless				City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense						
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$96.42	(b) Date of Charge 03/04/2024	(c) Date(s) 04/04/20	Credit Card Issuer 24	· Paid				
	PAYEE	(a) Payee name Verizon Wireless			address; hrow Park Ln ry, FL 32746-561	City,	State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Reni	tal Expense	(b) Descrip Campaig	n hotspot service					
\vdash	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.	o conapt	Check if Austin, TX,	Office hold	ense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
ı										

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

	The Insti	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethio	s Commiss	sion Filers)
Sch: 29/33 Rpt:	Turner, Christopher	r G. (The Honorable)		00062790		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	3,635.2	21
6 PAYMENT	(a) Amount Charged \$96.42	(b) Date of Charge 04/04/2024	(c) Date(s) Credit Card Issue 05/03/2024	er Paid		
7 PAYEE	(a) Payee name Verizon Wireless		(b) Payee address; 899 Heathrow Park Ln Lake Mary, FL 32746-56:	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign hotspot service			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$96.42	(b) Date of Charge 05/04/2024	(c) Date(s) Credit Card Issue 06/04/2024	er Paid		
PAYEE	(a) Payee name Verizon Wireless		(b) Payee address; 899 Heathrow Park Ln Lake Mary, FL 32746-56:	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description Campaign hotspot service			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held		
PAYMENT	(a) Amount Charged \$96.42	(b) Date of Charge 06/04/2024	(c) Date(s) Credit Card Issue 06/24/2024	er Paid		
PAYEE	(a) Payee name Verizon Wireless		(b) Payee address; 899 Heathrow Park Ln Lake Mary, FL 32746-56:	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	,	(b) Description Campaign hotspot service	e		
Non-Political Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Offic	Check if Austin, TX	Office held	ense	
expenditure to benefit C/OH						

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

		The Insti	ruction Guide explains how	to complete th	nis form.			
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)
	Sch: 30/33 Rpt:	Turner, Christopher	G. (The Honorable)			00062790		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$	3,635.2	21
6	PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid		
		\$615.20	01/22/2024	03/07/202	24			
7	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
		American Airlines		1 Skyview	Dr			
		American Amines						
Ļ	DUDDOCE OF	(a) Catagony		<u> </u>	n, TX 76155-180)1		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript	.ion Austin for AFL-C	IO Convention		
	X Political	Travel Out of District		Traver to 7	10011110171120	vio convention		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
ex	kpenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (03/07/202	Credit Card Issuer	Paid		
		\$2,275.00	01/23/2024	03/07/202	.4			
	PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
					B Sias Memoria	l Pkwy		
		Tarrant County Der	nocratic Party	Ste 400				
				Fort Worth	n, TX 76134-130)4		
	PURPOSE OF	(a) Category	of this cohodule)	(b) Descript				
	EXPENDITURE	(See Categories listed at the top Contributions/Donatio		Event spo	nsorship			
	X Political	Candidate/Officeholde	er/Political Committee					
	Non-Political	(*) –	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
ex	kpenditure to benefit C/OH		T	1				
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
		\$15.28	06/26/2024					
\vdash	PAYEE	(a) Payee name		(b) Payee a	.ddress;	City,	State,	Zip Code
				1544 Mark		- 9,	,	
		Uber		Ste 400				
				San Franc	cisco, CA 94102	-6007		
Г	PURPOSE OF	(a) Category		(b) Descript				
	EXPENDITURE	(See Categories listed at the top Transportation Equipr	•	Ground tra	ansportation			
	X Political	Expense						
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense	
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
e>	kpenditure to benefit C/OH							

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

		The Inst	ruction Guide explains how	to complete	this form.	(*	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethi	cs Commis	sion Filers)
	Sch: 31/33 Rpt:	Turner, Christopher	G. (The Honorable)			00062790		
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	3,635.2	21
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid		
		\$12.09	06/26/2024					
7	PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code
		Uber		Ste 400	rket St ncisco, CA 94102	-6007		
8	PURPOSE OF	(a) Category		(b) Descri				
ľ	EXPENDITURE	(See Categories listed at the top Transportation Equip		1 ` ′	ransportation			
	X Political	Expense						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
е	expenditure to benefit C/OH		T					
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 02/01/20) Credit Card Issuer 124	r Paid		
		\$341.12	01/19/2024	02/01/20) <u>_</u>			
	PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code
		Intuit		2632 Ma	rine Way			
				Mountair	n View, CA 94043	3-1126		
Г	PURPOSE OF	(a) Category		(b) Descri	ption			
	EXPENDITURE	(See Categories listed at the top Accounting/Banking	of this schedule)	Campaig	n accounting soft	tware subscrip	tion	
	X Political	7 tooodriding/Bariking						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
T	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid		
		\$46.84	06/24/2024					
	PAYEE	(a) Payee name	ı	(b) Payee	address;	City,	State,	Zip Code
		AT0T		208 S Ak	card St			
		AT&T						
L		() 0 :			X 75202-4206			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descri	•			
	X Political	Office Overhead/Ren		Campaig	n phone service			
	Non-Political	(a) Chook if traval as to id-	of Toyon, Complete Cahadula T		Chook if Assatin TV	officeholder lining	onco	
\vdash	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T. name Office	e sought	Crieck if Austin, fX,	officeholder living exp	rense	
 e	expenditure to benefit C/OH	San addo, Sillotholder		- 5549111		555 Hold		
H		L						

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out of District

OTHER (enter a category not listed above)

Solicitation/Fundraising Expense

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

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

ı		The Insti	ruction Guide explains how	to complete this form.			
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commis	sion Filers)
	Sch: 33/33 Rpt:	Turner, Christopher	r G. (The Honorable)		00062790		
4	CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	3,635.2	21
6	PAYMENT	(a) Amount Charged \$180.00	(b) Date of Charge 01/24/2024	(c) Date(s) Credit Card Issue 03/07/2024	r Paid		
7	PAYEE	(a) Payee name Grand Prairie Chan	nber of	(b) Payee address; 900 Conover Dr	City,	State,	Zip Code
L				Grand Prairie, TX 75051-2	1520		
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde		(b) Description Event tickets			
ı	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged \$552.08	(b) Date of Charge 01/25/2024	(c) Date(s) Credit Card Issuel 03/07/2024	r Paid		
	PAYEE	(a) Payee name Capitol Gift Shop		(b) Payee address; 1400 Congress Ave Ste E1.006 Austin, TX 78701-1932	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Contributions/Donatio Candidate/Officeholde		(b) Description Ornament purchase for au	uction donation		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
е	Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politics Credit Card Payment		mittee	Gift/Awards/Memorials Legal Services The Instruction Gu	Expense				Travel III District Travel Out of District OTHER (enter a categor	y not listed above)
1	Total pages Schedule G:	2 F	FILER NAME					3	Filer ID (Ethics 0	Commission Filers)
	Sch: 1/7 Rpt: 90/100	7	Turner, Chri	stopher G. (The	Honorable	!)			00062790	
4	Date	5 F	Payee name							
	01/29/2024	/	AT&T							
6	Amount (\$)	7 F	Payee addres	s; City;	State;	Zip C	ode			
	\$76.94	2	208 S Akard	St						
	Reimbursement from political contributions intended	[Dallas, TX 7	5202-4206						
8	PURPOSE	(a) (Category (Se	e Categories listed at th	ne top of this sch	edule)	(b) Description	Ch	eck if travel outside of Te	exas. Complete Schedule T.
	OF EXPENDITURE	(Office Overh	ıead/Rental Exp	oense			Ch	eck if Austin, TX, officeho	older living expense
							Campaign portio	n of	wireless bill	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cano	didate/Officeh	older name			Office sought		Office h	neld
	Date	F	Payee name							
	03/29/2024	/	AT&T							
	Amount (\$)	F	Payee addres	s; City;	State;	Zip C	ode			
	\$176.94	2	208 S Akard	St						
	Reimbursement from									
	X political contributions intended	[Dallas, TX 7	5202-4206						
	PURPOSE		Category (Se	e Categories listed at th	ne top of this sch	edule)	Description	Ch	eck if travel outside of Te	exas. Complete Schedule T.
	OF EXPENDITURE	(Office Overh	nead/Rental Exp	oense			Ch	eck if Austin, TX, officeho	older living expense
	LAI LINDITORE						Campaign portio	n of	wireless bill	
		Cano	didate/Officeh	older name			Office sought		Office h	neld
	expenditure to benefit C/OH									
		_								
	Date	1	Payee name							
	02/29/2024	—	AT&T							
	Amount (\$)	1	Payee addres		State;	Zip C	ode			
	\$76.94	4	208 S Akard	St						
	Reimbursement from political contributions intended	[Dallas, TX 7	5202-4206						
	PURPOSE	1		e Categories listed at th		edule)	Description	=		exas. Complete Schedule T.
	OF EXPENDITURE	(Office Overh	iead/Rental Exp	oense		L	_	eck if Austin, TX, officeho	older living expense
	-						Campaign portio	n of	wireless bill	
	Complete ONLY if direct expenditure to benefit C/OH	Cano	didate/Officeh	older name			Office sought		Office h	neld

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	xpense Nages/Contract Labor		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
L			The Instruction Guide explains	how to co	omplete this form.		
1	Total pages Schedule G:	2 FILER NAM				3	Filer ID (Ethics Commission Filers)
	Sch: 2/7 Rpt: 91/100	Turner, Ch	ristopher G. (The Honorable	e)			00062790
4	Date	5 Payee name					
-	04/29/2024	AT&T					
6	Amount (\$)	7 Payee addre	ss; City; State	; Zip Co	ode		
	\$128.91	208 S Akar	d St				
	Reimbursement from						
	X political contributions intended	Dallas, TX	75202-4206				
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	nedule)	(b) Description	=	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Over	head/Rental Expense		L	_	neck if Austin, TX, officeholder living expense
					Campaign portion	n of	wireless bill
L							
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held
	Date	Payee name			-		
	05/29/2024	AT&T					
_	Amount (\$)	Payee addre	ess; City; State	; Zip Co	nde		
	\$76.94	208 S Akar		, <u>-</u> ip Cl	Juc		
		200 3 Akai	u St				
	Reimbursement from political contributions						
	intended	Dallas, TX	75202-4206				
	PURPOSE	Category (S	ee Categories listed at the top of this sch	nedule)	Description	=	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Over	head/Rental Expense			Ch	neck if Austin, TX, officeholder living expense
					Campaign portion	n of	f wireless bill
L							
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held
	expenditure to benefit C/OH						
L							
	Date	Payee name					
	06/29/2024	AT&T					
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode		
	\$76.94	208 S Akar	d St				
	Reimbursement from						
	political contributions intended	Dallas, TX	75202-4206				
	PURPOSE	Category (S	ee Categories listed at the top of this sch	nedule)	Description	Ch	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Over	head/Rental Expense			_	neck if Austin, TX, officeholder living expense
	THE LIBITORY				Campaign portion	n of	f wireless bill
		Candidate/Office	holder name		Office sought		Office held
	expenditure to benefit C/OH						
<u> </u>							

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	r - Gift/Av	deverage Expense vards/Memorials Expense Services	Polling Exp Printing Ex		Trave Trave	sportation Equipment & Related Expense el in District el Out of District ER (enter a category not listed above)
	Credit Card i dyment	The I	nstruction Guide explains	how to co	mplete this form.		
1	Total pages Schedule G:	2 FILER NAME				3 File	r ID (Ethics Commission Filers)
	Sch: 3/7 Rpt: 92/100	Turner, Christop	her G. (The Honorable	!)		000	062790
4	Date	5 Payee name					
-	02/22/2024	AloFT					
_			Cit Ctata	7in Co	-l-		
6	Amount (\$)	7 Payee address;	•	Zip Co	ue		
	\$10.00	200 N Monroe S	L				
	Reimbursement from political contributions						
	intended	Tallahassee, FL	32301-7636	_			
8	PURPOSE	(a) Category (See Cate	gories listed at the top of this sch	edule)	(b) Description	Check if	travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel Out of Dis	strict			Check if	Austin, TX, officeholder living expense
	ZAI ZHBITORZ				Tip for luggage s	torage	
9		Candidate/Officeholder	name	•	Office sought		Office held
	expenditure to benefit C/OH						
	0,011						
	Date	Payee name					
	01/21/2024	Apple					
	Amount (\$)	Payee address;	City; State;	Zip Co	de		
	\$14.06	1 Apple Park Wa	ıy				
	Reimbursement from	Ms 927-4INV					
	x political contributions intended	Cupertino, CA 9	5014-0642				
_	PURPOSE		gories listed at the top of this sch	odulo)	Description	Check if	travel outside of Texas. Complete Schedule T.
	OF	Office Overhead		edule)		=	Austin, TX, officeholder living expense
	EXPENDITURE	Office Overfield	Trental Expense		AppleNews+ sub	→ oscriptio	n
_	Complete ONLY if direct	<u>l</u> Candidate/Officeholde	name		Office sought		Office held
	expenditure to benefit	oundidate, omoundidate	namo		Omoc Sought		Silled Held
	C/OH						
	Date	Payee name					
	02/21/2024	Apple					
	Amount (\$)	Payee address;	City; State;	Zip Co	de		
	\$14.06	1 Apple Park Wa	-	, 50			
		Ms 927-4INV	•				
	X Reimbursement from political contributions intended		5014.0642				
		Cupertino, CA 9				_	
	PURPOSE OF		gories listed at the top of this sch	edule)	Description [_	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
	EXPENDITURE	Office Overhead	Rental Expense		L	_	- '
					AppleNews+ sub	วรษายูแด	Ш
_							
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder	name		Office sought		Office held
	C/OH						

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Over Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
_	Sch: 4/7 Rpt: 93/100	-	Turner, Christopher G. (The Honorable))			00062790
4	Date	5	Payee name				
	03/21/2024		Apple				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode		
	\$14.06		1 Apple Park Way				
	Reimbursement from		Ms 927-4INV				
	X political contributions intended		Cupertino, CA 95014-0642				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description	Cr	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense			Cł	neck if Austin, TX, officeholder living expense
					AppleNews+ sub	scr	iption
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	didate/Officeholder name		Office sought		Office held
	Date		Payee name				
	04/21/2024		Apple				
	Amount (\$)		Payee address; City; State;	Zip Co	ode		
	\$14.06		1 Apple Park Way				
	Reimbursement from		Ms 927-4INV				
	x political contributions intended		Cupertino, CA 95014-0642				
	PURPOSE	H	Category (See Categories listed at the top of this sche	edule)	Description	Ch	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense			Cr	neck if Austin, TX, officeholder living expense
	EXPENDITURE		·		AppleNews+ sub	scr	iption
	Complete ONLY if direct expenditure to benefit C/OH	Car	didate/Officeholder name		Office sought		Office held
H	Date		Davida nama				
	Date 05/21/2024		Payee name Apple				
		┡					
	Amount (\$)			Zip Co	ode		
	\$14.06		1 Apple Park Way				
	Reimbursement from political contributions		Ms 927-4INV				
	intended		Cupertino, CA 95014-0642				
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	Cł	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense			Cł	neck if Austin, TX, officeholder living expense
	EXI ENDITORE				AppleNews+ sub	scr	iption
L							
	Complete ONLY if direct expenditure to benefit C/OH	Car	didate/Officeholder name		Office sought		Office held

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Co		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services The Instruction Guide e	se F	Office Ove Polling Ex Printing Ex Salaries/M	kpense /ages/Contract Labor		Transportation Equipment & Re Travel in District Travel Out of District OTHER (enter a category not lis	elated Expense
1	Total pages Schedule G:	2	FILER NAME					3	Filer ID (Ethics Comn	nission Filers)
	Sch: 5/7 Rpt: 94/100			stopher G. (The Hor	norable)				00062790	,
4	Date	5	Payee name							
	06/21/2024		Apple							
6	Amount (\$)	7	Payee addres		State;	Zip Co	de			
	\$14.06		1 Apple Par	k way						
	X Reimbursement from political contributions		Ms 927-4IN							
	intended		Cupertino, C	CA 95014-0642						
8	PURPOSE	(a)	Category (Se	e Categories listed at the top	of this sched	ule)	(b) Description	=	heck if travel outside of Texas. C	•
	OF EXPENDITURE		Office Overh	nead/Rental Expens	е		Ĺ	Ch	heck if Austin, TX, officeholder liv	ing expense
							AppleNews+ su	bscr	ription	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officeh	older name			Office sought		Office held	
	Date		Payee name							
	04/19/2024		Costco Who	lesale						
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de			
	\$88.68		600 W Arbro	ook Blvd						
	Reimbursement from political contributions intended		Arlington, TX	X 76014-3702						
	PURPOSE		Category (Se	e Categories listed at the top	of this sched	ule)	Description	Cł	heck if travel outside of Texas. C	Complete Schedule T.
	OF EXPENDITURE		Food/Bevera	age Expense			[heck if Austin, TX, officeholder liv	ring expense
							Supplies for stril	kıng	Teamsters	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officeh	older name			Office sought		Office held	
	Date		Payee name							
	04/09/2024		•	e Convention Cente	r					
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de 			
	\$10.00		2925 S State	e Highway 161						
	Reimbursement from political contributions intended		Grand Prairi	e, TX 75052-7381						
	PURPOSE		Category (Se	e Categories listed at the top	of this sched	ule)	Description	Ch	heck if travel outside of Texas. C	Complete Schedule T.
	OF EXPENDITURE		Transportati	on Equipment And F	Related		Ī	Ch	heck if Austin, TX, officeholder liv	ring expense
	EXPENDITURE		Expense				Event parking			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officeh	older name			Office sought		Office held	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E			Transportation Equipment & Rela Travel in District Travel Out of District OTHER (enter a category not liste	·
L	Creak Sara r aymont		The Instruction Guide explains	how to co	omplete this form.	_		
1	Total pages Schedule G:	2 FILER NAME				3	Filer ID (Ethics Commi	ssion Filers)
	Sch: 6/7 Rpt: 95/100	Turner, Chi	istopher G. (The Honorable	e)			00062790	
4	Date	5 Payee name				1		
	05/13/2024	Hall Arts H						
6	Amount (\$)	7 Payee addre	ss; City; State	; Zip Co	ode			
	\$30.00	1717 Leona	ard St					
	Reimbursement from							
	X political contributions intended	Dallas, TX	75201-2639		1			
8	PURPOSE OF	1,	ee Categories listed at the top of this sch	,	(b) Description	=	eck if travel outside of Texas. Co	
	EXPENDITURE		tion Equipment And Related	d	l.,, L		eck if Austin, TX, officeholder livin .	g expense
		Expense			Valet parking at e	ever	nt	
9	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought		Office held	
	C/OH							
	Date	Payee name						
	05/18/2024	Lone Star F						
_				· Zin Ca	ado.			
	Amount (\$)	Payee addre		; Zip Co	oue			
	\$20.00	1000 Lone	olai PKWY					
	Reimbursement from political contributions		: TV 75050					
	intended	Grand Prair	rie, TX 75050					
	PURPOSE OF		ee Categories listed at the top of this sch	•	Description	_	eck if travel outside of Texas. Co	
	EXPENDITURE	Transportati Expense	tion Equipment And Related	d	L	Cne	eck if Austin, TX, officeholder livin	у ехрепѕе
		_ ⊏∨heuse			Event parking			
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office hold	
	Complete ONLY if direct expenditure to benefit	Canuluate/Office	пошентатте		Office sought		Office held	
L	C/OH							
	Date	Payee name						
	02/13/2024	Lowes Arlir						
	Amount (\$)	Payee addre	ss; City; State	; Zip Co	ode			
	\$10.00	888 Nolan	Ryan Expy					
	Reimbursement from							
	X political contributions intended	Arlington, T	X 76011-4924					
	PURPOSE	Category (S	ee Categories listed at the top of this sch	nedule)	Description	=	eck if travel outside of Texas. Cor	
	OF EXPENDITURE		tion Equipment And Related	d		Che	eck if Austin, TX, officeholder livin	g expense
		Expense			Valet tip			
	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought		Office held	
	C/OH							

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Filer ID Total pages Schedule G: (Ethics Commission Filers) Sch: 7/7 Rpt: 96/100 Turner, Christopher G. (The Honorable) 00062790 Date Payee name 02/13/2024 Lowes Arlington Hotel 6 Amount (\$) Payee address; State; Zip Code \$10.00 888 Nolan Ryan Expy Reimbursement from political contributions intended Х Arlington, TX 76011-4924 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Transportation Equipment And Related **EXPENDITURE** Expense Valet tip Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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

SCHEDULE K

	The Instru	ction Guide explains how to complete this form.			ages Schedule K: /3 Rpt: 97/100	
2	FILER NAME				(Ethics Commission F	ilers)
	Turner, Chris	stopher G. (The Honorable)		00062	790	
4	Date 06/30/2024	 Name of person from whom amount is received American Express Address of person from whom amount is received; City; State; Zip Code 			8 Amount (\$)	6413.01
		New York, NY 10285				
		7 Purpose for which amount is received	c if politica	al contr	ibution returned to filer	
	Date	Name of person from whom amount is received			Amount (\$)	
	01/12/2024	American Express				\$10.00
	01/12/2024					Ψ10.00
		Address of person from whom amount is received; City; State; Zip Code New York, NY 10285				
		Purpose for which amount is received Check	c if politica	al contr	ibution returned to filer	
		Wireless credit	t ii poiitiot		ibation rotalinos to mo.	
	D-4-				Δ (Φ)	
	Date 02/12/2024	Name of person from whom amount is received			Amount (\$)	\$10.00
	02/12/2024	American Express Address of person from whom amount is received; City; State; Zip Code				Φ10.00
		New York, NY 10285				
			c if politica	al contr	ibution returned to filer	
		Wireless credit				
	Date	Name of person from whom amount is received			Amount (\$)	
	03/09/2024	American Express				\$10.00
		Address of person from whom amount is received; City; State; Zip Code				
		New York, NY 10285				
		Purpose for which amount is received	c if politica	al contr	ibution returned to filer	
		Wireless credit				
	Date	Name of person from whom amount is received			Amount (\$)	
	04/06/2024	American Express				\$10.00
		Address of person from whom amount is received; City; State; Zip Code				
		New York, NY 10285				
		Purpose for which amount is received	c if politica	al contr	ibution returned to filer	
		Wireless credit				

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

SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1			ages Schedule K: /3 Rpt: 98/100	
<u>_</u>	FILER NAME		3				Ciloro)
_		etaphar C. (The Hanarable)	*		00627	(Ethics Commission	riieis)
		stopher G. (The Honorable)		U			
4	Date	5 Name of person from whom amount is received				8 Amount (\$)	
	05/07/2024	American Express					\$10.00
		6 Address of person from whom amount is received; City; State; Zip Code					
		New York, NY 10285					
		7 Purpose for which amount is received	Check if politi	ical	contri	ibution returned to filer	
		Wireless credit					
_	Date	Name of person from whom amount is received			I	Amount (\$)	
	06/06/2024	American Express				Amount (ϕ)	\$10.00
	00/00/2024						Ψ10.00
		Address of person from whom amount is received; City; State; Zip Code					
		Now York NV 1020F					
		New York, NY 10285					
			Check if politi	ical	contri	ibution returned to filer	
		Wireless credit					
	Date	Name of person from whom amount is received				Amount (\$)	
	04/19/2024	American Express				:	\$536.20
		Address of person from whom amount is received; City; State; Zip Code					
		New York, NY 10285					
		Purpose for which amount is received	Check if politi	ical	contri	ibution returned to filer	
		Pay with points airfare					
-	D-t-					A (A)	
	Date	Name of person from whom amount is received				Amount (\$)	****
	04/20/2024	American Express				;	\$200.00
		Address of person from whom amount is received; City; State; Zip Code					
		New York, NY 10285					
			Check if politi	ical	contri	ibution returned to filer	
		Dell purchase credit					
	Date	Name of person from whom amount is received				Amount (\$)	
	01/31/2024	Audible				,	\$97.08
		Address of person from whom amount is received; City; State; Zip Code					
		Address of person from whom amount is received, Gity, State, Zip Code					
		Newark, NJ 07102					
			Chook if notiti	iool	oont::	ibution returned to file.	
		Purpose for which amount is received	zneck ii politi	ıcal	CONTI	ibution returned to filer	
		rveiuiiu					
l							

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 3/3 Rpt: 99/100 2 FILER NAME Filer ID (Ethics Commission Filers) Turner, Christopher G. (The Honorable) 00062790 8 Amount (\$) 5 Name of person from whom amount is received 06/30/2024 Bank of America \$3,395.33 6 Address of person from whom amount is received; City; State; Zip Code Tampa, FL 33622 Purpose for which amount is received Check if political contribution returned to filer CD interest Amount (\$) Date Name of person from whom amount is received 06/30/2024 Bank of America \$3,663.26 Address of person from whom amount is received; City; State; Zip Code Tampa, FL 33622 Purpose for which amount is received Check if political contribution returned to filer CD interest

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

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: Sch: 1/1 Rpt: 100/100
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Turner, Christop	her G. (The Honorable)	00062790
4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee		
American Airlines		
5 Contribution / Expenditure reported on:		
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1
Schedule F2	X Schedule F4 Schedule G Schedule H	Schedule COH-UC
6 Dates of Travel	7 Name of person(s) traveling	
• Balos of Fravor	Turner, Chris	
	Departure city or name of departure location	
02/20/2024	Dallas Fort Worth	
	9 Destination city or name of destination location	
02/20/2024	Tallahassee	
10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)		
Commercial Airplane Visit Florida Legislature		
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee		
American Airlines		
Contribution / Expenditure reported on:		
Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1		
		브
Schedule F2		Schedule COH-UC
Dates of Travel Name of person(s) traveling		
	Turner, Chris	
00/00/0004	Departure city or name of departure location	
02/22/2024	Tallahassee	
00/00/0004	Destination city or name of destination location	
02/22/2024	Dallas Fort Worth	
Means of transport	· · · · · · · · · · · · · · · · · · ·	other event)
Commercial Airplane Visit Florida Legislature		